

SUPPLY, SECRECY AND SURVEILLANCE: WOMEN AND CANNABIS USE

**SUPPLY, SECRECY, AND SURVEILLANCE:
EXPERIENCES OF WOMEN WHO USE CANNABIS FOR PLEASURE**

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ABSTRACT

The purpose of this thesis is to examine the nature of the relationships that exist between women and their use of cannabis. Currently, women's use of cannabis is legally permitted within a federal, medical system of access; however, cannabis' consumption outside of that framework is categorized as a criminal act. As a result, women are subjected to differing forms of cannabis stigmatization and surveillance across many socio-political contexts, often resultant in women's losses of power and position. As Canada prepares to enact a legal cannabis framework, it is crucial that society and institutions understand the relationships which women have developed through cannabis use. Otherwise, the legalization of cannabis use will not -- in and of itself -- alleviate the systemic forms of stigmatization and oppression which continue to impact the lives of certain women because of their use of cannabis.

A review of existing literature demonstrated that there is limited research which discusses the nature of women's use of cannabis outside of a medical context. Using postmodern feminist and intersectional analysis, I conducted qualitative, semi-structured interviews with six women to gain insights into their experiences of using cannabis. Contrary to the medical and/or criminal cannabis discourse, the women's stories reveal examples of unique and overlapping instances of cannabis use which differed from the traditional cannabis dichotomy. The findings of the women's interviews create an alternative cannabis discourse, in which women's use of cannabis is experienced as a fluid, multi-functional act with effects that satisfy experiences differently across diverse

contexts, which extends our existing knowledge base.

In relation to existing social work policies and practices, the finding implications are discussed. Ultimately, the thesis identifies opportunities for collaboration between social work and women, many of which could serve to disrupt the perpetuation of women's stigmatization and surveillance in a legal cannabis framework.

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CHAPTER 1 ~ INTRODUCTION

Over the last two decades Canada has seen a shift toward the acceptance of medical cannabis. This is evident with a review of Health Canada’s previous cannabis regulations, namely the *Marihuana for Medical Access Regulations* ((MMAR), 2001) and the *Marihuana for Medical Purposes Regulations* ((MMPR), 2013). The current legislative framework is the *Access to Cannabis for Medical Purposes Regulations* ((ACMPR), 2014). Canada now prepares to shift federal cannabis policy with the proposed Bill C-45, *An Act respecting cannabis and to amend the Controlled Drugs and Substances Act, the Criminal Code and other Acts*¹ (Bill C-45, 2017). In this context, Canadians may simultaneously access medical cannabis and non-medical cannabis² use within legal sanctions.

1.1 Research Impetus

Throughout my experiences as an addiction counsellor, harm reduction worker, cannabis educator and advocate, I have observed how cannabis regulations have provided physicians, lawmakers, and the public alike with a framework which clearly, albeit at times arbitrarily, differentiates women as medical patients or deviants for their use of cannabis. In my observations, when families, communities, or institutions misunderstood women’s use of cannabis, women were subjected to differing forms of cannabis stigma, systemic surveillance, and varying degrees of lost power. The absence of gender-specific,

¹ Otherwise referred to as “*The Cannabis Act*” (Minister of Justice, 2017)

² Sometimes described as “recreational” cannabis use or “cannabis use for pleasure” in academic literature

cannabis research findings allow for and may even encourage outdated social conceptions and abstinence-based institutional practices to replicate themselves in acts of discrimination toward women who use cannabis. It is the dichotomous relationship between legal and medical cannabis use that continues to exist in the legal framework that is at the crux of this study.

Given the limited information we possess about women's use of cannabis in a non-medical context, not to mention the many ways women's use of cannabis has been surveilled and positioned as deviant (e.g., a threat to children, indicative of an addiction), it is my concern that, in and of itself, the legalization of cannabis will not eradicate the pre-conceived notions which surround women's cannabis use. It is my position that without a well-developed understanding of cannabis use -- as defined by women who consume the substance -- the stigmatization and segregation of women who use cannabis will persist within a legal cannabis framework. Equipped with the findings of this study, it is my hope that the contextual understanding of women and their use of cannabis will provide the necessary insights which will assist social workers and society in shifting their preconceived notions, and often disempowering responses, towards women regarding their use of cannabis. In accordance with women's experiential wisdom, social work can disrupt social, cultural, and gendered instances of cannabis stigma and surveillance which threaten women's lives, and the lives of their families.

CHAPTER 2 ~ LITERATURE REVIEW

Over the last two decades Canada has seen a shift toward the acceptance of medical cannabis. A review of Health Canada’s cannabis regulations, namely the *Marihuana for Medical Access Regulations* (2001) and the *Marihuana for Medical Purposes Regulations* (2013), and currently, the *Access to Cannabis for Medical Purposes Regulations* (2014) reveals that physicians, lawmakers, and the public alike have been equipped with regulatory frameworks which clearly, albeit at times arbitrarily, differentiate women as medical patients or deviants for their use of cannabis. With the proposed Cannabis Act (2017), the Canadian Minister of Justice recommends a significant amendment to existing cannabis policy. With the removal of certain criminal charges commonly levied for cannabis possession, Canada would legalize the distribution and consumption of non-medical cannabis³. This strategic approach aligned with *The Final Report of the Task Force on Cannabis Legalization and Regulation* (Health Canada, 2016) which concluded that federal cannabis regulations approached from a harm reduction framework -- where emphasis is placed on reducing cannabis-related harms rather than reducing its use (Fischer, Rehm & Hall, 2009) -- would effectively respect human rights while shared responsibility was promoted.

Some scholars would argue that cannabis use is normalized in society (Duff & Erickson, 2015; Parker, 2005); however, unsurprisingly, a closer examination of research

³ Sometimes described as “recreational” cannabis use or “cannabis use for pleasure” in academic literature

findings that describe cannabis users themselves (Becker, 1953; Fischer et al, 2010; Hathaway, 1997), reveal that men tend to be less stigmatized than women for their recreational use of cannabis (Hathaway, 2004; Nakamura et al, 2011). Moreover, there is a dearth of research on women's experience of cannabis use (Fattore, 2013) apart from research that focuses on women and their reproductive health and its relationship to cannabis use (el Marroun et al., 2009; Passey, Sanson-Fisher, D'Este, Stirling, 2014; Fergusson, Horwood & Northstone, 2002; Hayatbakhsh et al, 2012). Given the current Canadian socio-legal context where cannabis use will soon be legalized, there is a need for a gendered, social, and political understanding of women's use of cannabis. Without well-developed research studies and findings which speak to understanding women's relationship with cannabis, it is plausible that Canada's legalization framework -- albeit inclusive of public health strategies -- could subjugate some women who use cannabis to lesser positions of power. These positions are in turn contained with gendered expectations, addiction and mental health surveillance, and the possibility of continued criminal consequences.

2.1 CANNABIS USE FOR PLEASURE: From Social Learning to Normalisation Theories -- A male-dominated discourse

In his infamous study on "Becoming a Marihuana User," Becker (1953) was one of the first researchers to explore cannabis use from a social learning perspective. In this context, Becker asserted that cannabis users must undergo a series of "changes in attitudes and experience which lead to the use of marihuana for pleasure"⁴ or recreational

⁴According to Becker, the term "use for pleasure" emphasizes the non-compulsive and casual character of the behaviour.

use⁵ (235). He argued that, once this learning had occurred, participants could conceptualize cannabis as an object, which could then be used to produce pleasure. The social learning perspective challenged the medical notion ascribing cannabis using behaviour to a predisposition of “traits” (237). Becker’s findings are profound, in that his research positioned cannabis users as being in control of their behaviour. Ultimately, his findings dispelled the theory that cannabis use was a deviant behaviour. Instead, Becker concluded that the decision to use cannabis for pleasure was shaped by processes of social interaction which do not necessarily result in problematic use. Becker’s study was not without flaws, however, the greatest being that his research findings were limited to male participants, leaving women’s social experiences with cannabis use for pleasure undocumented.

Many researchers who followed Becker’s theory of social learning strived to replicate or refine the findings of Becker’s research study. Notably, Hirsch, Conforti, & Graney (1990) developed our understanding of the engagement process with cannabis in *The use of marijuana for pleasure: A replication of Howard S. Becker’s study of marijuana use*, which demonstrated that participants’ preconceived notions about cannabis -- rather than access to cannabis supply -- influenced participants’ decision to engage with the drug. Whereas, the findings of *Updating Howard Becker’s theory of using marijuana for pleasure* (Hallstone, 2002) suggested that as participants grew increasingly comfortable with their use of cannabis, and as the quality of cannabis production improved, the cannabis high was more quickly attained. They asserted that

⁵ According to Becker, the term “recreational use” is explained as the most frequent pattern of use.

this finding was indicative of a cultural shift towards cannabis acceptance. Finally, in *Cannabis careers revisited: Applying Howard S. Becker's theory to present-day cannabis use* (Jarvinen & Ravin, 2014) the researchers extended Becker's theory with a cautionary finding which demonstrated that some participants' behaviours exceeded pleasure in some instances. In their summary, they suggested that, at times, individualized cannabis use transformed into what was described as "disintegrated" or addictive use. With these research findings, the meaning of cannabis use was broadened from a simple act of learned pleasure, as suggested by Becker.

In his extensive research of cannabis use and deviant social theories, Hathaway disrupted Becker's theory on social learning and, simultaneously, introduced some gendered research findings and analysis to the literature (1997, 2003, 2004). For Hathaway, cannabis use was not deviant behaviour; rather, it was framed as a personalized "lifestyle choice" (Erickson & Hathaway, 2010). The foundation of Hathaway's "lifestyle choice" were developed on relatively small research studies, in which nearly two-thirds of the participants were male. From his findings, Hathaway presented a social framework which located participants' cannabis use as an act governed by three concepts, namely: "supply" (how, where, and with whom the novice cannabis user obtains cannabis), "secrecy" (who the occasional cannabis user discloses their use of cannabis to), and "morality" (a state where the "regular" cannabis user comfortably identifies the risks of cannabis use as less than the pleasure derived from its use) (Hathaway, 1997). However, within the developing theory surrounding cannabis use, female participation continues to be limited. Consequently, we know very little about the

ways women learn about, use, and experience cannabis use. This has raised questions for me about the role that cannabis plays in women's lives including reasons for use, how cannabis use is perceived by and socially positioned by others (including family, friends, and health and social care providers), and the ways that women interface with these experiences.

2.1.1 The Normalization of Cannabis Use

In more recent times, the academic literature has situated cannabis use as a normalized part of society, with the introduction of the “normalisation thesis” (Parker, 2005). This thesis encouraged an examination of socially acceptable drug use and the way in which our society talks about those engaged with substances. With its conclusion that, like theories of “risk avoidance” or “harm reduction” (Erickson & Hathaway, 2010; Hathaway, 2004), individuals strategically make “rational choices” about their substance use by weighing risks against the harms (Parker, 2005), the normalisation thesis lends itself well to public health discourses which purport uniform drug strategies. The normalisation thesis however, is devoid of gendered analysis. This raises the question: for whom is individualized cannabis use normalized?

Academic studies have largely sampled and reported upon the experiences of male, Caucasian, well-educated, financially stable Canadian participants (Duff et al., 2011; Duff & Erickson, 2014; Hathaway, 1997). It may be fair to conclude that our society operates with a parallel state of “differentiated normalisation,” where normalisation is not equally distributed amongst individuals, and the structural location of

these individuals must be unpacked to appreciate their use of substances (Asbridge, Valleriani, Kwok & Erikson, 2016).

2.2 SUPPLY, SECRECY, AND SURVEILLANCE: Women’s Positioning in the Literature

Beginning with Becker’s study, and for many decades thereafter, cannabis use has been repositioned from a deviant act and positioned as a behaviour within individuals’ control, enacted for pleasure. Some researchers would argue that cannabis use is a normalized behaviour in society (Becker, 1953; Hathaway, 1997; Parker, 2005). Unfortunately, the research findings which present the use of cannabis in this context have been focused on men’s health and are limited in terms of gender analysis. Without the support of research findings to position women’s experiences in a social context, one cannot safely assume that the legalization of cannabis in Canada will remove women’s concealment of cannabis use. It is my argument that legality alone may not lend women the same legitimacy and normalisation to the social discourse that research shows has been afforded to men. The research that follows more closely examines women’s gendered roles, work commitments, child-caring expectations, and other socio-economic systems of power that surround women’s cannabis use.

2.2.1 SUPPLY: Cannabis Use for Medical, Therapeutic Purposes

In contrast to Becker and Hathaway’s argument that cannabis use is an individualized, controlled behaviour, academic literature from the field of addictions and mental health has positioned women as vulnerable to cannabis dependency and more likely to experience mental health concerns (Fattore, 2013, Hall, W., 2014; Nakamura et al., 2011; Verdoux, Gindre, Sorbara, Tournier, Swendsen, 2003). Whereas men’s use of

cannabis is more often identified as recreational and casual, women’s recreational cannabis use tends to be contextualized as “pleasure-seeking” or understood as a need for immediate gratification (Hunt, et al., 2007).

It seems that cannabis use has taken up the therapeutic role formerly held by pharmaceutical drugs, as women were more inclined to identify cannabis’ beneficial role in improving mood, anxiety, pain, and stress (Bottroff et al., 2011; Robinson, 2015). Rather than describe the role of non-medical cannabis use, women more so than men expressed value in the role medical cannabis played as an addiction treatment tool, having described cannabis as the “gateway drug out of addiction” (Bottroff et al, 2011, 744; Dreher, 2002). In a broad, medical context, women described medical cannabis use as a “holistic” therapeutic tool, “a lifesaver,” “life force,” and their “lifelong partner” (Bottroff et al, 2011, 773). For each of these reasons, women justified their access to medical cannabis supply.

Suffet & Brotman’s (1976) findings projected that there would be an increase in women’s drug using patterns, coinciding with the advancement of the women’s liberation movement. The researchers’ findings suggested that younger women were demonstrating greater control over personal cannabis use, with less dependency on male-partnered access and engagement. More recently, data from the *Cannabis, Tobacco, Alcohol, and Drug Use Survey* (Health Canada, 2015) indicated that the prevalence of past-year cannabis use among men was nearly double that of women (13.9% vs. 7.4%). While men remained more engaged with substance use, the survey revealed that approximately 34% of Canadian women had consumed cannabis in their lifetime (Statistics Canada, 2015).

The modern female cannabis consumer was typified as having engaged with cannabis use at or under 21 years of age, using less than seven days per month, and thereby categorized as an “occasional” user, with cannabis obtained both medically through prescription and/or illegally from the black market (Fischer, Rehm, Irving, Ialomiteanu, Fallu & Patra, J., 2010). The above study suggests that women are increasingly accessing and consuming medical and non-medical cannabis without the assistance of male partners, as theorized by Suffet & Brotman; however, a compilation of research findings demonstrate that some female cannabis users, in attempts to distance themselves from the pronounced stigma associated with recreational drug use, are inclined to mask their cannabis use as medical use (Nakamura et al., 2011; Fischer, Kuganesan, & Room, 2015).

2.2.2. SECRECY: Stigma, Social, and Legal Consequences

The act of secrecy is explained by Hathaway’s participants as a tool which skirts the possible consequences resulting from cannabis’ stigmatization (Hathaway, 1997). In an examination of cannabis use and role compatibility, Hathaway’s research findings presented women as being in control of their use of cannabis, particularly in instances where it could be understood as conflicting with gendered expectations such as parenting (Hathaway, 1997). The research illustrated that women who maintained regular patterns of cannabis use had both simultaneously and successfully maintained concomitant fulfillment of conventional family roles and other commonly expected social responsibilities such as employment, marriage, and parenthood. When reflecting upon motherhood, women admitted to decreasing/having decreased their use of cannabis with

parenthood, pregnancy, and breastfeeding “at least temporarily” and reducing cannabis-using behaviours when attending to parenting responsibilities (Hathaway, 1997, 112; Nakamura, 2011). As mothers, women tend to conceal their use of cannabis from children. Given a choice however, the women studied noted that they would have preferred to discuss their substance use openly and to use it as a teaching opportunity with children (Hathaway, 1997).

Women who maintained cannabis use during pregnancy found it difficult to avoid stigmatization. When women decided to continue cannabis use, or felt unable to discontinue its use during pregnancy, they described feeling like a “gender failure.” This is a psychological phenomenon whereby women feel guilty for not conforming to the gendered norms and heightened femininity expectations during pregnancy (Stengel, 2014). Research findings indicated that stigmatization, coupled with the psychological struggle of gender failure -- resultant from cannabis disclosure or honesty -- tended to perpetuate cycles of ill-health, as women, often migrated to social fringes where they were least likely to seek prenatal care or social service supports (Stengel, 2014).

While in control of use, women discussed greater concerns about the potential consequences derived from cannabis stigmatization. As such, they were identified as more cautious in their disclosure of cannabis use to parents, other family members, and their employers (Hathaway, 2004). Both women and men have concluded that the disadvantages and risks associated with cannabis use (social disapproval, financial expense, dependency) can easily be circumvented by moderate, discrete, self-controlled cannabis use (Hathaway, 2004). Furthermore, female participants were less concerned

than men about the risk of minor criminal charges (Hathaway, 1997). Ultimately, in Hathaway's studies, women's decision-making around cannabis use for pleasure was governed by their need to maintain secrecy.

2.2.3 SURVEILLANCE: Our bodies, your judgment

It has been asserted by Boyd & Faith (1999) that in Canadian society, women are surveilled or judged according to their race, relationship status, employability, income, housing, history of criminal record, parenthood, history of substance use, involvement with drug-trade, practice in sex-work, and dependency on men or drugs to feel better. Women who use cannabis inside and outside of the ascribed medical cannabis framework may be subjected to various forms of systemic and structural surveillance, such as urine testing, mandatory program participation, or the loss of access to social health care (Stengel, 2014; ACMPR, 2014). These surveillance strategies, adopted and enacted in our public health framework and social welfare system, threaten women with the potential loss of income, childcare, housing, and social liberty.

Viewed through a narrow lens, much of the literature that discusses women's use of cannabis focuses on women's maternal health and the health of her unborn child. Through these research findings, an idea of the typical, cannabis-using pregnant women has developed. In contrast to the female participants who participated in Hathaway's research studies, women are described as single or partnered (but not married), racialized, having had a history of negative life events or trauma, and likely to consume cannabis alongside male partners (el Marroun, et al. 2009; Amaro, Zuckerman, Cabral, 1989). This typification of the female cannabis user furnishes some of the racist and sexist

assumptions which surround women and their perceived relationship with cannabis in certain medical, academic, and social discourses. Moreover, the fear of negative neonatal and maternal health induced by cannabis use supports the on-going surveillance of pregnancies. While concern over pregnant women's health is warranted, the way cannabis use is surveilled during the months of pregnancy and the implications that lie within this surveillance creates challenges for women.

The findings of cannabis use and pregnancy studies vary in the ways they explain cannabis effects. At times, findings have concluded that “cannabis use during pregnancy leads to neurodevelopment abnormalities in infants, as cannabis enters the breast milk and its use is contraindicated in women who are breastfeeding” (College of Family Physicians of Canada, 2015, 3). In other instances, research findings strongly assert that cannabis use during pregnancy would undoubtedly impact infants' birth weight, result in developmental abnormalities, and indicate behavioral effects such as ADHD and poor cognitive functioning (Hall & Degenhardt, 2009; Quinini & Mulder, 2006). In the event that findings are inconclusive, researchers recommend that women approach cannabis use with caution or, preferably, avoid cannabis use altogether during pregnancy (Fergusson, Horwood, & Northstone, 2002; Jacques, et al. 2014).

Interestingly, two social-science-based research studies, both conducted by groups of female researchers, have illustrated the positive role cannabis may play during pregnancy, concluding that it may ultimately improve the health of both mother and child. In a Canadian-based social study, cannabis use was identified by women as an “extremely effective tool in its treatment of ‘morning sickness’” (Westfall, Janssen,

Lucas & Capler, 2006). While in Jamaica, a series of longitudinal research studies revealed that the neo-nates exposed to maternal cannabis use, in comparison to those neo-nates not exposed, displayed improved social, emotional, and cognitive development (Dreher, 1994). Although the literature is lightly peppered with encouraging research studies suggesting that women's use of cannabis during pregnancy could have merit, the breadth of related medical findings can be used to justify the ongoing surveillance of the role played by cannabis in a woman's lifestyle, as well as of women and children more generally.

Currently, Canadian physicians and specialists are positioned as the “gatekeepers”, who surveil both men's and women's access to medical cannabis (College of Family Physicians Canada, 2015). As we shift toward a legal cannabis framework, women's use of cannabis will remain surveilled by uniform, legal cannabis regulations, where public health approaches would oversee the health and safety of Canadians (Centre for Addiction and Mental Health, 2014; Fischer, Rehm, & Hall, 2009; Health Canada, 2016). Once more, without an analysis of gendered roles, male privilege, and socio-economic power, public health guidelines structure the parameters in which we surveil our society, defining the backdrop against which our socially accepted cannabis using behaviours are measured.

2.3 SUMMARY: Contextually and experientially different

With little literature available to contextualize women's use of cannabis outside of a non-medical context, it is difficult to imagine that the act of cannabis' legalization alone will shift the medical and social stigmatization that controls cannabis-related

surveillance. This is particularly true as far as it relates to women's lives. As a profession, social workers need to shift their gaze away from a medical understanding of women's use of cannabis. Instead, we need to examine the social, economic, and political dynamics which control women's use of cannabis. While limited, the existing literature illustrates that women are already retaining control over their use of cannabis for a variety of reasons that increase their quality of life. As a society, we need to evaluate the gendered expectations and the socio-economic realities that result in the stigmatizing and surveillance of women who use cannabis. This is particularly important when one considers that legalization of cannabis alone will likely not improve the social conditions or discourse which controls women's lifestyles, behaviours and decisions surrounding cannabis use. With the approach of a legal cannabis framework, social work research must ask: Will the legalization of cannabis be normalized in the lives of women or will experiences of stigma, surveillance and secrecy remain?

CHAPTER 3 ~ THEORETICAL FRAMEWORK and METHODOLOGY

THEORETICAL FRAMEWORK

It is plausible that new and varying forms of cannabis stigmatization and criminalization will be affixed to various groups of women in our upcoming legal cannabis framework. A feminist analysis of the interviews would reveal how women are systemically stigmatized and criminalized for their use of cannabis, whereas, a postmodern feminist analysis welcomes an analysis of women's experiences with cannabis for pleasure across different contexts. With its interest in understanding the meaning behind how people and power operate, a postmodern feminist analysis embraces alternative discourses. In this instance, this approach will allow me to highlight the conversations surrounding women's cannabis use and the concerns of women who consume cannabis, many or all of which may persist with cannabis' legalization.

3.1 FEMINIST THEORY

Feminist theory has much to offer in regard to the analysis of women's experiences of cannabis use. This is primarily because it has succeeded in unveiling social controls, often classist and patriarchal in nature, upon which our political and socio-economic systems operate and which perpetuate sex and gender inequalities (Collins, 1986; Nes & Iadicola, 1989). Feminist theory asserts that systems of control exist in law, economy, and religion (Nes & Iadicola, 1989) and is most concerned that the divide of a society based on the sexes, wherein masculinity and all things associated with it is positioned as dominant, inevitably relegates all traditionally feminine traits to the lesser position of "Other" (Collins, 1986). In this inequitable design, women who

challenge gendered roles, social controls, or laws are at greater risk of stigmatization, state surveillance and criminal persecution than men.

As a strategic resolution, feminist theory asserts that society should be “reorganized to eliminate the basis of male oppression.” This includes a restructuring and redistribution of power and opportunity amongst men and women in society (Nes & Iadicola, 1989). The legalization of cannabis is the first step toward balancing the scales of social justice, as it legitimizes women’s use of cannabis. In order to realize a truly equitable society however, the medical, religious, cultural, and gendered beliefs that surround women and the use of cannabis must also be restructured. This includes women’s lived perspectives.

Encapsulated by the adage, “the personal is political,” feminist theory understands the meaning of society through observing the ways society and the personal respond symbiotically, though not necessarily fairly, to the other. Insights are gleaned from experiences (Collins, 1986). Feminist theory has focused on eradicating women’s oppression and inequality in society through the deconstruction of patriarchal systems (Fawcett & Featherstone, 2000). A feminist analysis will reveal the systems of power which currently govern women’s cannabis use. As we move toward a legal cannabis framework, postmodern feminist analysis provides a deeper understanding about the ways women think about and respond to the socially ascribed rules that govern cannabis use. With this insight, implications and recommendations for equitable and inclusive social and political controls can be designed.

3.2 POSTMODERN FEMINIST THEORY

Postmodern feminist theory focuses on the location and application of power on macro and micro levels of society. It is perhaps best described as a “critique of totalizing theories and the structures, boundaries and hierarchies which maintain and enact them” that “acknowledges the existence of diverse and multiple frameworks or discourses” (Fook, 2012, 12). Postmodern feminism does not discard the sexual or gendered analysis of society as developed by earlier feminist theorists; in fact, it commits to retaining “some form of large-scale theorizing to understand the systematicity as well as the diversity of women’s oppression” (Fawcett & Featherstone, 2000, 13). Trinder (2000) echoes Everitt & Hardiker (1996), who assert that as postmodern feminist researchers, we “make a fundamental shift away from seeking the truth, and towards researching how truths are produced or how things come to be seen as true” (49). As such, the researcher must be willing to embrace the awkwardness of living within or researching a space where “language and discourses are multiple, unstable, and open to interpretation” (Weedon, 1987 in Sands & Nuccio, 1992, 490).

3.2.1 POWER

Feminism and postmodern feminist theory agree that power is retained via various systems of operation such as law, medicine, and politics, and that these systems are historically patriarchal in design (Collins, 1986). On a macro and micro level, power is ever-present. Fawcett & Featherstone (2000) note that, “power is not located in one place, power relations and points of resistance are always multiple” (18). There are multiple systems of power in operation, always “overlapping and at times contradicting forms of rationality that existed” (Foucault in McKee, 2009, 474). When and how power is

disrupted is also an area of interest for postmodern feminism, as conflict indicates resistance and struggles for power. Power and conflict need not present in grand scale forms; instead, Rossiter (2000) speaks of the day-to-day moments of resistance, described as the “micro-practices of power”, which are designed to retain power in instances that feel otherwise like a struggle for control. This type of push-back, which begins with the individual resisting the grander governmental labels, is known as “bottom-up resistance” (McKee, 2009, 477). An examination of the micro-practices of power and bottom-up resistance which women employ will reveal the degree to which women feel controlled and assume control over the discourse which seeks to prescribe their position as a cannabis user in society.

Foucault (1982), in his discussion of *The Subject and Power* concludes that “every relationship of power puts into operation differentiations which are the same time its conditions and its results” (796). Within this dynamic, a woman may retain power within her social position, yet if she fails to exert power, she risks feeling oppressed and may fall victim to social controls. Instead, women “have the ability to react to, and resist governmental ambitions to regulate their conduct” (McKee, 2009, 471). Rather, power as it exists in all relationships can be appreciated as attainable for women to exercise. Women can exercise power in personal, social, or political arenas, to “produce alternative discourse, alternative forms of power, and alternative forms of self as a means of changing political relations” (Foucault in Fawcett & Featherstone, 2000, 18). Ultimately, the location of power, whether framed as an act of resistance or governmental regulation,

“produces forms, knowledges, categories” from which we understand expectations (Foucault, 1980 in Rossiter, 2000, 30).

Hill Collins (1997) speaks of “claiming marginality”, as an approach which “de-centres” power relations in society (7). By claiming marginalized and devalued spaces, women, particularly those most affected by systems of race, class, and gendered expectations, gain strength. It is not a safe position within which to reside, but it does provide women with a perspective of where power resides and how they may respond in relation to its position. The knowledge gathered from that vantage is individualistic and not always translatable to the experiences of all women; it is subjective.

With its “deconstructive methodology,” which eliminates the production of absolute truths, Hill Collins (1997) suggests that postmodern feminist analysis stunts the possibility of “new theories about oppression nor a politics that changes it” from developing (17). As such, she suggests -- and I would agree -- that postmodern feminist theory is more a “critique of power than a theory of empowerment” (Hill Collins, 1997, 17). For women, an assessment of where power resides and how it is applied in our socio-political context defines position, privilege, and persecution.

3.2.2 DIFFERENCE

As several postmodern theorists have suggested, it is the factors which produce, maintain, and reproduce systems of difference that are significant (Fawcett & Featherstone, 2000; Sands & Nuccio, 1992). As a culture, we differentiate people and objects by identifying its opposite. As such, society compares good to bad, white to black, gay to straight, legal to illegal and so forth. In this manner, we create oppressed

groups who often claim the identity of the “Other” (Hill Collins, 1997). The practice of differentiating groups or “Othering” serves as a strategy to divide and judge people against societal perception, and is often enacted in law, culture, and social surveillance. Rossiter (2001) speaks of subjugated classifications such as “deviant” or “criminal,” which allow for the regulation of women through the establishment of “normality.” This normality is a socially constructed concept that defines the beliefs of the status quo and differentiates those who fall outside of its definition. Fook (2012) professes that, “the recognition of how “difference” is constructed provides an alternative way of conceptualizing marginality” (14).

In Canadian culture, the “dominant norms” are often defined by the systems which govern social conduct, established largely by those who retain power, historically being namely white, heterosexual men. In contrast, the value of “Others”, such as women, non-Caucasian people, or queer people become subject to appreciation, vilification, persecution, or even commodification in the marketplace depending upon the need of the dominant culture (Hill Collins, 1997). How women, and how society responds to the different ways women use cannabis, will illuminate the social norms and controls which are ascribed to women’s use of cannabis.

3.2.3 GOVERNMENTALITY

In his observation of early modern European government, Foucault introduced the concept of “biopolitics”, which asserted that “the activity of government became separated from the self-preservation of the sovereign and redirected towards optimizing the well-being of the population” (McKee, 2009, 466). The premise was for the

government to create a more “docile” and “productive” population. From this position, Foucault illuminated the “art of governing” which involved “sets of practices and calculated strategies that [were] both plural and immanent in the state” (McKee, 2009, 466). These were designed to manage populations. In turn, a new definition of governmentality developed, in which scholars focused on the “how of governing” as it revealed that which the “authorities wanted to happen, in pursuit of what objectives and by what means, but without collapsing analysis solely on to the sovereign will of the ruler” (McKee, 467).

McKee (2009) asserts that, “Governmentality is fundamentally a political project” (465). It is an art of translating what is desired by those in power into practical strategies which can be adopted by the population and which respond to a particular political problem or social context. A governmental perspective is not concerned with truths, *per se*, but with an analysis of how those “truths” are constructed as they reveal the “inventedness of our world” (McKee, 2009, 468). Governmentality exists within and beyond state control, and is understood as any behaviour which intends to direct human behaviour toward a particular end; it is “the conduct of conduct” (Foucault, 2003, in McKee, 2009, 468). Accordingly, as cannabis legalization moves forward, it is particularly important that systems of control evolve. Our definition of a cannabis-using society must reflect lived experiences, with health and social responsibility shared rather than controlled inequitably by those who possess greater power.

There is an inevitable gap which exists between what government attempts and what is ultimately accomplished amongst the population. Within this gap live those

people who resist governmental rule and exercise power to govern their lives. As McKee (2009) asserts, “By focusing on strategies which aim to resist governmental ambitions, this emphasizes that subjects are reflexive and can accommodate, adapt, contest, or resist top-down endeavours to govern them if they so wish” (279). Subjugated knowledge resides within the space where women have resisted the cannabis discourse and strategized to retain control over their use of cannabis.

3.2.4 SUBJECTIVITY

As it is widely understood, “subjectivity” refers to “the conscious and unconscious thoughts and emotions of the individual, her sense of herself and her ways of understanding her relation to the world” (Sands & Nuccio, 1992, 32). Subjective thoughts and positions are “precarious, contradictory and constantly being reconstituted in discourse each time we think or speak” (Weedon, 1997 in Rossiter, 2000, 29). As a tool used in postmodern feminist analysis, subjectivity reveals “subjugated knowledge” and produces “alternative discourses” (Fawcett & Featherstone, 2000). In a way, similar to the adage that the personal is political, subjectivity demonstrates that women’s thoughts and actions are not mutually exclusive of socio-political contexts or discourse.

Rather, they respond to each other in tandem. As Hill Collins (1989) discussed, women may assess their social world from subjective positions, generally ascribed by those who retain power. From this vantage point, the subjective knowledge which women acquire shapes the way in which they may choose to resist the dominant culture’s construction of roles and power distribution. With access to power and social resources unequally distributed amongst women in society, strategic acts of resistance -- which

vary depending upon circumstances and consequences -- enable women to reclaim power and self-governance, if not greater social change within society.

3.3 INTERSECTIONALITY: An Analytical Tool

Intersectional analysis fuses beautifully with a postmodern feminist framework, as it strives to tease out the unique points at which power, difference, and subjectivity converge in personal and social worlds. Intersectional analysis “reveals how intersecting forms of discrimination and oppression create opportunities and social and material benefits for those who enjoy normative or non-marginalized statuses such as Whiteness, maleness, heterosexuality, or upper-class status” (Hankivsky et al., 2010, 3). In addition to examining the ways in which power and privilege retain control through social controls, intersectionality purports that, “it is precisely at the point of intersection that a completely new status that is more than simply the sum of its individual parts, is formed” (Jackson 2003 in Hankivsky & Christoffersen, 2008, 275). As such, intersectional analysis is not binary; it welcomes individual narratives and is subjective in its findings. Ultimately, there is as wide a range of conclusions as there may be participants.

As a tool, intersectional analysis “seeks to disrupt linear thinking that prioritizes any one category of social identity” (Hankivsky & Christoffersen, 2008, 275). Furthermore, intersectionality makes room for contextual analysis which includes time as a marker, in both a past and present context (Hankivsky & Christoffersen, 2008). The disruption of dichotomies, such as male/female or medical/criminal, creates space for a new way of knowing women who use cannabis; with the inclusion of historical analysis and thoughts on future possibilities, women’s journeys can be explored. While I cannot

always predetermine which intersection will impact women's lives with certainty, intersectional analysis, does allow me to examine the intersects presented by the participants and explore the compounded points of tension that operate in fluctuating contexts.

METHODOLOGY

It was important for me to learn from women's lived experiences. As such, I designed my research project to collect data from female-identifying participants who were interested in sharing their experiences of cannabis use for pleasure in a semi-structured interview format. I recruited six participants for this study, whose stories generated the text-based data which was analyzed inductively and deductively and through a postmodern feminist lens.

3.4 RECRUITMENT

This process of recruitment included developing a poster (Appendix B) which was posted on two social media pages, namely Women Grow Toronto and the Elle Collective. Some women recirculated the recruitment poster on personal Twitter feeds or Facebook pages. The recruitment poster was also distributed amongst the members of the Lakeshore Community Health Centre, the South Etobicoke Harm Reduction Coalition, and the Peel Harm Reduction Coalition.

Twelve women initially expressed interest in participating in the study. At the time of the telephone pre-screening, eight women remained interested. Five women were excluded post pre-screening with reasons including unavailability and lost interest. At the end of the first round of screening, three participants were identified. As 66% of

interested participants were recruited through Facebook, I circulated the recruitment poster on this site a second time. 13 women responded and several were excluded for different reasons, including residing in Quebec and the USA and being personal colleagues. Five women completed a pre-screening, after which two candidates dropped out without notification. At the end of the second round of recruitment, six participants proceeded to the interview phase of the study.

3.4.1 TELEPHONE PRE-SCREENING

A telephone screening was conducted within one week of potential participants' expressed interest in the study. The purpose was to identify participant eligibility. Participants had to be 19 years or older and consume cannabis for pleasure at least four times per month. A series of yes-or-no questions was used to identify medical cannabis patients, women of colour, LGBTQ-identifying women, and mothers. These questions also allowed me to identify experiences of cannabis stigmatization or criminalization. Following the telephone pre-screening, qualifying participants were provided with a Letter of Intent which provided details about the purpose of the study (Appendix A).

3.5 DATA COLLECTION

Prior to conducting each interview, I reviewed the Letter of Intent and Consent Form with the woman and asked if they had any questions. The women provided written consent to participate in an audio-recorded interview. One woman provided verbal consent to participate in an audio-recorded interview conducted via Skype. Before turning on the protected audio-recorder, I advised the participants that I would be conducting a qualitative, semi-structured interview. I then advised them to reflect upon

their experiences and to discuss their perspectives on cannabis use. I told the women that I may ask probing questions to elicit more information or simply say, “ok” as a sign that we could move forward to the next question. The interviews were recorded while sitting comfortably in women’s living rooms, work spaces, and outdoor balconies. They were recorded using the ‘Smart Recorder’ application on a password-protected Android phone. Three women consumed cannabis during their interview.

3.5.1 QUALITATIVE, SEMI-STRUCTURED INTERVIEWS

Qualitative, semi-structured interviews were used in this study because they enabled me to “explore social phenomena that occurs in a context, rather than to test pre-determined hypothesis” (Carter & Little, 2007). Over an hour-long period, the interview was guided by a series of open-ended questions (Appendix C) which revealed the evolution of women’s cannabis use, experiences with cannabis stigmatization and/or criminalization, and thoughts about cannabis’ normalization. The responses were filled with rich dialogues that revealed women’s subjugated knowledge. This knowledge became my data. To retain participants’ anonymity, women chose a pseudonym that was referenced throughout the study.

3.6 DATA ANALYSIS

I conducted a thematic analysis of the texts generated by the women’s interviews using deductive or and inductive indexing techniques, described as meta-indexing (Ryan & Bernard, 2003). Using this analytical style, I sought certain pre-determined themes such as cannabis supply, acts of secrecy, and instances of surveillance. I listened inductively for the position of power in women’s stories, carefully separating instances in

which women exercised control over their cannabis use and when others restricted, stigmatized, or criminalized its use. When power and ‘othering’ were identified, I listened closely to women’s subjective knowledge and coded the cannabis-using behaviours which countered the social, political, and gendered expectations. In this fashion, themes which describe the purpose of cannabis in women’s lives as well as the work in which women engaged to advocate for their use of cannabis were revealed.

3.6.1 DATA PROCESSING

3.6.1.1 INDEXING

I transcribed the interviews verbatim in MSWord and uploaded the data into a Computer-Assisted Qualitative Data Analysis software tool named Quirkos for indexing or coding. Qualitative data was read literally, interpretively, and reflexively, and eventually organized into thematic categories, as described by Mason (2002). A literal reading of the text highlighted specific words (e.g., dealer, dispensary) which developed the thematic category of supply. An interpretative analysis of women’s behavioural or systemic acts in society, viewed through a postmodern feminist lens, illuminated thematic concepts such as power. In differing sub-thematic categories, I coded the many ways in which power was enacted against women. For example, I developed the code of stigma by coding the various ways women’s use of cannabis was perceived by others and/or how those perceptions originated in society. From this sub-thematic category of power, an analysis of stigma revealed numerous micro-, meso-, and macro-examples of active cannabis surveillance operating in women’s lives. By coding enactments of power which differentiated women for their use of cannabis, I developed women’s subjective categorizations within society -- as deviants, addicts, potheads, or questionable mothers.

Women’s subjective knowledge and experiences constitute another sub-thematic category existing under the theme of power. I coded examples in which women discussed their positions as cannabis users; in doing this, the women’s enactment of power was revealed. Basing my conclusions on the subjective knowledge and experiences of the women, I contextualized the ways women identified themselves as cannabis educator and advocates with experiential wisdom. In this process, I uncovered the disdain which women express toward cannabis’ dichotomy and the challenges this dichotomy presents for women in their lives. I coded women’s thoughts on what cannabis normalization would look like in a legal cannabis discourse, and this in turn revealed tensions existing in the current cannabis context, such as the lack of access to safe cannabis-consumption sites and to cannabis that would satisfy the women’s varied needs.

I read and coded the text multiple times, ending with data indexed into one or more thematic categories. As a cannabis advocate employed within the cannabis industry, I made sure to read the data reflexively, cautiously ensuring that the themes generated by the women’s stories were interpreted and indexed accurately, and not biased by my lived experiences. Ultimately, the women’s alternative cannabis discourse was shaped by a combination of the data gathered within the themes of power, difference, subjective knowledge, and experiences.

3.6.1.2 RETRIEVAL – Data Organization

Quirkos offered two useful tools. Firstly, the “Report” function summarized participants’ quotes as thematically indexed for easy retrieval. Secondly, the “Overlap View” illustrated the frequency in overlap between indexed themes. and noted the

commonalities observed between thematic categories. A report for each indexed theme was printed, and the data was re-read interpretively. In this final step, the chosen quotes contextualized the ways in which women's engagement with cannabis has evolved and how its use has enhanced women's quality of life. The social and cultural stigma that surrounds cannabis was sharply identified, as was the work women have undertaken to educate and normalize family, friends, and colleagues about the use of cannabis.

3.7 REFLEXIVITY

Reflexivity is a critical component of my postmodern feminist approach to analysis. Fook (2012) defines reflexivity as “being able to locate one's influence in context, and to understand how one's self and actions are constructed in relation to context” (196). It must be noted that I have been actively engaged with the cannabis industry for several years and I am now employed by the largest licensed producer in Canada. Through experience, I am aware that women are subject to differing forms of cannabis stigma and surveillance in certain segments of social and medical society; similarly, I have witnessed women's relationships with cannabis that differs from medical purpose alone. Based on my observations, I suspect that the legalization of cannabis use, in and of itself, may not shift the social and medical perceptions which surround and surveil women's use of recreational cannabis.

With the legalization of cannabis pending, I took the opportunity to conduct research which allowed me to present women's lived experiences with cannabis use. The data exemplified women's relationships with cannabis use and how those relationships were received in women's immediate and broader social contexts. These findings could

be discussed in academic, professional, and social conversations that strive to contextualize women's use of cannabis as something other than a medical or criminal act. I am cognizant that cannabis use is not a social panacea, and that in certain conditions, it may create harm; as such, the concept of harm is revealed as cannabis-related systemic struggles, stigma and surveillance in the women's stories. While I acknowledge that I am a biased researcher (Finlay, 2002) -- I believe women's use of cannabis is unfairly surveilled and will not be normalized with legalization -- it is with integrity that, the implications and recommendations derived from this study will be responsive to the subjective experiences of participants who have retained governance over their use of cannabis within the existing systems of power and social controls.

In consideration of the "researcher-researched relationship" (Finlay, 2000), I applaud the women who exercised their power as they recounted their intimate, multi-functional experiences with cannabis use, for public consumption. Working together, and by way of their stories and insights, we are co-creating a thesis which reveals the role of cannabis in the lives of certain women. By blending lived experiences and postmodern feminist analysis, the social work community may appreciate the use of cannabis as something other than a binary substance which positions its users as either medical or criminal.

3.8 ETHICS

I received ethics approval by McMaster Research Ethic Board (MREB) to conduct a study with eight female-identifying participants who were interested in sharing their experiences of cannabis use for pleasure in a semi-structured interview format. One

of the recruitment caveats proposed by MREB was that I not advertise the study on personal social media accounts. Similarly, I was advised that accepting immediate co-workers, colleagues, or close friends into the study was not ethical research practice.

While six women did ultimately engage with the study, women who do not subscribe to cannabis-specific social media channels may not have learned of the study, with the result that their stories were not heard. Similarly, with the limitations ascribed by MREB, the unique perspectives of differing colleagues and friends were lost to the research design. I was surprised that interest was not expressed from women connected to community networks. Given that the women who interviewed were predominantly white, middle-class and heterosexual, different recruitment efforts are clearly needed to attract a greater cross-section of participants. Ultimately, exclusionary criteria and academic and professional time constraints limited recruitment efforts.

When introducing myself to prospective research participants, I identified as a student of McMaster University in the School of Social Work. At different times during the interviews, women would make comments like, “do you know what I mean?” when speaking about cannabis-specific knowledge; in those instances, I disclosed my history and active employment in the cannabis industry. I then promptly advised the participants that this study was academic and not research-driven at my employer’s request. It was important that the integrity and intent of the project not be perceived as being conducted under false pretenses.

I ended each interview by asking the participants how she felt. As a social worker, I wanted to ensure that women did not feel exposed or at risk, having just disclosed their

history and thoughts related to cannabis use. Interestingly, in addition to confirming that they felt well, the participants provided encouragement and thanked me for giving them the opportunity to participate in the study. They were pleased with their transfer of knowledge and entrusted me to move their experiences forward into the findings and analysis phase of the study.

CHAPTER 4 ~ FINDINGS

THE WOMEN

Six women who regularly consumed cannabis were interviewed for this study. The median age of women was 35 years, with ages ranging from 19 to 54. Most women identified as female, and one woman identified as “agender”; while her gender identity did not fit neatly into a gender binary, she often ascribed to a female identity, and so identified as female for the study. Women identified their sexual orientation as: heterosexual (66%), bi-sexual (16%) and queer (16%). Half of the women were mothers. All women were born in Canada and their cultural identities were listed as: Canadian (66%), Hispanic (16%) and Irish-Canadian (16%). Most of the women (83%) lived in an urban setting. The women indicated that they consumed cannabis daily, with variations in the quantities and modes of administration preferred. In order of frequency, women utilized several cannabis suppliers, including store-front dispensaries (100%), friends and family (50%), home grown cannabis (33%), street dealers (33%) and on-line cannabis retailers (16%). Health Canada authorizes three women to purchase medical cannabis from licensed producers (50%).

As I analyzed the women’s interviews, a range of themes were revealed which portrayed women’s introduction to and continued use of cannabis. Several commonalities existed amongst the women, including the themes of connectedness, self-care, and enhanced mind-body experiences. An important finding indicated that when cannabis use was labeled as medical or recreational, the binary ascription could neither sufficiently

capture nor adequately reflect cannabis' multi-dimensional purpose or value. Ultimately, these findings were based on women's lived experiences, resulting in alternative cannabis discourse. Informed with subjective knowledge, and in contrast to cannabis' stigma and systemic surveillance, the women became cannabis educators and advocates. To varying degrees, the women strived to normalize the use of cannabis in a host of environments, including family, schools, and workplaces.

4.1 THE EXPERIENCES OF CANNABIS USE

Cannabis was often easily accessed, and used in the presence of friends or family. Moreover, and almost immediately following most women's first use, cannabis use produced laughter, good feelings, and pleasure. Over the decades and across a variety of life circumstances, the women achieved desired outcomes such as improved relationships, supported self-care, and altered environmental experiences frequently through cannabis use.

4.1.1 FIRST USE

**“I started hanging out with a crowd that smoked and I did it, and I really liked it a lot, and that became the routine of that summer, hanging out with these people and smoking by the river.”
~ Sam**

Following high school graduation, Sam and a group of friends reconnected and consumed cannabis together. As part of their summer routine, the group would go to a nearby river, talk, laugh, and smoke cannabis. Sam enjoyed the experiences cannabis produced, and her use of cannabis became more regular during the years of her post-secondary education. Interestingly, she did not consume cannabis with her university

peers -- they tended not to consume cannabis, Sam recalled. Instead, Sam engaged with the substance independently, often while studying.

Having grown up in a small town, Rosemary recalled that by the age of 14, perhaps 15, she self-corrected, cannabis and its use was made readily available at “friends’ parents’ parties.” She spoke very casually about dried cannabis and about the fact that it was easily accessed in her community, yet clarified that when she and her friends had wanted to consume a more potent cannabis derivative such as hash, they would have to travel to another city to purchase the substance of their choice. Rosemary categorized cannabis use as common amongst teenagers growing up in the 1990s.

Influenced by the hippie movement of the 1960s, Alicia engaged with the counter-culture movement whose adherents consumed cannabis regularly. Alicia recalled:

I started as a young person, I guess I was about 14 or 15 years old when I had a first toke of pot back in the day, way back when, it was not really a big deal at that time in life. I think practically everybody was consuming cannabis, there wasn’t a lot of push with laws against it. There wasn’t a lot of push back for people using it. It was the 70s, the early 70s and, you know, it was, I think, more accepted at that time. People just went, ‘ah, they smoke pot’, nobody really cared.

Alicia and her close group of peers easily obtained, consumed, and enjoyed the effects produced by cannabis. Within the carefree context of their youth, they “laughed their heads off” whenever they consumed cannabis together. As life has progressed, Alicia’s physical and social health has been enhanced by the inclusion of regular cannabis use.

Saoirse⁶ recited the warnings which her mother had espoused during her childhood of the 1970s: “Don’t smoke pot, or you’ll be just like the hippies.” For Saoirse however, her mother’s protest created confusion, as “the hippies” in her life were her mother’s siblings, namely her aunts, and her uncles. They were, as she said, “cool and laid back. They were amazing people.” What traits of hippies did Saoirse’s mother not want her to emulate? “It just didn’t compute” she stated. Filled with curiosity, the grade-nine Saoirse and her teenage girlfriends obtained cannabis, went to the local park, and smoked together. They laughed hysterically for hours and mused over how their knees felt as if they had turned into Jell-O. Saoirse understood immediately that cannabis created an enjoyable effect. She fondly recalled: “I was definitely one of those people where it affected me right away. It’s not like I had to smoke it three times before it had an effect. It was like instant, and I thought, Oooh, I like this.” As life circumstances evolved, Saoirse became a single mother of two daughters and lived with concurrent addiction and mental health concerns. By her own assessment, cannabis use accompanied her journey, positioned as a healing aid and emotional teacher.

Margaret surmised that her introduction to cannabis was “a pretty typical high school experience” had by most teenagers. At the age of 17, Margaret attended a party where, inside a car garage, an acquaintance passed her a bong filled with cannabis to smoke. Unlike Saoirse’s immediate affinity for cannabis, Margaret did not experience pleasurable sensations following its use. Rather, she described a progressive engagement

⁶ A traditional Irish name pronounced Searsha

with cannabis which deepened in tandem with her shift and connection to new peers. She explained:

...um, you know the first time I tried it, it worked, and then every other time I tried it after that it didn't work so I thought, maybe it's not for me, maybe it's not something I should continue to spend my money on so I kinda just never touched it again until I got into college. And then in college it was like a bigger thing. People were more interested in it. I knew people who had access to it so, I was like ok cool, let's try this again. And then since then, it's been more regular. I kinda understood it a little bit more, I've created my own understanding of it.

When consumed with peers who were enjoyably satisfied by cannabis, Margaret too came to value the “sense of euphoria” which cannabis use produced. It was a pleasing effect described as “not like woozy, but a sense of distortment [sic].” Margaret identified the altered sense of reality and subsequent pleasure which cannabis produced as valuable, as they tended to ease her symptoms of depression and general malaise.

Brown Sugar, a Hispanic woman, was “born and raised” in the Jane and Finch area of Toronto during the 1980s. She recalled that she and her peers were offered a cannabis joint in the school yard. Having mistaken the joint for a cigarette, they inhaled the drug. Brown Sugar chuckled as she remembered the experience, “Umm, it was with a bunch of kids. I choked to death. And um, yeah it was just something all of us third-graders wanted to try.” She qualified that it was several years later before she and her friends determined, with some disbelief, that they had in fact smoked cannabis at the age of nine. By the time she entered Grade eight, Brown Sugar was consuming cannabis daily. Most of all, she valued the calmness, focus, and pleasurable sensations which it brought into her life.

Beginning in the 1970s and spanning into the early 2000s, the women and their friends were introduced to cannabis in social, often pleasurable, settings. The earlier effects generated by cannabis use positively enhanced women's biological, psychological, and social experiences. Over the years, what had begun as a curiosity about cannabis' effects transformed into regular, purposeful cannabis use, sourced and controlled by the women themselves.

4.1.2 SOCIAL, RELATIONAL USE

“I’ll just tell you what I smoke and we won’t try to classify this as medicinal or recreational.”

~ Sam

As the women's lives continued, cannabis use amongst family and friends remained a common, pleasurable activity. In evenings or on weekends, and often while the events of the day or life at work were discussed, Sam and her husband enjoyed cannabis use together. Brown Sugar tended to consume cannabis with her siblings. She described their social time together as “burn sessions,” where they would meet up, talk, laugh, and consume cannabis. Given the opportunity, Alicia indicated she would “try to gravitate toward the social aspects” of cannabis use, noting that, “you seem to get more out of a visit with people if cannabis is involved.” Saoirse consumed cannabis leisurely, with her two daughters, enhancing conversation in a manner akin to that attained by sharing a bottle of wine with family.

As with the earlier experiences of first use, continued cannabis use connected women to family and friends in a pleasurable environment filled with conversation and communion. For Margaret, cannabis use linked her to an academic community and

provided a network of social support. As a student, she sometimes consumed cannabis before lectures, partly to ease boredom, and more so because consuming cannabis on campus was common for students and professors alike. She observed proudly: “I’ve heard of profs going out to smoke with students. It’s like a community almost, so, my school is really awesome like that.” Cannabis use formulated and amplified part of Margaret’s identity as a film major. Similarly, its use connected Margaret with a supportive circle of queer youth living with mental health concerns. With cannabis use incorporated into the group’s rituals, Margaret and her peers discussed life issues openly. Unlike in her familial home, Margaret was not judged or segregated for her use of cannabis at university or amongst her peers. On the contrary, Margaret described the act of communal cannabis use as “community building.”

4.1.3 SELF-CARE

Outside of social setting of friends and families, women included cannabis and its use as part of their medical routines, leisure time, and nurturing moments of self-care. With or without their physician’s authorization, all of the women used cannabis to ease a variety of medical ailments, including: difficulty gaining weight during pregnancy, pain management, prescription opiate withdrawal, anxiety and depression, migraines, menstrual cramps, tremors, and insomnia. Saoirse spoke with ease about the fluid role of cannabis, which on some occasions acted as a medicine, and on others was more akin to a morning coffee. She commented: “I smoke a joint when I wake up in the morning, and um, that sometimes is about pain and sometimes just about starting the day off.” Her example clearly illustrates the arbitrary nature of cannabis classification. For Saoirse,

morning cannabis use -- neither medical nor recreational -- aligned her thoughts with her instincts upon which she measured the interactions of her day.

In quieter moments of the evening, Saoirse cherished cannabis for its relaxing properties. With a cocky smile, Saoirse described “a ritual” she often performed which included drawing herself a beautiful bath with salts, lighting candles, and soaking in the tub while she smoked “a nice, big, fat joint.” She classified this exercise as “me-time”. In this way, Saoirse has redefined the evening bath time routine with the inclusion of cannabis. By positioning cannabis as “the cherry on top” of a tranquil approach to relaxation, Saoirse has expanded the meaning and methods of self-care.

The mothers in the study suggested that the calming effect produced by cannabis released the stressors of their day, which made parenting their children more enjoyable. Reflecting on this point, Saoirse, a single parent with two children, concluded that, “consuming cannabis was the best thing I could have done as a parent.” She recalled moments of extreme difficulty when parenting her daughters, particularly at bedtime. When tired, frustrated, stressed out, or unwell, Saoirse sadly found that she would lose patience with her daughters. She recalled that cannabis use alleviated conflict:

I’d go from zero to angry so quickly. And, um, being able to smoke a joint before I had to start that process, it would just calm me down enough that I was able to go through it. It would just chill me out and I’d be able to let go off the stress of the day enough to actually just enjoy reading a story with my children, and cuddle with them, and really enjoy the moment.

Although marginalized as a single parent and substance user, by coupling cannabis use with parenting techniques, Saoirse repositioned herself as a capable, nurturing mother. She replicated the strategy when arguments occurred during her daughter’s teenage years.

Alicia echoed Saoirse’s sentiment and similarly iterated that after a day of work in a high stress job, taking a moment to consume cannabis helped her unwind. She stated:

At the end of the day you come home and you are rattled. If I don’t have a few minutes on my own, to sit back and breathe, consume some cannabis, let everything go, then my time with my kids is useless; I’m frustrated, I’m snapping at that them. It’s not their fault.

She argued that consuming cannabis as part of an evening routine mirrored some women’s customary practice of consuming wine or valium to relax. If women were using substances to unwind, Alicia contended that cannabis use was a safe, viable option, as determined by lived experience. With compassion, otherwise lost to the stressors of the day, women parented their daughters and maintained their psychological health with the use of cannabis.

Much time having passed, Alicia now resides outside Toronto and spends much of her time alone. With her three daughters grown, and her husband at work, cannabis use fills the quieter moments of the day. She described her daily routine as: “an empty nest situation. He’s at work all day so I’m home alone all day, so I continue to enjoy my cannabis all day long, all by myself.” For Alicia, cannabis consumption had become an intriguing pass-time. Alicia excitedly equated experimentation with various cannabis products to consuming different types of tea, curious to realize their varied effects. Cannabis’ allure was as much about the plant’s genetic composition as it was about its therapeutic properties. Alicia qualified, “I am more interested in the terpenes and the flavour profiles and the different things that they do to enhance moods, and conversations, or to put you to sleep.” In addition to using cannabis to treat her epileptic

symptoms -- Alicia attributes her being seizure-free for 25 years to cannabis use -- she has cultivated an enjoyable retirement hobby of studying cannabis and enjoying its use.

4.1.4 MIND-BODY CONNECTION

Speaking in metaphysical terms, Rosemary contextualized the high produced by cannabis as “part of the therapy.” She valued the altered sense of reality produced by cannabis, particularly as its pleasure-producing principles eased symptoms of depression or anxiety. While cannabis consumption did ease Rosemary’s pain, she explained a point that she deemed more important: namely, its use “amplified” sensory experiences such as listening to music, having sex, or eating food at a restaurant. Indeed, at times she enjoyed cannabis use purely for its ability to alter sensory perceptions and produce alternative thoughts. In and of itself, using cannabis with this intention meant that the cannabis high produced subjective knowledge which formulated a code of conduct, or provided meaning about life.

Living with a hearing impairment intensified Saoirse’s challenge of returning to school as an adult learner. Saoirse expressed that excessive noise in the classroom environment impaired concentration and produced anxiety. She explained:

people don’t realize, that sensory disruption can really, really agitate somebody. So, I found that if I smoked a joint, even if it was only having a pipe or whatever before I went into school, it was enough to actually dull the sensory and, again, I was able to focus.

With trust in Saoirse’s assessment that cannabis use improved her capacity to negotiate the physical environment, her teacher permitted classroom exits, where she would consume small amounts of cannabis. She rejoined the group with improved focus. If her teacher had not respected this strategic use of cannabis as an accommodation tool for

hearing impairment, Saoirse would likely not have graduated from college as a Certified Natural Health Practitioner.

Sam had little passion for her university program, yet was determined to complete the degree. She described cannabis as an invaluable tool which eased academic boredom and facilitated studying. She recounted:

I found that smoking helped me study because it was boring, so boring. I hated business. I went through it, but I didn't like it and I found that -- I did finance too, so it was very math, lots of formulas and dry and -- I found that if I smoked, I could go, I could zero in, I could get through the material."

Sam used cannabis purposefully during her academic career. Using knowledge gained through trial and error, Sam was able to identify when cannabis use was most beneficial for her. She clarified: "I didn't very much but, occasionally, I'd smoke before a lecture and I again I just found it helped with my concentration and, then again, I didn't do it much but, I'd smoke before the odd exam and then I did fine." She realized that cannabis use did not impair her studies. Instead, its effects altered her academic experience from something boring and abstract into something interesting and manageable:

So, I found that if anything it like, you know, I didn't like the program or the direction that I was headed in and, I found that if anything it made the whole thing more palatable and allowed me to focus and concentrate and get good grades, so it was a tool more than anything.

Sam's example demonstrated that cannabis could be used as a tool to alter senses and, by extension, the physical environment. If Sam had not reconstituted her academic experience, she may not have graduated from her university program -- with honours -- nor would she have elevated her socio-economic status with the subsequent acquisition of full-time employment. With the aid of cannabis however, she succeeded.

4.1.5 ENHANCED PLEASURE

In intimate moments, cannabis use enhanced the conditions under which women could enjoy sexual pleasure and achieve orgasm. In certain instances, cannabis use eased sexual apprehensions. When connecting with a new sexual partner, one woman remarked that cannabis use “just takes away my fear about it.” Cannabis helped her gain access to a deeper comfort level, allowing her to “be more willing to try new things, in a good way.” Women became more “present” and “more receptive” when cannabis was consumed during sexual interactions. The women often remarked that cannabis’ effects produced “more sensual, more longer lasting sexual experiences.”

Unlike the host of harms which are traditionally associated with intoxication, the women did not identify any physical risks or consequences attributed to the use of cannabis during sexual activities. Quite to the contrary, Saoirse described cannabis use as a therapeutic, sexual healing aid. At the age of 14, she was sexually assaulted. Without care of council, Saoirse somatized the trauma, describing her body as “locked down when it came to sex,” and stating that she, “never really enjoyed sex.” Unless intoxicated by alcohol, Saoirse could not enjoy sexual experiences. It was several years later that the combination of cannabis and hashish, enjoyed with a sensual partner, unleashed her body from its state of sexual disconnectedness. She acknowledged: “I actually learned to trust him and I never realized until I was in that situation that I had never trusted anybody before.” Guided by experiential knowledge, Saoirse classified cannabis’ effects in a position akin to that of a radar, against which she measured her feelings and emotions. With this approach, she concluded: “my body is letting me know it is ok to trust this

person, and if that's not there, I don't do it. I think that has probably been one of the biggest gifts." She has trusted cannabis to guide the course of most of her friendships, relationships, and work decisions.

The women's stories demonstrated multiple ways in which cannabis use has altered sensory perceptions and, thereby, enhanced social, academic, and workplace environments. It has fostered calmness in the tender moments of parenting, invoked concentration during studies and work performance, and supported women when exploring intimate, sexual connections. Empowered by subjective knowledge and differing experiences, the women produced an alternative cannabis discourse.

4.2 STIGMA, SECRECY, AND SURVEILLANCE

Although the women had defined distinct roles for cannabis use in their lives, in the broader social and political context they encountered cannabis stigmatization. Cannabis stigma was expressed via derogatory terms and revealed in gendered and cultural expectations. Most often, women's use of cannabis was surveilled by mothers, police, the medical system, and child welfare. As a protective measure, women had, at times, employed secrecy to avoid cannabis stigma or surveillance.

4.2.1 STIGMA

"We seem to be held to a higher standard than men for some reason. It happens across several lines with sexuality involved in there as well; a promiscuous man is a hero and a promiscuous woman is a slut. The same kind of scenario applies to cannabis and females and men and I don't understand why and it baffles me"

~Alicia

In her interview, Alicia referenced an on-going condemnation of women's engagement with cannabis use, detectable within certain segments of society and within

the cannabis industry. As a retiree, Alicia has been criticized by certain members of her community for her continued use of cannabis, while, to the contrary, her husband's consumption of cannabis remained unchallenged. Perhaps Alicia is "baffled" that gendered stigmatization has been sustained because, in her experience, she has tended to be empowered by subjective knowledge and, in turn, enacted behaviours which satisfied familial and personal needs. In the face of stigmatization, she and other women in the study set their own personal standards and codes of conduct.

Because of cannabis stigma, women contended with contradictory and demoralizing messages. The women reported that their mothers would express that "Cannabis use is bad," and that it therefore followed that women who used cannabis too, were bad. Interestingly, the concept of "bad" was defined through reference to the cult film *Reefer Madness*, with its pejorative illustration of addiction and mental health, and reinforced by recent observations of the social harms associated with illicit drug use. From Saoirse's mother's perspective, cannabis use was subject to gendered and classist expectations, as illustrated in her instruction that "Good girls shouldn't smoke weed." Outside of the family, the term "pothead" was leveraged against women. In Rosemary's professional experience, her colleagues labeled her as a 'pothead' following her disclosure of medical cannabis use. Consequently, her professional knowledge and contributions were taken with less seriousness because of their stigmatized view of cannabis use. In Brown Sugar's experience, when errors in her performance were identified, her employers attributed her mistakes to cannabis use and eventually, with stigma associated with being a pothead resulted in her dismissal from her place of

employment. The women's experiences demonstrated that the stigma associated with women's use of cannabis, contained by the term pothead, subjected women to profession positions of lesser power and economic consequences.

For Brown Sugar, the elders in her family were guided by a traditional Hispanic discourse which concluded that people who used cannabis were "Marijuaneros." This meant:

you've ruined your life, you're gonna be a fuck up, you're never going to succeed, your kids are gonna follow in your path and they are going to be bums. It's like you... you've dwindled some imaginary family status.

In her mother's perspective, being a "Marijuanero" was the reason for failure, as opposed to, say, systemic racism, socio-economic disadvantages, or perhaps even laziness and her beliefs were affirmed by the numbers of people in their community who did not finish school, did not graduate with diplomas, and, as a result, did not have jobs. The application of the term Marijuanero was unequally ascribed between men and women. Brown Sugar summarized that, "If I was a guy, it would probably be more acceptable and less spoken about, but because I am a woman, I am expected to be responsible, nurturing, caregiving. All that jazz that supposedly ties into being a woman." Consequently, Brown Sugar's continued engagement with cannabis and differentiation from traditional gendered-expectations, resulted in Brown Sugar's experience of stigmatization and segregation from certain factions of her family and those members of the Hispanic community who ascribed to the Marijuanero beliefs.

In addition to gendered and cultural expectations, women who consumed cannabis regularly were, at times threatened with categorization as cannabis dependents or

addicts by different social and medical institutions. The stigma attached with either label suggested that women were without control over their consumption of cannabis, which conflicted with women's perceptions of intentional cannabis use. Brown Sugar defended her regular use of cannabis. She admitted that she was a "habitual cannabis smoker," and quickly qualified that her frequent use of cannabis improved physical, social, and psychological, "all aspects", of her life. Rosemary suggested that "the potential for addiction," as it related to cannabis, was not a physical compulsion, but was, in her assessment, "without question" psychological in nature. She concluded that many substances in society present a risk of addiction; however, when she practiced "mindful consumption", she successfully regulated the frequency of and desired effects produced by cannabis use, without the cravings or other signs of psychological addiction.

Having been labeled as an "addict" for her earlier misuse of prescription narcotics, Saoirse recalled that health care workers failed to address her mental health concerns when she presented at the hospital seeking treatment for symptoms of anxiety and depression. Rather, they recommended detox and rehabilitation centres for her consumption of cannabis. She found that even in lengthy stretches of sobriety, when the addict label was resurrected, it resulted in an immediate, downward shift in her social position and ability to exercise personal power. In this instance, the addict label resulted in ineffective mental health treatment and triggered the involvement of the Children's Aid Society in Saoirse's family life. Saoirse's story illustrated that the surveillance of substances, particularly when devoid of contextual use, prohibited Saoirse's mental

health workers from appreciating that her use of cannabis was neither a dependency nor an addiction. Rather, it was a tool which sustained her sobriety.

4.2.2 SECRECY and SURVEILLANCE

“I was still going for addiction counselling, I was still going to therapy, I still had the support systems in place. Just nobody knew I was smoking weed at the same time. But I do think that was a big part of what worked.”

~ Saoirse

As a strategy designed to disrupt possible cannabis surveillance, women protected themselves and their families when they enacted secrecy over their use of cannabis. In the form of avoidance, minimizations, and omissions, women detracted attention from their use of cannabis, which reduced instances of stigmatization and losses of power. In Saoirse’s experience, cannabis use, albeit enacted in secrecy, was positioned as support while she recovered from addiction and mental health concerns. With her recovery strategy guarded in secrecy from her healthcare professionals, Saoirse directed the course of her addiction and mental health treatment while she accessed healthcare services, which would have been otherwise denied for her continued use of cannabis.

Brown Sugar has not disclosed her use of cannabis to her mother. She has retained her use of cannabis in secrecy, which has enabled her to circumvent the demoralizing branding of a “Marijuanero.” Whereas Sam, when in the company of other women who consumed cannabis less frequently, in an effort to avoid cannabis stigma and labeling, would minimize the frequency of her cannabis use. Alicia defined cannabis stigma for her young daughters before they entered school. She encouraged her girls to not discuss their mother’s use of cannabis publicly. She instilled this lesson, she

explained, to protect herself and her daughters from cannabis stigmatization from the community, child welfare surveillance, or potential criminal persecution. Rosemary, like Alicia, did not discuss her use of cannabis with parents in her neighbourhood nor at her daughter's school. In her opinion, secrecy protected Rosemary from suffering what she aptly termed, "the surveillance of the state."

Conflict arose when physicians and women could not agree upon the inclusion of cannabis in their health care regime. Margaret approached her physician for a medical cannabis recommendation to treat symptoms of depression and anxiety. Guided by the College and Family Physicians of Canada's (2015) preliminary guidance guidelines and not Margaret's subjective experiences with cannabis, her physician denied her prescription request. With frustration, Margaret exclaimed:

I'm 19 and I've always been really mature too. I've been taking care of my own health since I was 14. I got my period at the age of 10. Like, I've always been taking care of myself, so for a doctor to look at me and be like, 'ah no,' I'm like, 'ahahaa, you're fired.'

In response, Margaret treated her health outside of the medical system, as she obtained cannabis from a dispensary; a non-regulated, store-front distribution centre.

In an example provided by Rosemary, it was illustrated that rather than include women's subjective experiences in treatment plans, physicians cautiously adhered to medical guidelines. Through experience, Rosemary determined that THC⁷ reduced her pain effectively; however, her physician, in adherence with the CFPC guidelines, limited, and denied an increase to, her THC-prescription. Furthermore, Rosemary's physician

⁷ THC – Delta9 – tetrahydrocannabinol, the primary psychoactive constituent in cannabis (Hall & Solowij, 1998).

warned that should she access cannabis outside of the medical system, he would revoke her medical authorization. In both of these examples, the women illustrated a tension which existed between medical professionals and women's subjective experiences with cannabis positioned as a health care strategy.

Women's health and cannabis use is also surveilled during pregnancy. In her experience as a mother and lactation consultant, Rosemary observed a general "conservatism" surrounding pregnancy and breastfeeding in the medical discourse and women's social communities. Evoking a concept similar to Foucault's idea of "bio-politics," Rosemary described a code of conduct to which she ascribed while pregnant with her daughter (McKee, 2009). She became a "docile" body, adopting the recommendations to quit drinking alcohol, consuming cannabis, smoking cigarettes, and drinking coffee while pregnant. These lifestyle choices served well enough for her and her daughter's health in the formative stages, and, more importantly, satisfied the conservative expectations of the social and medical community.

Upon reflection, the women tended to agree on the existence of "misplaced concern" when society speaks of women's use of cannabis and pregnancy. Rosemary astutely summarized the environment which surrounds child bearing: "pregnancy is always a very vulnerable time, I think, for the fetus, but, I feel like so much of what is recommended versus what is contra-indicated is very political." The politicism of which Rosemary spoke referred to the varying "codes of conduct" which are imposed upon women -- by family members, physicians, and friends, and which are designed to direct women's behaviour to a preferred end. Presumably, this end is a healthy pregnancy. The

medical oversight of cannabis use during pregnancy reflects a governmental state where limited research findings were valued more greatly than women's empirical knowledge. Women retain little power during pregnancy, and are threatened with a variety of consequences, including on-going surveillance from child welfare agencies if they continue the use of cannabis.

As children develop, mothers continue to remain subject to Children's Aid Society (CAS) surveillance for the use of cannabis. Saoirse believes she was judged unfairly by health care workers because she was a single mother with a history of addiction. In addition to persistent mental health concerns, the stigma attached to cannabis use presented a secondary set of concerns for Saoirse: she was reported and subsequently surveilled by the Children's Aid Society. While under CAS surveillance, Saoirse redefined her circumstances by having her mother move into the family home. In this act, Saoirse "claimed marginality" (Hill Collin, 1997), rather than succumb to medical and social service's surveillance, Saoirse cared for her health with the aid of her mother. Many years having passed, Saoirse now safely admits that she continued cannabis use while marginalized, as she identified its therapeutic effects on her mood. She believes, however, that she would have had an easier time treating her mental health concerns if she could have been open to her mother, healthcare workers, and the CAS about the role cannabis played. Saoirse's example illustrates that with the legalization of cannabis, women who live with a history of addiction, mental health issues, or who are mothers, may remain subject to CAS or medical surveillance when the role of cannabis is not appropriately identified in their lives.

Although authorized as a medical patient, from time to time Saoirse would purchase cannabis from dispensaries. When she used a dispensary in this way, Saoirse challenged the binary ascription of cannabis as either a medicine or an illicit substance. Moreover, she subjected herself to legal surveillance. Consequently, she was arrested once, in a park, for cannabis possession. When in court, however, Saoirse demonstrated to the judge that she was legally permitted to possess cannabis for medical purposes. Even though Saoirse was in possession of “illegal” cannabis at the time of her charge, the medical label absolved her from criminal sanctions. Her charge was dismissed. While relieved not to have incurred a criminal record, Saoirse was also angered by the injustice displayed within the legal system. She concluded:

I don't think there should be any criminal convictions of any kind for cannabis. I think that as a public health thing, cannabis use, it would great, it would be amazing if it could be looked at as something that is going to heal people, it is going to help our opioid crisis.

As will be presented below, the paradox at the heart of the existing cannabis discourse clearly illustrated for Saoirse, she was “spurred” to consciously engage with cannabis activism.

4.3 WOMEN'S IDENTITIES

As the women shared personal stories of cannabis use in their daily lives, narratives that focused on the normalization of cannabis use emerged. As cannabis educators, women taught and role-modeled safe, responsible cannabis use for younger siblings and their children. In so doing, they dismantled the stigmatization which surrounded cannabis use by introducing an alternative cannabis discourse. As advocates, women extended their knowledge beyond the family and enacted power to challenge, and

at times shift, the contradictory or arbitrary cannabis controls which confined or threatened social health and wellness.

4.3.1 CANNABIS EDUCATORS

The women had opinions about how cannabis use should be discussed in the family home, and often adopted the role of cannabis educator. From this position, they debunked the stigmatization surrounding cannabis use for their children and younger siblings. As the eldest, it was important to Brown Sugar that her siblings did not ascribe to the traditional Hispanic, stigma-laden discourse of “Marijuanero.” Such an ascription would marginalize or “Other” Brown Sugar from her family, despite the fact she herself was proof success could be realized as a woman who consumed cannabis. With the intention of educating her family, Brown Sugar introduced both her brother, followed by her sister a decade later, to cannabis. Proudly she stated, “I smoked both of their first joints,” after which the siblings formulated a shared perspective about cannabis and its effects. As an educator, Brown Sugar set a cannabis standard where cannabis use was not identified as a negator of success, but was instead positioned alongside success, with success at times realized by cannabis use.

While Alicia’s daughters were growing up, cannabis consumption was a normalized act in her household. It was not hidden. Eventually, at school, her daughters were questioned about their mother’s use of cannabis. She used that opportunity as an educational moment and illustrated cannabis’ chemistry, efficacy, as well as the reasons for its prohibition to her daughters. She recalled:

As they got older, and went to school and got questioned about cannabis use, we educated them as to why people across this planet demonize the plant, and we felt

that they were wrong, and we presented them with the facts as we knew it and the science behind the plant, and allowed them to make their own decision.

Alicia had once encouraged her daughters to not discuss cannabis use outside of the family home; however, as time passed and her daughters matured, Alicia assumed the role of an educator and provided her daughters' cannabis knowledge, so that they may have meaningful, non-stigmatized conversations as well as make informed choices about its use in their adult lives.

For Rosemary, explaining the role of cannabis to her young daughter was simple. She said, "listen, you know how mommy has a bad back and sometimes needs to take pills for it, so this is different. It is more natural." Her daughter understood the difference immediately, she concluded. As a woman who once used a variety of substances in her teenage years, Rosemary encouraged her daughter to engage with her in open dialogue about substances. She instructed her daughter: "tell me what you are doing. I'll help you, keep safe, because the 'Just Say No'⁸ shit doesn't work, it kills people." Rosemary normalized the presence of drugs in teenage life, and encouraged dialogue with a parent, in turn providing safe, responsible messaging, not cannabis stigmatization or social isolation.

According to Margaret, young people "are really desperate to just get, to just try weed," and it is this desire which subjects them to a host of risks, negative effects, and consequences. To mitigate harm associated with cannabis use, Margaret suggested that

⁸ "Just Say No" was an advertising campaign, part of the U.S. "War on Drugs", prevalent during the 1980s and early 1990s, to discourage children from engaging in illegal recreational drug use by offering various ways of saying *no*. Retrieved from: https://en.wikipedia.org/wiki/Just_Say_No

parents engage with their children in conversations about cannabis. She concluded that discussion would be “so simple.” Because her parents adhered to the *Reefer Madness* perspective on cannabis use, and because of concern for her younger brother’s health and safety, Margaret assumed the role of cannabis educator. She advised him on harm reduction strategies, such as the importance of knowing where your cannabis supply originated and consuming the substance in a safe space. By way of example, she recalled a fatal story which reflected the consequences of misinformed drug use and the lack of appropriate drug education:

I remember, a year ago, two years ago maybe, a couple of cases of people who had artificial marijuana who had died because of it. They were really young. I remember that, they were like 17, 18, both, and I remembered like if someone had taught them, ‘don’t buy loose crap’ then maybe they wouldn’t have died. If someone had just told them, but, instead everyone is like ‘don’t buy drugs, just don’t do it,’ but if there’s more of an understanding about the actual process, then it just makes it a safer environment.

Margaret claimed the dominant voice and defined responsible cannabis use for her brother, driven by her desire for safety.

In Saoirse’s example, she supported her daughter’s consumption of cannabis. She did this because, in her experience, cannabis use resulted in fewer physical and social harms than alcohol. She determined that cannabis access was a risk for her daughters, and so to avoid criminal sanctions or potential altercations with street dealers, she supplied her daughters with cannabis. Saoirse admits that she was criticized for her parenting practice, and challenged by other women whether her approach to cannabis use was “right.” In her defense, she replied:

“...ya, absolutely. I absolutely think it’s the right thing to do. I’d rather have them at home smoking weed with me than out on the street getting into God knows what kinda trouble or getting exposed to weed with God knows what’s in it”

Saoirse concluded that using cannabis use was safer than using other substances, and supplied her daughters. Along with allowing her daughters to consume cannabis at home, this act of resistance against several systemic controls (the law, child protection agencies, the medical community, social norms) alleviated any potential criminal sanctions which could be levied against her daughters. Through her actions, she taught her daughters that substance use should be approached responsibly, with health and safety positioned as paramount.

4.3.2. CANNABIS ADVOCATES

When Sam’s sister became pregnant, she conducted a literature review searching for information about the effects of cannabis use and pregnancy. For the most part, she found that the literature discussed potential cannabis use concerns related to the health of the mother, fetus, and child’s development. What lacked in the research, Sam noted, was studies which explored the possible role of cannabis in the treatment of common pregnancy symptoms such as nausea, weight gain, or early labour contractions. Sam felt that the limited collection of “evidence-based research” created a challenge for expectant mothers attempting to make an informed choice about the use of cannabis during pregnancy. Eventually, Sam’s sister decided to consume small amounts of cannabis during the pregnancy; when the family became aware, her sister was stigmatized. The experience of witnessing her sister’s resulting devastation, coupled with the lack of

available research, highlighted, for Sam, an opportunity for research and advocacy specific to women's use of cannabis and pregnancy.

From an empirical perspective, Alicia concluded that her use of cannabis during pregnancy was not problematic, as it enabled her to carry her babies to term. Indeed, this was unlike the side effects would could have been caused by certain pharmaceutical drugs prescribed during pregnancy. Reflecting on the role cannabis played during her pregnancies and her daughters' lives, she concluded:

I've raised 3 happy, healthy kids. One has gone on to university. She is a registered nurse. The second one works in addictions counselling and social services. The third one is in the entertainment industry and puts on popular shows and hosts events. All three of my kids are wonderful and doing great in life.

As an activist and cannabis advocate, Alicia encourages women to consider cannabis as a therapeutic aid if they experience challenges during pregnancy.

After her daughter's childhood years, Rosemary trained as a lactation consultant. She learned that cannabis cessation during pregnancy and breastfeeding was an arbitrary expectation; cannabis was not in fact contraindicated. However, at the clinic where she worked, when women continued to consume cannabis, they became subject to stigmatization by clinicians. She concluded that if clinicians' derogatory comments were left unchallenged, they would be routinely perpetuated. Moreover, women who used cannabis could eventually be denied meaningful health care services as a result. From her subjective position as a lactation consultant and mother who used cannabis, Rosemary challenged the "inventedness" of the controls which arbitrarily governed women's health care at the clinic. She advocated that cannabis consumption should not be treated differently when disclosed by women. Rosemary advocated for the fair and equal

treatment of all women at the clinic and for clinicians to desist their practice of “Othering” women for their use of cannabis.

In her workplace, Brown Sugar advocated for her right to use cannabis on work breaks. She had identified that its effects improved her ability to focus. Whereas other employers had condemned cannabis use, her current employer, though reluctant, agreed to her proposal. She noted that, in time, her employer’s attitude shifted. She determined that “after he started to see me being able to zone in and not make mistakes, and I was able to manage data entry and all, he was fine with it.” Through example, Brown Sugar shifted her employer’s preconceived notions about cannabis use, and redefined cannabis consumption and productivity in the workplace.

In the position of cannabis educators and advocates, the women espoused wisdom to younger siblings and their children. Cultural stereotypes were debunked, and meaningful “codes of conduct” were established. Responsible cannabis use was positioned alongside personal success and safety. Cannabis history was taught, with intelligent conversation and informed decision-making valued by mothers and encouraged in their daughters. Open-dialogue was nurtured. For the women, empirical evidence -- at times more so than research -- provided proof. When women’s knowledge contradicted the norms, the women suggested that “the inventedness” of society deserved to be challenged. Often, the women illustrated that utilizing voice perpetuated powerful change, which in turn altered the course of women’s lives and of the lives of those they related to most intimately.

4.4 SUMMARY

Beginning with stories of cannabis use shared amongst peers in pleasurable, familiar settings, the women described the evolution of their use of cannabis. Through the women's subjective experiences, cannabis use was portrayed as a social activity which deepened relationships and strengthened bonds amongst family members and friends. The effects produced by cannabis were contextualized as self-care, a strategy which eased daily stressors, promoted relaxation, and alleviated boredom. In differing experiences, the women illustrated that cannabis' effects altered their perceptions of their social environment. With enhanced sensory awareness, women experienced greater pleasures while listening to music or eating food, and similarly, completed academic and professional activities with greater precision. In some circumstances, cannabis' effects enhanced pleasure in women's intimate engagements with sexual partners and lovers. Ultimately, cannabis use was described as a fluid, multi-functional activity which was enjoyed socially and individually, by the women, for varying reasons.

Although the women had clearly defined the role of cannabis use in their lives, the findings of the study indicated that women's use of cannabis remained subject to gendered and cultural stigma; at times, women were equated to labels such as "bad", "addicts", or perceived as questionable parents for their use of cannabis. The women's stories situated cannabis surveillance within the medical and social systems which, in the women's assessments, threatened women's control over cannabis use and limited their power within differing life contexts. In response, the women described instances of resistance, including secrecy, which they employed to deflect cannabis stigma and surveillance. In time, and equipped with subjective knowledge, the women differentiated

their use of cannabis from the dominant, binary cannabis discourse. In roles as cannabis educators and advocates, the women publicly debunked cannabis stigma and surveillance as it existed with certain familial dynamics, professional contexts, and larger socio-political settings.

CHAPTER 5 ~ DISCUSSION

This study focused on the subjective experiences of six women who use cannabis in their daily lives. My gendered analysis of their in-depth interviews reveals a cannabis use trajectory that challenges the binary medical and criminal cannabis discourse (ACMPR, 2016; Fischer et al., 2011; Department of Justice, 1996) and that incorporates an historical and contextual understanding of women’s use of cannabis (Suffet & Brotman, 1976; Hathaway, 1997). In telling their stories, the women described an alternative cannabis discourse which portrayed cannabis use as a dynamic, fluid act that produced a multitude of meaningful effects in various situations. Speaking from a position grounded in their subjective knowledge, the women shared key insights into historical and present-day constructs of social and institutionalized cannabis stigma and surveillance, as well as examples of resistance enacted in accordance with their alternative cannabis discourse.

5.1 WOMEN’S CANNABIS DISCOURSE: The Fluidity of Cannabis Use

Although the women were clear about how they used cannabis and the role it played in their lives, they expressed ambivalence -- if not resentment -- toward the dichotomous categorization of cannabis use as either medicinal or recreational. As Rosemary astutely concluded, the compartmentalization use of cannabis as either medical or recreational, has created a “false dichotomy” which unfairly stigmatized cannabis and those who consume the substance. Instead, the participants illustrated in their examples that

cannabis use was multi-functional and multi-purposed, and that, for those reasons, it has retained a meaningful role in their adult life.

The fact that women resisted the dichotomous approach to defining their relationship with cannabis was a critical finding which overarches our understanding of women's cannabis use.

Upon analysis of the dynamics which surrounded women's use of cannabis, it was revealed that women had positioned cannabis as neither medical nor recreational, rather cannabis was a

multi-functional substance that they consumed purposefully and for the altered and enhanced effects it produced in various contexts. The women's stories revealed an alternative discourse in which cannabis was used with fluidity as it accompanied and complemented women's complex life circumstances.

While the women did not ascribe to a binary definition of cannabis use, they did discuss different health and social contexts in which they valued cannabis use. From a health perspective, the women described cannabis as a versatile, natural substance which eased various physical pains such as menstrual cramps and migraines, while simultaneously easing psychological symptoms of depression and anxiety. Cannabis use facilitated weight gain during pregnancy. The powerful effects of pain relief coupled with psychological ease provided effective control over symptoms of addiction like cravings and withdrawal. Through different examples of solitary cannabis use, women identified the calming effects produced by cannabis as a meaningful self-care strategy. Sam stated, for example, that at the end of demanding workdays, she and her husband would relax

over supper conversations while they consumed cannabis. Both Saoirse and Alicia discussed the value of evening cannabis use before connecting with their children during their bedtime routine. When used as relaxation strategy, cannabis produced calmness in women as its effects quelled contextual frustrations.

In social scenarios, the women cherished the ways that cannabis' effects stimulated conversations amongst friends, strengthened emotional connections between mothers and daughters as well as siblings, and fostered greater comfort and compassion during intimate moments with partners and lovers. In broader social contexts, cannabis use altered and enhanced women's perceptions of their environments (e.g., school and work). In the women's experiences, cannabis use facilitated a more involved attention toward tasks and their successful completion in these contexts.

In the women's cannabis discourse, cannabis prohibition, rather than women's use of cannabis, was perceived as socially harmful and a greater threat toward families. Women framed cannabis as a natural medicine and differentiated its effects from those of pharmaceutical alternatives. When comparing cannabis with legal substances such as alcohol and cigarettes, women concluded that cannabis use was generally safer, with less chance of addiction and fewer of the harms potentially incurred with intoxication. The prescription of cannabis was viewed as a viable public health strategy and treatment tool which could aid in people's recovery from differing addictions, and it was suggested that cannabis use was better positioned as a public health strategy. When categorizing cannabis as more than medical or recreational, the women

reclaimed power which was in turn enacted in varying life circumstances, and which improved women's personal and political contexts.

5.2 WOMEN'S SOCIAL AND SYSTEMIC STRUGGLE

Although the women had developed a clear understanding of the fluid nature of cannabis use, their stories revealed that their alternative perspectives and behaviours clashed, at times, with the traditional cannabis binary and with socially constructed, gendered expectations surrounding women and their use of cannabis. In comparison to Hathaway's concepts of supply, secrecy, and morality, the women's use of cannabis was positioned a lifestyle choice; however, the women's alternative cannabis discourses revealed that cannabis use remained subject of social and medical stigmatization and gendered surveillance. Ultimately, the women revealed that political systems of power govern social perspectives of cannabis use. So long as women's use of cannabis is dichotomized across social and political perspectives, women will retain the position of 'Other' in society, with its associated surveillance and isolation, and consequently, be subject to differing losses of power or form of punishment for their continued use of cannabis.

The women's subjective experiences demonstrated that gendered-expectations have shaped familial, social, and cultural attitudes about women and their relationships with cannabis. Beginning in adolescence, women were taught, that cannabis use was "bad" and that "good girls don't smoke weed." In the traditional Hispanic community, elders who ascribed to the definition of 'Marijuanero' believed that cannabis consumption was the reason for socio-economic struggles, rather than systemic

inequities. In addition, gendered-expectations which positioned women as mothers and wives tended to blame women and their use of cannabis when familial breakdowns occurred. In broader communities, the term ‘pothead’ defamed women’s reputations as mothers, employees, and colleagues. This finding is particularly important because the existent academic literature suggests that cannabis use in general is often normalized in western society (Duff et al., 2011; Duff & Erickson, 2014; Parker, 2005). The women in this study demonstrated that, at different times, women were socially and economically displaced within families, amongst peers, and at their places of employment for their use of cannabis.

Women’s subjective knowledge positioned cannabis as a substitute for pharmaceutical medications like anti-depressants and opiates and as an alternative approach to addiction treatment. This challenged the teachings of the medical profession. Guided by psychiatric assessment tools (DSM-V, 2013), a dichotomous framework (ACMPR, 2014), and limited contextual cannabis practice, the notion that THC could reduce pain and provide relief seemed counterintuitive to medical professionals. As such, the women’s physicians were reluctant to prescribe or, instead, titrated cannabis’ therapeutic doses. In both scenarios, women lost control over their approaches to healthcare while their physicians determined whether cannabis would be included in their course of therapy. With this loss of power and control over their preferred access to cannabis, the women were re-positioned in a state of surveillance in which medical regulations governed the nature of their healthcare and criminal sanctions threatened those who assumed governance over cannabis access.

Without a contextual understanding of behaviour, the acquisition and consumption of an illegal narcotic could be perceived as indicative of a cannabis-dependency or addiction. Saoirse's story provided a clear example of the ways health care workers retain power over clients and control the therapeutic direction of treatment. When the medical health care system coupled her addiction history with her current use of cannabis and concluded that she ought to be referred to a detox centre -- all without a contextual analysis of her use of cannabis as strategy to ease opiate cravings -- they failed to satisfy her initial request for mental health support. Saoirse's example illustrated that institutional healthcare workers' perceptions of cannabis use, without contextual understanding of women's experiences with cannabis, put medical professionals in a position to enact power over women in practice. Consequently, they may end up misdirecting treatment. This suggests that women's use of cannabis continues to be under the surveillance of people who have the power to support (or not) their physical and mental health care needs. Surveillance in these types of circumstances can also result in further stigmatizing women. As Saoirse disclosed, her power was lessened further when the hospital questioned her capacity to parent and referred her case to child welfare services for investigation.

The relationship between surveillance and stigma was further illustrated by women who used cannabis during pregnancy, breastfeeding, or parenting. This is not surprising, given that once women reveal their pregnancies, they are often overwhelmed with families, medicine, and other child-focused systems most interested in the healthy development of the fetus. This healthy development is generally assumed to be most

successful without interference from risks like drug use (Stengel, 2014). Newly pregnant women who consumed cannabis prior to conception were expected to discontinue its use during their pregnancies and not resume its use while breastfeeding (College of Family Physicians of Canada, 2015). This directive created a tension for women, as it implied that other people would be surveilling their conduct. The women discussed the presence of an unfair power dynamic -- similarly replicated in the literature -- which suggests that cannabis use during pregnancy is poorly documented in social science research (Dreher, M. 1994; Westfall, Janssen, Lucas, & Capler, 2006). This is in contrast with medical literature with its abstinence-based directives toward cannabis during pregnancy (College of Family Physicians of Canada, 2015; Huiznik & Mulder, 2006; Jacques et al, 2014; Passey, Sanson-Fisher, D'Este, & Stirling, 2014). With little research available to help them make an informed choice, women who consumed cannabis during pregnancy experienced differing degrees of cannabis stigma.

Consequently, the women's stories revealed critical information regarding the way women enacted secrecy, like a shield, to lessen the potentiality of personal and familial upset. The women admitted that secrecy did not guarantee protection from surveillance, but agreed that it lessened the likelihood of different forms of state intervention.

5.3 SHIFTING SITES OF POWER

The women's stories revealed alternative uses for cannabis which reflected a type of conduct that differed from gendered norms and social, medical, and criminal sanctions. In their allegiance to their subjective knowledge, women were divided -- either by

themselves or society -- into the category of Other because of their continued use of cannabis. This phenomenon echoes Foucault's (1982) discussion of subject and power. When women were positioned as Other, governmental regulations directed social perceptions of and institutional responses to women's alternative forms of cannabis use. As the women's stories illustrated, this tended to result in loss of power and social position. In reaction to this loss, the women "Othered" their cannabis-using behaviours through secrecy. On the surface, this secrecy appeared to reinforce cannabis stigma, as women's use of cannabis remained segregated and misunderstood by society; however, by maintaining this secrecy, the women "claimed marginality," (Hill Collins, 1997). Moreover, this served to strengthen their resolves to govern their cannabis consumption in accordance with their subjective knowledge. Paradoxically, the women's stories revealed that when women chose secrecy as a form of resistance they retained control over their use of cannabis and the position of power in their lives.

The women's discourse(s) illustrated that they refused to be labeled as bad, deviant, or Other, with respect to society's gendered expectations of women and cannabis use. Rather than succumb to positions of lesser power, the women, guided by subjectivity, embraced their conscious and unconscious thoughts and emotions which explained their sense of self in relation to the world (Sands & Nuccio, 1992) as it included cannabis use. They did not act like "docile bodies who practice self-control as if they are individually motivated rather than governed" by the state (Rossiter, 2000, 32). The women resisted derogatory discourses and threats of power loss by extending their contextual understanding of cannabis use within their immediate environments.

Beginning with their daughters and siblings, the women presented their alternative cannabis discourse, with its unique forms of self-governance, positioning the use of cannabis as a meaningful, fluid act designed to enhance life's circumstances rather than a scapegoat strategy to explain socio-economic disparities and gendered differences within different familial and cultural communities.

Through this act of resistance, women disrupted the binary cannabis discourse; utilizing education, women revealed that they possessed social agency, a power which, when enacted, positioned women in control over their cannabis use and their environments. However, the women's stories revealed that when institutional bodies contextualize cannabis use according to strict medical and legal regulations, and social systems demand women adhere to gendered-expectations, the power which women possess over their immediate and broader environments is ultimately threatened. This particular tension revealed that women's relationships with cannabis and its use are contextualized in accordance with experiences of subjugation to external controls and, furthermore, the power which women are afforded to exercise in response. With the potentiality for power to be lost or reclaimed in the same instance, understanding women's use of cannabis becomes subjective to lived experiences.

While examples of stigma and cannabis surveillance persist, the women, by way of their discussion of alternative cannabis discourse, have built a network of allies in family members, friends, and professional colleagues. As the women's contextual understandings of cannabis use broadened within their communities and institutions, the women's confidence in their resolve gained momentum, and women proceeded to

advocate for the acceptance of cannabis and its use in public environments such as academic institutions and the workplace, as well as in more controversial circumstances, like during pregnancy and within the context of addiction and mental health treatment. With time, most women discussed their use of cannabis openly and positioned themselves within dominant social and medical discourses.

5.4 IMPLICATIONS

Beginning with Health Canada's various iterations of cannabis regulations, *Marihuana for Medical Access Regulations* (2001), *Marihuana for Medical Purposes Regulations* (2013), *Access to Cannabis for Medical Purposes Regulations* (2014), our political system has differentiated cannabis use as either criminal or medical. This differentiation has provided physicians, lawmakers, and the public alike with a tool which clearly differentiates women as either deviant or patients. As Canada is set to shift into a legal cannabis framework with the proposed *Bill C-45* (2017), women and social workers alike will have an important role to play in shaping the ways society understands women's use of cannabis, beyond public health recommendations (Fischer et al, 2017) and medical cautions (DSM-V, 2013). Women and social workers, equipped with an alternative cannabis discourse and empowered by social agency, may collaborate in education, advocacy and research efforts that will direct institutional policies. This may result in changes in social perceptions, so that women who consume cannabis in a legal framework would not be subjected to stigma and surveillance.

5.4.1 SOCIAL WORK PRACTICE

Even though the women's stories were collapsed into an alternative cannabis discourse, social workers must remember that, within practice, women will bring differing perspectives, gathered through their subjective experiences. In those instances, an intersectional analysis of the various facets of women's lives, will reveal "a completely new status that is more than simply the sum of its individual parts" (Jackson, 2003 in Hankivsky & Christoffersen, 2008, 275). As women's lived experiences vary with context, so too will the value which women attribute to cannabis use. In practice, an intersectional framework challenges social workers to "disrupt linear thinking" (Hankivsky & Christoffersen, 2008, 275), and to validate contextual understandings, where cannabis use is not dichotomized as medical or recreational, but instead assessed for its meaning in differing circumstances. Within this framework, women's definitions of cannabis' efficacy is permitted to shift with time along with changing contexts and systems of power. This is not to say that social workers have misunderstood or were misled by women and their shifting analysis of cannabis use. Rather, social workers must appreciate that women's lives, with the accompanying use of cannabis, are fluid, and therefore are "constantly being reconstituted in discourse each time we think or speak" (Weedon, 1997 in Rossiter, 2000, 29). Once social work practice adopts a fluid understanding of women and their use of cannabis in the practice context, cannabis stigma will no longer interrupt the intended purposes for social work intervention.

The women's stories revealed that even when women concurrently consumed other substances or had a history of addiction, they did not perceive their cannabis use as

problematic; furthermore, it was suggested that moderate cannabis use easily curbed the risk of psychological dependency. The women identified that, rather than agitate symptoms of mental health or trigger cravings, cannabis use eased psychological and emotional stressors. Evidence to suggest that clinical and institutional social work practices have adopted a fluid approach to contextualizing cannabis use would be demonstrated by the incorporation of cannabis use as a withdrawal strategy or as a self-care aid in women's treatment plans, even in addiction and mental health settings. A social and systemic change, on the other hand, would see cannabis use adopted in less conventional settings such as women-only spas and yoga studios. Women and social workers are well positioned to advocate for a broadened definition of cannabis which includes its efficacy as a self-care strategy. Similarly, they may advocate for or participate in research which illustrates the potential for cannabis use in addiction and mental health therapy from a female-gendered perspective.

Social workers who work in child welfare are positioned to assess cannabis use as a form of child neglect or bad parenting, which, if concluded, enacts systemic responses that have the capacity to dramatically alter women's families. In these moments, it is crucial that child welfare workers separate women's use of cannabis from binaries or discourses fueled by gendered expectations. Otherwise, their assumptions will subscribe women to positions of lesser power and consequence. Instead, when child welfare workers approach women and their use of cannabis with an intersectional analysis framework that acknowledges that "diverse and multiple frameworks and discourses" (Fook, 2012,12) comprise women's lived experiences, the meanings contained behind

women's actions can be revealed. Child welfare workers must neutralize women's perceived, and at times real, threat of cannabis persecution before women will feel safe to address contextual concerns which threaten their families (e.g., domestic violence or underemployment). Ultimately, once social work demonstrates a fundamental shift away from seeking absolute truths about women and cannabis use, it will better understand how women perceive themselves and their power in relation to their contextual experiences (Trinder, 2000). Guided by subjective knowledge, social work and women may formulate a plan which eliminates the barriers that hinder forward motion.

5.4.2 SOCIAL WORK POLICY (ADVOCACY/EDUCATION)

As the women revealed in their interviews, cannabis use was most often conducted in secrecy, unknown to members of their communities or people at their children's schools. This tension suggests that public education strategies which discuss the many, differing reasons for women's cannabis use are needed, so that women's use of cannabis can be discussed in a context that makes sense to the immediate community. As we approach a legal cannabis market, social workers and public health workers are well positioned to collaborate with women in roles as educators to develop a public health approach to cannabis use. This approach would be focused on reducing cannabis-related harms -- like cannabis-impaired driving or distribution of cannabis to minors -- rather than the use of cannabis itself (Rehm, Crepeault, & Fischer, 2016). It would also be coupled with women's subjective experiences and knowledge. Through education, social workers and women can illustrate for families and communities that cannabis use is an autonomous, responsible, and meaningful activity which fulfills purpose and function

across various life circumstances, including parenting. There is an opportunity to shift preconceived notions which cast negative judgments on women, as mothers and parents, for their use of cannabis.

The fact that social workers and women are well positioned to disseminate the education campaign amongst schools, community centres, and broader institutional environments could cause the social understanding of women and cannabis use in a legal framework to increase, and cannabis stigma to decrease. Once society demonstrates an acceptance of women's alternative cannabis discourse, children will no longer need to keep their parents use of cannabis a secret, and systemic policies which trigger calls to child welfare services will lessen. With an increased understanding of women's alternative cannabis discourse, women's use of cannabis can become normalized in our culture, with cannabis stigma and the need for its surveillance eventually eradicated.

6.4.3 PARTNERSHIPS WITHIN THE COMMUNITY

We find ourselves in a unique time, in which standards that were historically considered binary and gendered expectations that once allowed for the judgement of women's cannabis use are slowly shifting. This shift has in large part been caused by those women who have worked as cannabis educators and advocates. At the same time, and as Canadian law prepares to include legal and recreational cannabis distribution and consumption in a legal framework, the systems which had governed social perceptions and cannabis sanctions are loosening their control over regulations. Women, who were once stigmatized and criminalized for their use of cannabis, are emerging, with empowerment, from the social fringes in roles as cannabis leaders. The systems which

once contextualized cannabis use as simply medical or criminal will be stretched to new boundaries with the inclusion of legal cannabis consumption. With this metamorphosis, social work and society in general will wise to learn about the intricacies and complexities of cannabis use from women with discreet cannabis knowledge.

In partnership with women, social workers must “critique totalizing theories and the structures, boundaries, and hierarchies which maintain and enact them” (Fook, 2012, 12). Women with lived cannabis experience are -- and should be seen as -- the experts in the burgeoning Canadian cannabis framework. Social workers must align their (i.e., our) efforts with women who are most affected by the derogatory, dichotomous cannabis discourse in order to exemplify a differing, contextual understandings of cannabis use in various women’s lives (Christens & Speer, 2015). In the way that “critical multiculturalism” maintains “the counterintuitive notion that the differences among people can serve as the building blocks of solidarity” (Doobie & Richards-Schuster, 2008, 320), women’s distinct cannabis experiences formulate a complex and social cannabis discourse. This discourse speaks to the lived experiences of many women. Rather than operating in a legal, cannabis framework which positions women’s voices “in a shadow state” outside of and in conflict with the dominant discourse (Caragata, 1999), a critical multicultural approach understands its society by examining and appreciating its differences. As differing cannabis contexts are understood within segments of society, the threat of cannabis stigmatization and surveillance may (arguably) be alleviated for women. In this context, women’s use of cannabis would not need to reside in secrecy.

Citizens are empowered by participation in community organizing (Higgins, 1999). In this way, women will feel a sense of social control as they participate in the development of their immediate and broader communities' cannabis discourse. Beyond delivered education within families and intimate groups of peers, subjective experiences have gifted women with insights into cannabis-related policies and capacities to direct organizational guidelines or practice modules. It is, therefore, imperative that future, cannabis-based, community organization ensures that women hold positions in “task forces, councils, boards, and other decision-making bodies that determine strategies and approaches to addressing social issues” (Christens, 2015, 214). An absence of women's subjective knowledge would cause systems to replicate acts of cannabis stigmatization and surveillance within institutional and social settings.

In addition to education and advocacy work, social work and women can work together in community-based participatory research (CBPR) studies focused on cannabis justice. With women and social workers positioned with equal power as co-researchers, CBPR studies conducted in and with the community (Brannon, 2012) can examine various experiences of cannabis use in differing circumstances. Without claiming the position of the expert, assuming cultural competency, or professing to know the “Other,” researchers and women who adopt “cultural humility” into their CBRP practice examine their cultural or racist biases or privileges (Branom, 2012). In so doing, women and social workers are quieted, “so that the knowledge, perspectives, and expertise of individuals and communities can be heard” (Branom, 2012, 263). Beyond “giving voice” to women's experiences in a legal cannabis context, women and social workers are well positioned to

conduct future research on cannabis as an addiction therapy, or to consider how the legalization of cannabis is experienced for women living in racialized and/or faith-based communities (Purnima, Coleman, & Barnoff, 2007). With the findings presented in an aesthetic/arts-based medium, women and social work can extend the “politically-oriented pedagogies” which contextualize the conceivable notions of alternative forms of cannabis use for women (Clover, 2007). Moreover, a female-identified perspective causes cannabis stigma and acts of gendered surveillance to be minimized, as the findings of CBPR studies transform social change (Healy, 2001).

5.5 LIMITATIONS

It should be acknowledged that I entered this study with a history as a cannabis educator and activist. The implications of my historical and current-day cannabis context meant that, per MREB direction, I could not interview women with whom I had either personal and professional cannabis relationships. I respected the MREB’s desire to limit the threat of participant bias. However, I am aware that many examples of stigma, surveillance, and resistance were lost from this study because of my association with the cannabis-activist community.

Interestingly, the title, “Supply, Secrecy, and Surveillance: Experiences of women who use cannabis for pleasure” created conflict for certain women. In my recruitment design, I included the qualifier, “for pleasure,” as I wanted to hear examples of women’s cannabis use that exceeded medical purposes. Almost immediately, what became apparent in the interview phase was that women’s discussions of cannabis use were purposeful acts, done for more than just “pleasure.” This title was not entirely a

limitation, as women's conflict with the expression "for pleasure" revealed an alternative cannabis discourse, I do wonder if the cohort of participants and stories revealed would have been different had the study simply been entitled "Women's Experiences with Cannabis."

The women who did participate in the study were recruited via a public Facebook page. Even though other recruitment channels were employed, all participants were found through this site. Most of the women who participated in this study identified as white, heterosexual, and educated. There was an absence of voice from women who identify as black, Muslim, or transgendered, which means I am left to wonder about other discrete and discriminatory ways in which cannabis stigma and surveillance may be experienced in women's lives.

CHAPTER 7 ~ CONCLUSION

Postmodern feminist analysis does not attempt to reveal or conclude absolute truths about women or the social system in which they live (Trinder, 2000; Fook, 2012). Rather, it attempts to understand the ways in which meanings and subjective discourses are developed in relationship to varied experiences (Sands & Nuccio, 1992). Using this approach, I examined the ways women and their use of cannabis were understood in the context of our existing cannabis discourse. Grounded in the Foucauldian (1982) discussion of *The Subject and Power*, and coupled with postmodern feminist theories, I identified and sought to define multiple sites of overlapping power which improved and challenged women's lives.

In the telling of their unique and complimentary stories, the research participants extended the binary understanding of cannabis use. In addition to enhanced medical health, the women described a dynamic and fluid relationship with cannabis. In this relationship, its use served differing purposes across multiple contexts. The women's stories developed an alternative cannabis discourse which challenged social, political, and gendered norms as it directed women in their continued relationship with cannabis. In different instances, women's association with cannabis use resulted in social isolation or self-perpetuated cannabis secrecy. Eventually, women emerged from their positions as "others," and enacted resistance against cannabis stigmatization and institutionalized surveillance. The micro-practices of power revealed the social and political factors which

produced, maintained, and reproduced women's differentiated status (Fawcett & Featherstone, 2000; Sands & Nuccio, 1992) and demarcated the sites where social inequity and injustice were perpetrated in society.

The women exercised agency and demonstrated power while they disseminated their alternative cannabis discourse within their families and broader society. At this point in time, positioned as an ally, social work can collaborate with women in their resistance of dichotomous discourses which segregate women's lives. Through continued acts of resistance, governed by subjective knowledge, women and social workers may exercise power which will inform our understanding of women's use of cannabis, both as it exists today and in the upcoming legal cannabis framework.

REFERENCES

- Access to Cannabis for Medical Purposes Regulations (2016). Retrieved from:
<http://laws-lois.justice.gc.ca/eng/regulations/SOR-2016-230/index.html>
- Amaro, H., Zuckerman, B., & Cabral, H. (1989). Drug Use Among Adolescent Mothers: Profile of Risk. *Pediatrics*, *84*, 144-151.
- Becker, H.S. (1953). Becoming a marihuana user. *American Journal of Sociology*, *59*(3), 235-242.
- Bottorff, J., Bissell, L., Balneaves, L., Oliffe, J., Kang, B., Capler, R., ... O'Brien, R. (2011). Health effects of using cannabis for therapeutic (CTP) purposes: A gender analysis of users' perspectives. *Substance Use & Misuse*, *46*(6), 769-780.
- Boyd, S., & Faith, K. (1999). Women, illegal drugs and prison: views from Canada. *International Journal of Drug Policy*, *10*, 195-207.
- Branom, C. (2012). Community-Based Participatory Research as a Social Work Research and Intervention Approach. *Journal of Community Practice*, *12*(3), 260-273.
- Caragatta, L. (1999). The privileged public: who is permitted citizenship? *Community Development Journal*, *34*(4), 270-286.
- Carter, S. & Little M. (2007). Justifying Knowledge, Justifying Method, Taking Action: Epistemologies, Methodologies, and Methods in Qualitative Research. *Qualitative Health Research*, *17*(10), 1316-1328.
- Centre for Addiction and Mental Health. (2014). Cannabis Policy Framework. Retrieved from:
https://www.camh.ca/en/hospital/about_camh/influencing_public_policy/documents/camhcannabispolicyframework.pdf
- Christens, B. & Speer, B. (2015). Community Organizing: Practice, Research, and Policy Implications. *Social Issues and Policy Review*, *9*(1), 193-222.
- Clover, D. (2007). Feminist aesthetic practice of community development: the case of Myth and Mirrors Community Arts. *Community Development Journal*, *42*(4), 512-522.
- College of Family Physicians of Canada. (2015). Authorizing Dried Cannabis for Chronic Anxiety and Pain. Retrieved from:

<https://www.cfpc.ca/uploadedFiles/Resources/PDFs/Authorizing%20Dried%20Cannabis%20for%20Chronic%20Pain%20or%20Anxiety.pdf>

- College of Physicians and Surgeons of Ontario. (2015). Marijuana for Medical Purposes. Retrieved from <http://www.cpso.on.ca/CPSO/media/documents/Policies/Policy-Items/Marijuana-for-Medical-Purposes.pdf?ext=.pdf>
- Collins, B. (1986). Defining Feminist Social Work. *Social Work, 31*(3), 214-219.
- Doobie, D. & Richards-Schuster, K. (2008). Building Solidarity Through Difference: A Practice Model for Critical Multicultural Organizing. *Journal of Community Practice, 16*(3), 317-337.
- Dreher, M., Nugent, K., & Hudgins, R. (1994). Prenatal Marijuana Exposure and Neonatal Outcomes in Jamaica: An Ethnographic Study. *Pediatrics, 93*(2), 254-260.
- DSM-V (2013). Cannabis Use Disorder. Retrieved from: [https://www.theravive.com/therapedia/Cannabis-Use-Disorder%2C-305.20%2C-304.30%2C-304.30-\(ICD--10-CM-Multiple-codes\)](https://www.theravive.com/therapedia/Cannabis-Use-Disorder%2C-305.20%2C-304.30%2C-304.30-(ICD--10-CM-Multiple-codes))
- Duff, C., & Erickson, P. (2014). Cannabis, risk and normalization: evidence from a Canadian study of socially integrated, adult cannabis users. *Health, Risk & Society, 16*(3), 210-226.
- Duff, C., Asbridge, M., Brochu, S., Cousineau, M., Hathatwya, A., Marsh, D., & Erickson, P. (2011). A Canadian perspective on cannabis normalization among adults. *Addiction Research and Theory, 20*(4), 271-283.
- el Marroun, H., Tiemeier, H., Steegers, E., Jaddoe, V., Hofman, A., Verhulst, F., ... Huiznik, A. (2009). Intrauterine Cannabis Exposure Affects Fetal Growth Trajectories: The Generation R Study. *Journal of the American Academy of Child & Adolescent Psychiatry, 48*(12), 1173-1181.
- Erickson, P., & Hathaway, A. (2010). Normalization and harm reduction: Research avenues and policy agendas. *International Journal of Drug Policy, 21*, 137-139.
- Fattore, L. (2013). Considering gender in cannabinoid research: A step towards personalized treatment of marijuana addicts. *Drug Testing and Analysis, 5*(1), 57-61.
- Fawcett, B., & Featherstone, B. (2000). Setting the scene: An appraisal of notions of postmodernism, postmodernity and postmodern feminism. *Practice Research in*

Social Work: Postmodern Feminist Perspectives. Routledge: London and New York, 5-19.

Fergusson, D., Horwood, J.L., & Northstone, K. (2002). Maternal use of cannabis and pregnancy outcome. *BJOG: An International Journal of Obstetrics and Gynaecology*, *109*(1), 21-27.

Fischer, B., Kuganesan, S., & Room, R. (2015). Medical marijuana programs: Implications for cannabis control policy – Observations from Canada. *International Journal of Drug Policy*, *6*, 15-19.

Fischer, B., Rehm, J., & Hall, W. (2009). Cannabis use in Canada: The Need for a ‘Public Health’ Approach. *Canadian Journal of Public Health*, *100*(2), 101-103.

Fischer, B., Rehm, J., Irving, H., Ialomiteanu, A., Fallu, J., & Patra, J. (2010). Typologies of cannabis users and associated characteristics relevant for public health: a latent class analysis of data from a nationally representative Canadian adult survey. *International Journal of Methods in Psychiatric Research*, *19*(2), 110-124.

Fischer, B., Russell, C., Sabioni, P., van den Brink, W., Le Foll, B., Hall, W... & Room, R. (2017). Lower-Risk Cannabis Use Guidelines (LRCUG): An evidence-based update. *American Journal of Public Health*, *107*(8).

Finlay, L. (2002). “Outing” the Researcher: The Provenance, Process, and Practice of Reflexivity. *Qualitative Health Research*, *12*(4), 531-545.

Fook, J. (2012). *Social Work: A Critical Approach to Practice* (2nd ed.). London, England: Sage.

Foucault, M. (1982). The Subject and Power. *Critical Inquiry*, *8*(4), 777-795.

Hall, W., & Solowij, N. (1986). Adverse effects of Cannabis. *The Lancet*, *352*, 1611-1616.

Hall, W., & Degenhardt, L. (2009). Adverse health effects of non-medical cannabis use. *The Lancet*, *374*(9698), 1383-1391.

Hallstone, M. (2002). Updating Howard Becker’s theory of using marijuana for pleasure. *Contemporary Drug Problems*, *29*(4), 821-842.

Hankivsky, O. & Christoffersen, A. (2008). Intersectionality and the determinants of health: a Canadian perspective. *Critical Public Health*, *18*(3), 271-283.

- Hathaway, A.D. (1997). Marijuana and tolerance: revisiting Becker's sources of control. *Deviant Behavior: An Interdisciplinary Journal*, 18(2), 103-124.
- Hathaway, A.D. (2003). Cannabis effects and dependency concerns in long-term frequent users: A missing piece of the public health puzzle. *Addiction Research and Theory*, 11(6), 441-458.
- Hathaway, A.D. (2004). Cannabis users' informal rules for managing stigma and risk. *Deviant Behavior*, 25, 559-577.
- Hayatbakhsh, M., Flenady, V., Gibbons, K., Kingsbury, A., Hurrion, E., Mamun, A., & Najman, J. (2012). Birth outcomes associated with cannabis use before and during pregnancy. *Pediatric Research*, 71, 215–219.
- Healy, K. (2001). Participatory action research and social work. A Critical Appraisal. *International Social Work*, 44(1), 93-105.
- Health Canada. (2015). Canadian Tobacco and Drugs (CTADS): 2015 Summary. *Government of Canada*. Retrieved from: <https://www.canada.ca/en/health-canada/services/canadian-tobacco-alcohol-drugs-survey/2015-summary.html>
- Health Canada. (2016). A framework for the legalization and regulation of Cannabis in Canada: The Final Report of the Task Force on Cannabis Legalization and Regulation. *Government of Canada*. Retrieved from <http://www.healthycanadians.gc.ca/task-force-marijuana-groupe-etude/framework-cadre/index-eng.php>
- Higgins, J.W. (1999). Citizenship and empowerment: a remedy for citizen participation in health reform. *Community Development Journal*, 34(4), 287-307.
- Hill Collins, P. (1997). How much difference is too much? Black feminist thought and the politics of postmodern social theory. *Current Perspectives in Social Theory*. Lehmann, J.M. (ed). Jai Press, 3-37.
- Hirsch, M.L., Conforti, R.W., & Graney, C.J. (1990). The use of marijuana for pleasure: A replication of Howard S. Becker's study of marijuana use. *Journal of Social Behavior and Personality*, 5(4), 497-510.
- Huizink, A.C., & Mulder, E.J.H. (2006). Maternal smoking, drinking or cannabis use during pregnancy and neurobehavioral and cognitive functioning in human offspring. *Neuroscience and Biobehavioral Reviews*, 30(1), 24-41.
- Hunt, G., Evans, K. & Kares, F. (2007). Drug Use and Meanings of Risk and Pleasure. *Journal of Youth Studies*, 10(1), 73-96

- Jacques, S., Kingsbury, A., Henshcke, P., Chomchai, C., Clew, S., Flaconer, J., ... Oei, J. (2014). Cannabis, the pregnant woman and her child: weeding out the myths. *Journal of Perinatology*, *34*, 417-424.
- Jarvinen, M., & Ravin, S. (2014). Cannabis careers revisited: Applying Howard S. Becker's theory to present-day cannabis use. *Social Science & Medicine*, *100*, 133-140.
- Marihuana Medical Access Regulations (2001). Retrieved from: <http://lois-laws.justice.gc.ca/eng/regulations/sor-2001-227/index.html>
- Marihuana for Medical Purposes Regulations (2013). Retrieved from: <http://www.laws-lois.justice.gc.ca/eng/regulations/SOR-2013-119/>
- Mason, J. (2002). *Qualitative Researching* (2nd ed.). London, England: Sage.
- Minister of Justice. (2017) Bill C-45: An Act respecting cannabis and to amend the Controlled Drugs and Substances Act, the Criminal Code and other Acts. *House of Commons Canada*. Retrieved from: <http://www.parl.ca/DocumentViewer/en/42-1/bill/C-45/first-reading>
- Nakamura, N., Dawe, M., McGuire, F., Rudzinski, K., Jones, W., Rehm, J., Fischer, B. (2011). Gender Differences in Cannabis Use Related Characteristics in High Frequency Using Canadian University Students: An Exploratory Study. *Women's Health and Urban Life*, *10*(2), 81-93.
- Nes, J. & Iadicola, P. (1989). Toward a Definition of Feminist Social Work: A Comparison of Liberal, Radical, and Socialist, *Social Work*, *34*(1), 12-21.
- Neuman, W.L. (1997). The Meaning of Methodology. *Social Research Methods: Qualitative and Quantitative Approaches*, 3rd ed. Allyn and Bacon – Person Education, 60-87.
- Parker, H. (2005). Normalization as a barometer: Recreational drug use and the consumption of leisure by younger Britons. *Addiction Research and Theory*, *13*(3), 205-215.
- Passey, M., Sanson-Fisher, R., D'Este, C., & Stirling, J. (2014). Tobacco, alcohol and cannabis use during pregnancy: Clustering of risk. *Drugs and Alcohol Dependence*, *134*, 44-50.

- Purnima, G., Coleman, B., Barnoff, L. (2007). Beyond “Providing Services”: Voices of Service Users on Structural Social Work Practice in Community-based Social Service Agencies. *Canadian Social Work Review*, 24(1), 5-22.
- Rehm, J., Crepeault, J.F., Fischer, B. (2016). The Devil is in Details! On Regulating Cannabis Use in Canada Based on Public Health Criteria. *International Journal of Policy and Management*, 6(3), 173-176.
- Robinson, M. (2015). The Role of Anxiety in Bisexual Women’s Use of Cannabis in Canada. *Psychology of Sexual Orientation and Gender Diversity*, 2(2), 138-151.
- Rossiter, A. (2000). The Postmodern feminist condition: New conditions for social work. *Practice Research in Social Work: Postmodern Feminist Perspectives*, Routledge: London and New York, 24-38.
- Ryan, G. & Bernard, H.R. (2003). Techniques to Identify Themes. *Field Methods*, 15(1), 85-109.
- Sands & Nuccio (1992). Postmodern Feminist Theory and Social Work. *Social Work*, 37(6), 489-494.
- Stengel, C. (2014). The risk of being ‘too honest’: drug use, stigma and pregnancy. *Health, Risk & Society*, 16(1), 36-50.
- Statistics Canada. (2015). Canadian Tobacco, Alcohol and Drugs Survey: Summary of results for 2013. Retrieved from: healthycadians.gc.ca/science-research-sciences-recherces/data-donnees/ctads-ectad/summary-sommaire-2013-eng.php
- Suffet, F., & Brotman, R. (1976). Female Drug Use: Some Observations. *The International Journal of the Addictions*, 11(1), 19-33.
- Trinder, L. (2000). Reading the texts: Postmodern feminism and the ‘doing’ of research. *Practice Research in Social Work: Postmodern Feminist Perspectives*. Routledge: London and New York, 39-62.
- Verdoux, H., Gindre, C., Sorbara, F., Tournier, M., & Swendsen, J. (2003). Effects of cannabis and psychosis vulnerability in daily life: an experience sampling test study. *Psychological Medicine*, 33(1), 23-32.
- Westfall, R.E., Janssen, P.A., Lucas, P., & Capler, R. (2006). Survey of medicinal cannabis use among childbearing women: Patterns of its use in pregnancy and retroactive self-assessment of its efficacy against ‘morning sickness’. *Complementary Therapies in Clinical Practice*, 12(1), 27-33.



McMaster University Research Ethics Board (MREB)

FACULTY/GRADUATE/UNDERGRADUATE/STAFF

APPLICATION TO INVOLVE HUMAN PARTICIPANTS IN RESEARCH

[Behavioural / Non-Medical]

Date: Jan 30, 2017	Application Status: New: [X] Change Request: []	Protocol #:
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Helpful Hints Mouse over bold blue hypertext links for help with completing this form.

- Use the most recent version of this form.
- Refer to the McMaster University [< Research Ethics Guidelines and Researcher’s Handbook >](#), prior to completing and submitting this application.
- For [<help>](#) with completing this form or the ethics review process, contact the Ethics Secretariat at ext. 23142, or 26117 or ethicsoffice@mcmaster.ca
- To change a previously cleared protocol, please submit the “[< Change Request >](#)” form.

PLEASE SUBMIT YOUR APPLICATION PLUS SUPPORTING DOCUMENTS (scanned PDF signature) BY E-MAIL

You can also send the signed signature page to: **Ethics Secretariat, Research Office for Administration, Development and Support (ROADS), Room 305 Gilmour Hall, ext. 23142, ethicsoffice@mcmaster.ca.**

SECTION A – GENERAL INFORMATION

1. Study Titles: (Insert in space below)

Title: Supply, Secrecy, and Surveillance: Experiences of women who use cannabis for pleasure
1a: Grant Title: N/A

2. Investigator Information: **This form is not to be completed by** [< Faculty of Health Science researchers >](#).

***Faculty and staff information should be inserted above the black bar in this table.**

Student researcher and faculty supervisor information should be inserted below the black bar in the table below.

	Full Name	Department & or name of university if different from McMaster	Telephone Number(s) & Extension(s)	McMaster E-mail Addresses

Principal Investigator*				
Co-Investigator(s) <i>(Insert additional rows as required.)</i>				
Research Assistants or Project Coordinators*				
Student Investigator(s)*	Theresa Kozak	School of Social Work	416-671-8457	Kozakte@mcmaster.ca
Faculty Supervisor(s)*	Saara Greene	School of Social Work	905-525-9140, ext. 23782	greenes@mcmaster.ca

3. **Study Timelines:** (Contact the Ethics Secretariat at X 23142 or ethicsoffice@mcmaster.ca for urgent requests.)

(a) What is the date you plan to begin recruiting participants or obtain their permission to review their private documents (Provide a specific date)? March 1, 2017

(b) What is the estimated last date for data collection with human participants? April 28, 2017

4. **Location of Research:** List the location(s) where research will be conducted. Move your mouse over this [< Helpful Hint >](#) for more information on foreign country or school board reviews and contact the Ethics Office at X 23142 or 26117 for information on possible additional requirements:

- (a) McMaster University
- (b) Community Community agencies, my work place office(s)
- (c) Hospital Specify Site(s)
- (d) Outside of Canada Specify Site(s)
- (e) School Boards Specify Site(s)
- (f) Other Specify Site(s)

5. **Other Research Ethics Board Clearance**

(a) Are researchers from outside McMaster also conducting this research? If **yes**, please provide their information in Section 2 above. Yes
 No

(b) Has any other institutional Research Ethics Board already cleared this project? Yes No

(c) If **Yes** to (5b), complete this application and provide a copy of the ethics clearance certificate /approval letter.

(d) Please provide the following information:

Title of the project cleared elsewhere:
--

Name of the other institution:
Name of the other board:
Date of the other ethics review board's decision:
Contact name & phone number for the other board:

(e) Will any other Research Ethics Board(s) or equivalent be asked for clearance? Yes No

If yes, please provide the name and location of board(s).

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GENERAL INSTRUCTIONS AND HELPFUL TIPS (Please read first):

Please be as clear and concise as possible and avoid technical jargon. Keep in mind that your protocol could be read by reviewers who may not be specialists in your field. Feel free to use headings, bolding and bullets to organize your information. Content boxes on this application expand.

6. Research Involving Canadian Aboriginal Peoples i.e., First Nations, Inuit and Métis (Check all that apply)

(a) Will the research be conducted on Canadian Aboriginal lands? Yes No

(b) Will recruitment criteria include Canadian Aboriginal identity as either a factor for the entire study or for a subgroup in the study? Yes No

(c) Will the research seek input from participants regarding a Canadian Aboriginal community's cultural heritage, artifacts, traditional knowledge or unique characteristics? Yes No

(d) Will research in which Canadian Aboriginal identity or membership in an Aboriginal community be used as a variable for the purpose of analysis of the research data? Yes No

(e) Will interpretation of research results refer to Canadian Aboriginal communities, peoples, language, history or culture? Yes No

If "Yes" was selected for any questions 6.a-6.e above, please note that the TCPS (Chapter 9) requires that researchers shall offer the option of engagement with Canadian Aboriginal communities involved in the research. <http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/chapter9-chapitre9/>. For advice regarding TCPS guidelines for conducting research with Canadian Aboriginal peoples, please contact Karen Szala-Meneok at X 26117 or szalak@mcmaster.ca

(f) Please describe the nature and extent of your engagement with the Aboriginal community(s) being researched. The nature of community engagement should be appropriate to the unique characteristics of the community(s) and the research. The extent of community engagement should be determined jointly by the researchers and the relevant communities. Include any information/advice received from or about the Aboriginal community under study. ***The TCPS notes; "although researchers shall offer the option of engagement, a community may choose to engage nominally or not at all, despite being willing to allow the research to proceed". If conducted research with several Aboriginal communities or sub-groups, please use headings to organize your information.***

Click this < [link](#) > to determine your “agency number”. (This is not your PIN number).

- | | |
|---|---|
| <input type="checkbox"/> CIHR & agency # | <input type="checkbox"/> NSERC & agency # |
| <input type="checkbox"/> SSHRC & agency # | <input type="checkbox"/> ARB |
| <input type="checkbox"/> Health Canada & agency # | <input type="checkbox"/> CFI & agency # |
| <input type="checkbox"/> Canada Graduate Scholarship & Agency # | <input type="checkbox"/> Post Graduate Scholarship & Agency # |
| <input type="checkbox"/> USRA | <input type="checkbox"/> Other agency & # (<i>Specify</i>) |

(e): Are you requesting ethics clearance for a research project that was not originally designed to collect data from human participants or their records (i.e., your research project originally did not involve collecting data from humans or their records) but you now intend to do so?

Yes No

9. Conflicts of Interest

- (a) Do any researchers conducting this study, have multiple roles with potential participants (e.g., acting as both researcher and as a therapist, health care provider, family member, caregiver, teacher, advisor, consultant, supervisor, student/student peer, or employer/employee or other dual role) that may create real, potential, or perceived conflicts, undue influences, power imbalances or coercion, that could affect relationships with others and affect decision-making processes such as consent to participate?

Yes No

- (i) If **yes**, please describe the multiple roles between the researcher(s) and any participants.

- (ii) Describe how any conflicts of interest identified above will be avoided, minimized or managed.

(b) Will the researcher(s), members of the research team, and/or their partners or immediate family members:

- (i) receive any personal benefits (for example a financial benefit such as remuneration, intellectual property rights, rights of employment, consultancies, board membership, share ownership, stock options etc.) as a result of or being connected to this study?

Yes No

- (ii) If **yes**, please describe the benefits below. (Do not include conference and travel expense coverage, possible academic promotion, or other benefits which are integral to the conduct of research generally).

(c) Describe any restrictions regarding access to or disclosure of information (during or at the end of the study) that the sponsor has placed on the investigator(s), if applicable.

SECTION B – SUMMARY OF THE PROPOSED RESEARCH

10. Rationale

For the proposed research, please describe the background and the purpose concisely and in lay terms, as well as any overarching research questions or hypotheses to be examined.

Please do not cut and paste full sections from your research proposal.

In Canada, cannabis is a controlled narcotic and its use is illegal unless one is authorized to possess the substance for medical purposes as regulated by Health Canada. This dichotomy arguably creates two distinct categories of cannabis users – the medically ill or the healthy, deviant user. With the promise of cannabis’ legalization in Spring 2017, Canada will have a third category in which cannabis use will be categorized, namely recreational cannabis use or cannabis use for pleasure. How this category is understood by society or the social work profession is vastly under-researched, particularly as it relates to women’s experiences.

With a feminist, social-constructionist lens, the overarching intent of this research project is to illustrate that legalization, in and of itself, may not eradicate the social controls -- associated to gender, children, and socio-economic status -- that have served to stigmatize or criminalize women's use of cannabis for pleasure. The primary concern here, is that even with the legalization of cannabis, certain women (i.e. women who have child welfare involvement, who are poor, etc.) will continue to be penalized for their use of cannabis. Utilizing women's voices and experiences, I hope to situate women’s use of cannabis for pleasure in a normalized context, ultimately shifting the misconceptions and stereotypes that have been historically attributed to deviant cannabis use.

As we welcome legal cannabis use in our Canadian society, the findings of this research will help shape an appreciation for women’s choice to use cannabis and the safety measures women have employed thus far to ensure individual responsibility within a pre-existing state of secrecy and surveillance.

11. Participants

Please use the space below to describe the:

- (a) approximate number of participants required for this study
- (b) salient participant characteristics (e.g., age, gender, location, affiliation, etc.)

If researching several sub-populations, use headings to organize details for items (a) and (b).

A) Eight participants

- B) Individuals identifying as women, 18+ yrs old, use cannabis for pleasure at least four times per month, residents of Ontario

12. Recruitment

Please describe in the space below:

- (a) how each type of participant will be recruited,
- (b) who will recruit each type of participant,
- (c) relationships (if any) between the investigator(s) and participant(s) (e.g. instructor-student; manager-employee, family member, student peers, fellow club members, no relationship etc.),
- (d) permission you have or plan to obtain, for your mode of recruitment for each type of participant, if applicable.

If researching several sub-populations, use headings to organize details for items (a) – (d). Click [“Tips and Samples”](#) to find the “How to Unpack the Recruitment Details” worksheet and other samples.

ATTACHMENTS: Provide copies of all recruitment posters, advertisements letters, flyers, and/or email scripts etc. and label these as appendices (e.g., Appendix A or 1).

- a) I will interview a cross-section of women-identifying participants aged 18+ years who consume cannabis at least four times per month for pleasure. To stratify my recruitment efforts, I will distribute an email recruitment poster (see Appendix B) across community health centres (CHC) such as: Lakeshore Area Multi -Purpose CHC, the 519 CHC, South Riverdale CHC; Community Networks such as: the South Etobicoke Harm Reduction Coalition, the Peel Harm Reduction coalition, the Toronto Harm Reduction Network and the Women Grow Toronto network; and through personal contacts existing on: Facebook, twitter; and academic recruitment via McMaster MSW alumni. Screening: PI will not interview participant who are personal friends, employees/subordinates
- b) As the Principal Investigator (PI), I will distribute the recruitment posters personally and via email
- c) There is the potential for a “fellow network member relationship” existing between PI and participant(s)
- d) Permission: Approval of CHC executives and network executive committees required prior to recruitment; Letter of Information/Consent Forms required

13. Methods

Describe sequentially, and in detail all data collection procedures in which the research participants will be involved (e.g., paper and pencil tasks, interviews, focus groups, lab experiments, participant observation, surveys, physical assessments etc. —*this is not an exhaustive list*). Include information about who will conduct the research, how long it will take, where data collection will take place, and the ways in which data will be collected (e.g., computer responses, handwritten notes, audio/video/photo recordings etc.).

If your research will be conducted with several sub-populations or progress in successive phases; use sub-headings to organize your description of methodological techniques.

ATTACHMENTS: Provide copies of all questionnaires, interview questions, test or data collection instruments etc. Label supporting documents as appendices (e.g., Appendix A or 1) and submit them as separate documents - not pasted into this application.

Click ["Tips and Samples"](#) to find the *"How to Unpack the Methods"* worksheet and other samples.

- 1) Recruit Female-identifying participants, aged 18+, English speaking, living in Ontario who consume cannabis for pleasure at least four times per month will be interviewed. I am the Principal Investigator (PI). There are no co-researchers in this study.
- 2) Interested participants call or email PI; the Email Recruitment Script (Appendix E) and the Letter of Intent (Appendix A) will be provided to interested participants for their review.
- 3) Participants will be asked to confirm their intent to interview and agree to either in-person or skype method.
- 4) Interviews will be conducted between April 3-28th, 2017 in a private location familiar to the participant – i.e. library or via Skype.
- 5) Participants will participate in a semi-structured Interview (Appendix C) conducted by the Principal Investigator either face-to-face or via Skype, lasting approximately one to one-and-a-half hours in length. Interviews will be audio-recorded and accompanied by investigator's hand-written notes that track body language and facial expressions.
- 6) Demographic data will be gathered at the start of the interview (Appendix F) for data to be gathered.
- 7) When interviews are conducted via Skype, prior to the Interview, Principal Investigator will use oral consents and have a consent log to record it; consent will also be captured on tape recording.
- 8) Principal Investigator will use Skype to review terms of confidentiality with participant.
- 9) No participants will be asked to participate in follow-up interviews or surveys

14. **Secondary Use of Identifiable Data** (e.g. the use of personally identifiable data of participants contained in records that have been collected for a purpose other than your current research project):

(a) Do you plan on using identifiable data of participants in your research for which the original purpose that data was collected is different than the purpose of your current research project? Yes No

If **yes**, please answer the next set of questions:

(b) Do you plan to link this identifiable data to other data sets? Yes No

If **yes**, please describe in the space below:

N/A

(c) What type of identifiable data from this data set are you planning to access and use?

- Student records (please specify in the space below)
- Health records/clinic/office files (please specify in the space below)
- Other personal records (please specify in the space below)

N/A

(d) What personally identifiable data (e.g., name, student number, telephone number, date of birth etc.) from this data set do you plan on using in your research? Please explain why you need to collect this identifiable data and justify why each item is required to conduct your research.

N/A

(e) Describe the details of any agreement you have, or will have, in place with the owner of this data to allow you to use this data for your research. **ATTACHMENTS: Submit a copy of any data access agreements.**

N/A

(f) When participants first contributed their data to this data set, were there any known preferences expressed by participants at that time about how their information would be used in the future? [] Yes [] No

If **yes**, please explain in the space below.

N/A

(g) What is the likelihood of adverse effects happening to the participants to whom this secondary use of data relates? Please explain.

N/A

(h) Will participants whose information is stored in this data set (which you plan to use for secondary purposes) consent to your use of this data? [] Yes [] No

Please explain in the space below.

N/A

15. Research Database

Does your research involve the creation and/or modification of a research database (databank) containing human participant information? A research database is a collection of data maintained for use in **future** research. The human participant information stored in the research database can be identifiable or anonymous.

[] Yes [] No

If “Yes” was answered to the above question, you will need to fill out and submit MREB’s “Supplementary Form for Creating or Modifying a Research Database Containing Human Participant Information” along with this application.

NOTE: If you intend to collect or store personally-identifying health information, now or at a later stage in your research, your protocol must be cleared by Hamilton Integrated Research Ethics Board (HiREB) rather than MREB. For further advice contact MREB at x 23142 or X 26117 or HiREB x 905 521-2100 X 44574.

16. Experience

What is your experience with this kind of research? Include information on the experience of all **individual(s)** who will have contact with the research participants or their data. ***For example, you could mention your familiarity with the proposed methods, the study population(s) and/or the research topic.***

This research project has developed in response to my first-hand exposure to women’s stigmatization and criminalization for their use of cannabis.

I have the unique perspective of working inside of a cannabis dispensary for several years and now a publicly-trade marijuana corporation. As such, I have a been privy to the lives of women who use cannabis for medicine and for pleasure. I would argue that I possess an “inside” understanding of the medical, legal, and social constructs which govern women’s lives, as it relates to their use of cannabis. I would like to use this research as a tool which captures the stories of women who use cannabis for pleasure and share the knowledge with the social work profession. I feel that gathering voices, and sharing the lived experiences of women, is a research strategy which will enhance the existing substance use knowledge base. Having worked as a youth and adult addiction counsellor for more than a decade, I am concerned that the assessment tools which simply measure the frequency and quantity of a women’s cannabis use, without an understanding of the motives that inform its context, will continue to stigmatize women’s lives even when cannabis is available in a legal market.

This is the first formal, quantitative research project I have conducted. The topic, however, and the skills required to conduct semi-structured interviews are familiar to me. I have engaged in thousands of hours of counselling and conducted as many assessments as a registered social worker.

I am the only individual who will have contact with the research participants and the data gathered, aside from my faculty supervisor.

17. Compensation

	Yes	No
(a) Will participants receive compensation for participation?	[]	[]
Financial	[]	[X]
Other (specify)	[]	[X]

(b) If yes was answered for any of the above choices, please provide details. See < [Helpful Hints](#) > for **funded research projects.**

N/A

(c) If participants choose to withdraw, how will you deal with their compensation?

N/A

SECTION C – DESCRIPTION OF THE RISKS AND BENEFITS OF THE PROPOSED RESEARCH

18. Possible Risks

(a) Indicate if the participants might experience any of the following risks:

i.) Physical risk (including any bodily contact or administration of any substance)? Yes No

ii.) Psychological risks (including feeling demeaned, embarrassed worried or upset)? Yes No

iii.) Social risks (including possible loss of status, privacy and / or reputation as well as economic risks)? Yes No

iv.) Are any possible risks to participants greater than those the participants might encounter in their everyday life? Yes No

(b) If you checked **yes** for any of questions **i – iv** above, please describe the risk(s) in the space below.

Participants will disclose their engagement with illegal cannabis use and may feel concerned about the potential ramifications of this disclosure.

(c) Management of Risks: Describe how each of the risks identified above will be managed or minimized. Please, include an explanation regarding why alternative approaches cannot be used.

Solution: signed confidentiality statements will be implemented, anonymity will be maintained in the research findings, interviews will be conducted privately.

Should a participant begin to demonstrate signs of distress, I will pause with interview questions and provide the participant with a break. I will ensure that participants are provided with water and Kleenex during the interview. I will remind participants that they are free to end the interview at any point in time, without consequence to the study or their livelihood. With the participant’s permission, I may work with the participant to name the source of the distress, with the expressed intent of providing a recommendation to a support service that exists in the larger community – i.e., grief therapist, addiction counsellor, legal aid, etc.

(d) Deception: Is there any deception involved in this research? Yes No

i.) If deception is to be used in your methods, describe the details of the deception (including what information will be withheld from participants) and justify the use of deception.

N/A

ii.) Please describe when participants will be given an explanation about why deception was used and how they will be debriefed about the study (for example, a more complete description of the purpose of the research).

ATTACHMENTS: Please provide a copy of the written debriefing form or script, if applicable.

N/A

19. Possible Benefits

Discuss any potential benefits to the participants and or scientific community/society that justify involvement of participants in this study. (***Please note: benefits should not be confused with compensation or reimbursement for taking part in the study.***)

Possible benefits for participants:

- Participation will provide women with an immediate opportunity to discuss experiences of secrecy and surveillance as it relates to cannabis use for pleasure
- Feeling reward knowing that their voice/story may enlighten society's understanding of women's use of cannabis for pleasure
-

Possible benefits for society:

- The research findings may help to provide important information to service providers by increasing their knowledge and understanding of cannabis use, particularly as it relates to women's choice to use cannabis for pleasure.
- Inform public perceptions – shift dialogue from deviant cannabis use to cannabis use for pleasure

SECTION D – THE INFORMED CONSENT PROCESS

20. The Consent Process

(a) Please describe how consent will be documented. Provide a copy of the Letter of Information / Consent Form (if applicable). If a written consent form will not be used to document consent, please explain why, and describe the alternative means that will be used. While oral consent may be acceptable in certain circumstances, it may still be appropriate to provide participants with a Letter of Information to participants about the study.

Click "[Tips and Samples](#)" for the McMaster REB recommended sample "Letter of Information / Consent Form", to be written at the appropriate reading level. The "Guide to Converting Documents into Plain Language" is also found under "[Tips and Samples](#)".

ATTACHMENTS: Provide a copy of the Letter of Information and Consent form(s) or oral or telephone script(s) to be used in the consent process for each of your study populations, where applicable.

Letter of Information/Consent – Appendix A attached

(b): Please describe the process the investigator(s) will use to obtain informed consent, including who will be obtaining informed consent. Describe plans for on-going consent, if applicable.

Participants will be provided Appendix A – Letter of Information/Consent prior the interview. Appendix A will be reviewed with the participant at the time of the interview and participants will be permitted time to ask questions or gain clarification about the study and its requirements. Consent will be signed, in person, before an interview may begin.

If a participant is unable to meet in-person and the interview is arranged to take place via SKYPE, verbal consent will be accepted and recorded in a Consent Log; audio consent will be recorded.

21. Consent by an authorized person

If participants are minors or for other reasons are not competent to consent, describe the proposed alternate consent process. ***ATTACHMENTS: Attach the Letter of Information and Consent form(s) to be provided to the person(s) providing the alternate consent. Click “[Tips and Samples](#)” to find samples.***

N/A

22. Alternatives to prior individual consent

If obtaining written or oral documentation of an individual participant’s consent prior to start of the research project is not appropriate for this research, please explain and provide details for a proposed alternative consent process. ***ATTACHMENTS: Please provide any Letters of Information and or Consent Forms.***

N/A

23. Providing participants with study results

How will participants be able to learn about the study results (e.g., mailed/emailed brief summary of results in plain language; posting on website or other appropriate means for this population)?

Participants will be mailed/emailed a brief summary of results in plain language, if requested in the Consent Form.

24. Participant withdrawal

a) Describe how the participants will be informed of their right to withdraw from the project. Describe the procedures which will be followed to allow the participants to exercise this right.

Participants will be informed of their right to withdraw in the Letter of Information/Consent – see Appendix A, Section “What if I change my mind about being in the study?” The option to withdraw will also be verbally reviewed by myself, the researcher, at the beginning of each participant’s interview. Participants may withdraw from the study at any time or up until approximately June 1, 2017.

b) Indicate what will be done with the participant’s data and any consequences which withdrawal might have on the participant, including any effect that withdrawal may have on the participant’s compensation or continuation of services (if applicable).

When a participant withdraws, the participant’s data will be destroyed. It will be mentioned in the study that a participant withdrew but no explanation will be provided. Participants who withdraw from the study will not be notified once the thesis is complete nor will they receive a final print copy of the research study when it is ready for distribution.

c) If the participants will not have the right to withdraw from the research, please explain.

N/A

25. SECTION E – CONFIDENTIALITY & ANONYMITY

Confidentiality concerns the protection, privacy, and security of research data. Consult the Data Security Checklist at <http://reo.mcmaster.ca/educational-resources> for best practices to secure electronic and hard copy versions of data and study documents.

(a) Will the data you collect be kept protected, private and secure from non-research team members?

[X] Yes [] No

If **No**, then explain why not, and describe what steps you be put in place to advise participants that data will not be kept protected, private and secure from non-research team members.

N/A

(b) Describe the procedures to be used to ensure that the data you collect in your research will be kept protected, private, and secure from non-research team members. In your description, explain who will have access to the data and what data security measures will be put in place during data transfer and data storage.

Data/transcriptions will be encrypted, password protected and participants’ files will be coded by Participant ID# in a folder; these files will be password protected in MSWord. A master Excel sheet that contains Participant IDs with corresponding participant names will also be stored electronically and protected by a digital password.

Confidentiality procedures are provided to the participant in the Letter of Information/Consent – Appendix A under the header “Who will know what I said or did in the study?”

(c) Will the research data be kept indefinitely or will it be deleted after a certain time period? Please explain. In your answer, describe why you plan to keep data indefinitely or not. If deleting data after a certain time period, explain why you chose the time period you did. Describe how participants will be informed whether their data will be deleted or not.

The data from this study will be destroyed after the thesis has been submitted, accepted, and required revisions have been made. When the thesis is ready for print, the data will be destroyed. Participants are informed in Appendix A – Letter of Information/Consent that data will be destroyed with the completion of research project.

Anonymity concerns whether participant identities are made known or not. The anonymity promised to participants can be different during different stages of research (i.e., during recruitment, during data collection, during data storage, and during the dissemination of research findings).

(d) Describe the extent to which participant identities will be made known in each of the following activities: during recruitment, during data collection, during data storage, and during the dissemination of research findings. In your description, explain what steps or procedures you plan to put in place to keep participant identities unknown in each of those activities.

Recruitment – interested participants will call or email - a code will be given to their name; password protected spreadsheet will retain participant identity, code#, pseudonym

Data collection/dissemination– participants are asked to create a pseudonym on the demographic questionnaire which will be used to code the participants’ interview responses and will be used in the body of the research findings. A code will be used to connect the pseudonym with the participant’s actual identity.

Data storage – participants’ code + pseudonym will be tagged on stored data

SECTION F -- MONITORING ONGOING RESEARCH

26. Adverse Events, Change Requests and Annual Renewal/Project Status Report

- a) **Adverse events** (Unanticipated negative consequences or results affecting participants) must be reported by faculty researcher or supervisor to the REB Secretariat (Ethics Office – Ext. 23142) and the MREB Chair, as soon as possible and in any event, no more than 3 days after they occur. See: https://reo.mcmaster.ca/policies/copy_of_guidelines#12-0-adverse-events
- b) **Changes to cleared research:** To obtain clearance for a change to a protocol that has already received ethics clearance, please complete the “< [Change Request](#) >” form available on the MREB website or by clicking this link. Proposed changes may not begin before they receive ethics clearance.

c) **Annual Renewal/Project Status Report** Ethics clearance is for only one year.

The minimum requirement for renewing clearance is the completion of a “Annual Renewal/Project Status Report” in advance of the (1 year) anniversary of the original ethics clearance date.”

PLEASE NOTE:

It is the investigator’s responsibility to complete the Annual Project Status Report that is sent each year by email 8 weeks in advance of the anniversary of the original ethics clearance to comply with the Research Integrity Policy. If ethics clearance expires the Research Ethics Board is obliged to notify Research Finance who in accordance with university and funding agency regulations will put a hold on funds.

27. **Additional Information:** Use this section or additional page(s) to complete any part of this form, or for any other information relevant to this project which you wish to provide to the Research Ethics Board.

N/A

28. **POSTING OF APPROVED PROTOCOLS ON THE RESEARCH ETHICS WEBSITE**

- a) It is the policy of MREB to post a list of cleared protocols on the Research Ethics website. Posted information usually includes: title, names of principal investigators, principal investigator department, type of project (i.e. Faculty; PhD; Masters, Undergraduate etc.)
- b) You may request that the title be deleted from the posted information.
- c) Do you request that the title be eliminated from the posted information? [] **Yes** [] **No**
- d) The ethics board will honour your request if you answer **Yes** to the above question **27 c)** but we ask you to provide a reason for making this request for the information of the Board. You may also use the space for any other special requests.
- e) < [List of MREB Cleared Protocols](#) > < [List of Undergraduate SREC Cleared Protocols](#) >

N/A

Supporting Materials Checklist:

Instructions:

Complete this checklist to identify and describe your supporting materials to ensure your application form is complete

- When supplying supporting materials, ensure that they are properly labeled (e.g., “Appendix C: Interview Guide for Teachers”) and referenced in your protocol (e.g., “The interview guide for teachers – see Appendix C – is...”).
- Do not cut and paste supporting materials directly into the application form; submit each as a separate appendix.
- If you have multiple supporting materials of the same type (e.g., multiple letters of information that target different populations), list each supporting material on a separate row in this checklist. Add a new row to the table if necessary.

Supporting Materials Checklist	I will use this type of material in my study <i>(Insert X below)</i>	I have attached a copy of this material in my protocol <i>(Insert X below)</i>	This is how I labeled and titled this material in my protocol <i>(e.g., Appendix A – “Email Recruitment Script for Organizational Workers”)</i>
Recruitment Materials			
Study Information Brochure			
Video/audio recording that explains study details			
Participant Screening Form			
Recruitment Advertisements			
Recruitment Poster	x		Appendix B – Recruitment Poster
Recruitment Script – Verbal/Telephone	x		Appendix D – Participant Screening Form
Recruitment Script – Email (direct to participant)	x		Appendix E - Email Recruitment Form
Recruitment Script – Email (From holder of participant’s contact information)			
Recruitment for follow-up interview			
Snowball Recruitment script			
Reminder/thank you/ card/script/email			
Appreciation Letter/certificate – For Participants	x		
Other			
Informed Consent Materials			
Consent Log (to record oral consent)			
Oral/Telephone Consent Script			
Letter of Information & Consent Form – Participants	x		Appendix A – Letter of Information/Consent
Letter of Information & Consent Form – Parent			
Letter of Information & Consent Form - Guardian or Substitute Decision Maker			
Letter of Information & Assent Form – Minors			
Online survey brief information/consent and implied consent buttons			
Letter of Support for Study			
Research Agreement			
Other			
Data Collection Materials			
Information Sharing/Data Access/Transfer Agreement (for secondary use of data)			
Demographic form - Participant’s	x		Appendix F – Demographic Questionnaire
Instructions for participants			

Supporting Materials Checklist	I will use this type of material in my study <i>(Insert X below)</i>	I have attached a copy of this material in my protocol <i>(Insert X below)</i>	This is how I labeled and titled this material in my protocol <i>(e.g., Appendix A – “Email Recruitment Script for Organizational Workers”)</i>
Interview Guide – (Questions for face to face, telephone, Internet/email interview)	x		Appendix C – Interview Questions
Interview Guide – Questions for Focus Groups			
Questionnaire or Survey questions & instructions (Paper and pencil or online formats)			
Rating Scales/inventories/Assessment Instruments			
Role-play/simulation scripts			
Stimuli used to elicit responses			
Images (photos, diagrams etc.) depicting instruments, equipment, exercises etc.			
Other			
Debriefing Materials			
Debriefing Form			
Deception Study - Debriefing Letter & post debriefing consent form			
Deception Study- Debriefing script – verbal			
Other			
Confidentiality Materials			
Confidentiality Oath/ Agreement			
Confidential Study Code Key Log			
Other			
Materials for previous review by other REBs			
Application form –Other REBs (Original)			
Application form – Other REBs (Revised)			
Communication between REB & researcher (letters, emails, faxes etc.)			
Clearance Certificate (Other REBs)			
Other			
Other Supporting Materials			
Compensation Log			
List of support services for participants	x		Appendix G – List of Support Services
Participant Appreciation - letter, script, email or certificate, etc.			
Researcher Training Certificates			

Supporting Materials Checklist	I will use this type of material in my study <i>(Insert X below)</i>	I have attached a copy of this material in my protocol <i>(Insert X below)</i>	This is how I labeled and titled this material in my protocol <i>(e.g., Appendix A – “Email Recruitment Script for Organizational Workers”)</i>
Scientific Licenses			
Other			

29. Researcher Assurance: < SECTION G – SIGNATURES >

I confirm that I have read the McMaster University Research Integrity Policy <http://www.mcmaster.ca/policy/faculty/Research/Research%20Integrity%20Policy.pdf> , and I agree to comply with this and other university policies, guidelines and the Tri-Council Policy Statement (TCPS) and of my profession or discipline regarding the ethical conduct of research involving humans.

In addition, I understand that the following all constitute violations of the McMaster University’s Research Integrity Policy:

- failure to obtain research ethics clearance;
- carrying out research in a manner that was not cleared by one of the university’s REBs;
- failure to submit a **Change Request** to obtain ethics clearance prior to implementing changes to a cleared study;
- failure to report an **Adverse Event** (i.e., an unanticipated negative consequence or result affecting participants) by the investigator or faculty supervisor of student research to the MREB secretariat and the MREB chair, as soon as possible and in any event, no more than 3 days after the event occurs;
- failure to submit an **Annual Renewal/Project Status Report** in advance of the 1-year anniversary of the original ethics clearance date.

Theresa Kozak Jan 30/17

Signature of Faculty, Student or Staff Researcher PLEASE PRINT NAME HERE Date

Supervisor Assurance for Graduate or Undergraduate Student Research:

“I am the supervisor for this proposed student research and have read this ethics application and supporting documents and deem the project to be valid and worthwhile, and I will provide the necessary supervision of the student(s) researcher(s) throughout the project including ensuring that the project will be conducted as cleared and to make myself available should problems arise during the course of the research.

Saara Greene Jan 30/17

Signature of Faculty Supervisor of Student Research PLEASE PRINT NAME HERE Date

McMaster Research Ethics Protocol Signature Page

29. Researcher Assurance: < SECTION G – SIGNATURES >

I confirm that I have read the McMaster University Research Integrity Policy <http://www.mcmaster.ca/policy/faculty/Research/Research%20Integrity%20Policy.pdf>, and I agree to comply with this and other university policies, guidelines and the Tri-Council Policy Statement (TCPS) and of my profession or discipline regarding the ethical conduct of research involving humans.

In addition, I understand that the following all constitute violations of the McMaster University's Research Integrity Policy:

- failure to obtain research ethics clearance;
- carrying out research in a manner that was not cleared by one of the university's REBs;
- failure to submit a **Change Request** to obtain ethics clearance prior to implementing changes to a cleared study;
- failure to report an **Adverse Event** (i.e., an unanticipated negative consequence or result affecting participants) by the investigator or faculty supervisor of student research to the MREB secretariat and the MREB chair, as soon as possible and in any event, no more than 3 days after the event occurs;
- failure to submit an **Annual Renewal/Project Status Report** in advance of the 1 year anniversary of the original ethics clearance date.

Theresa Kozak Theresa Kozak Jan 30/17
Signature of Faculty, Student or Staff Researcher PLEASE PRINT NAME HERE Date
(Add lines for additional researchers.)

Supervisor Assurance for Graduate or Undergraduate Student Research:

I am the supervisor for this proposed student research and have read this ethics application and supporting documents and deem the project to be valid and worthwhile, and I will provide the necessary supervision of the

MREBForm.docx Version Updated September 8, 2015 by MREB
- 13 -

student(s) researcher(s) throughout the project including ensuring that the project will be conducted as cleared and to make myself available should problems arise during the course of the research.



SARA GLEAVE SARA GLEAVE Jan. 30, 2017
Signature of Faculty Supervisor of Student Research PLEASE PRINT NAME HERE Date
(Add lines for additional supervisors.)

The signature page may also be emailed as a scanned PDF or be sent by campus mail to GH-305.

The signature page may also be emailed as a scanned PDF or be sent by campus mail to GH-305.

McMaster Research Ethics Board Certificate of Ethics Clearance to Involve Human Participants in Research

MREB Clearance Certificate https://ethics.mcmaster.ca/mreb/print_approval_watt.cfm?ID=4024

 Keeping Innovation and Discovery	<p style="text-align: center;">McMaster University Research Ethics Board (MREB) c/o Research Office for Administrative Development and Support, MREB Secretariat, GH-305, e-mail: ethicsoffice@mcmaster.ca</p> <p style="text-align: center;">CERTIFICATE OF ETHICS CLEARANCE TO INVOLVE HUMAN PARTICIPANTS IN RESEARCH</p>		
Application Status: <input checked="" type="checkbox"/> New <input type="checkbox"/> Addendum <input type="checkbox"/> Project Number: 2017 077			
TITLE OF RESEARCH PROJECT: Supply, Secrecy, and Surveillance: Experiences of women who use cannabis for pleasure			
Faculty Investigator(s)/ Supervisor(s)	Dept./Address	Phone	E-Mail
S. Greene	Social Work	23782	greenes@mcmaster.ca
Co-Investigators/ Students	Dept./Address	Phone	E-Mail
T. Kozak	Social Work	416-671-845	kozakte@mcmaster.ca
The application in support of the above research project has been reviewed by the MREB to ensure compliance with the Tri-Council Policy Statement and the McMaster University Policies and Guidelines for Research Involving Human Participants. The following ethics certification is provided by the MREB: <input type="checkbox"/> The application protocol is cleared as presented without questions or requests for modification. <input checked="" type="checkbox"/> The application protocol is cleared as revised without questions or requests for modification. <input type="checkbox"/> The application protocol is cleared subject to clarification and/or modification as appended or identified below.			
COMMENTS AND CONDITIONS: Ongoing clearance is contingent on completing the annual completed/status report. A "Change Request" or amendment must be made and cleared before any alterations are made to the research.			
Reporting Frequency:		Annual: Feb-26-2018	Other:
Date: Feb-26-2017		Vice Chair, Dr. S. Watt 	

1 of 1 2/27/2017 9:30 AM



Inspiring Innovation and Discovery

Date:

APPENDIX A
LETTER OF INFORMATION / CONSENT
A Study about
Supply, Secrecy, and Surveillance:
Experiences of Women who use Cannabis for Pleasure

Principal Investigator:

Theresa Kozak
School of Social Work
McMaster University
Hamilton, Ontario, Canada
416-671-8457
E-mail: kozakte@mcmaster.ca

Why am I doing this study?

As part of the Social Work graduate program at McMaster University, I am inviting you to participate in a study that examines women's experiences with cannabis use for pleasure. Learning from women's experiences, I intend to explore issues such as: the evolution of women's access to cannabis; women's patterns of cannabis use for pleasure; the social and cultural perceptions surrounding women's cannabis use in our society; and the potential implications of cannabis' legalization as understood by women who use cannabis for pleasure.

The findings of this research study may equip social workers and health care professionals with an understanding of women's cannabis use for pleasure, with a goal of reducing future stigmatization and criminalization levied by ill-informed drug policies and practices.

What is involved with conducting a research study?

I would like to interview a cross-section of women-identifying participants aged 18+ years who consume cannabis at least four times per month for pleasure. To stratify my

recruitment efforts, I have distributed an email recruitment poster across Community Health Centres (CHC) such as: Lakeshore Area Multi -Purpose CHC, the 519 CHC, South Riverdale CHC; Community Networks such as: The South Etobicoke Harm Reduction Coalition, the Peel Harm Reduction coalition, the Toronto Harm Reduction Network, and the Women Grow Toronto network.

Now that you have responded to my recruitment poster, what's next?

- 1) You will choose and confirm whether you would like to be interviewed in-person or skype method.
- 2) Interviews will be conducted between April 24 – June 1, 2017 in a private location familiar to you – such as a social service agency, library, or your place of residence.
- 3) During in-person interview, we will review Confidentiality Practice and the Consent Form; if you do not consent to participate in the study, we will end our conversation at that time.
- 4) You will be asked to participate in one, one-hour semi-structured **Interview** conducted by the myself. Your Interview will be audio-recorded and I may take hand-written notes – to which you are privy to view.

If you choose to complete an interview via Skype, prior to the Interview, I will email you:

- (i) Letter of Information/Consent Form; verbal consent will be accepted and recorded in a Consent Log.

I will be asking you questions about your experiences as a woman who uses cannabis for pleasure. I am interested in understanding how women access cannabis (supply), when and where cannabis use is disclosed (secrecy), and what systemic controls govern a women's choice to use cannabis for pleasure (surveillance).

I will be asking questions like, what does cannabis use for pleasure means to you. I will ask about your history of cannabis use. I will ask about your friends', family's, and employer's understanding and perceptions of your cannabis use. I will ask to hear your definition of problematic cannabis use and the strategies you employ to mitigate the risks and perceived consequences associated with cannabis use for pleasure. I will ask for your opinion on how women and cannabis are portrayed in mainstream media and how that imagery may mirror or contrast your experience. I will ask you to share your experience(s) with stigmatization or criminalization related to cannabis. I will ask for your input on what a healthy, cannabis public health policy should include if it is to address the needs of women using cannabis for pleasure in Canada.

You will not be asked to participate in follow-up interviews or surveys.

Are there any risks to doing this study?

There is no risk involved in participating in this study. You may find it uncomfortable to discuss past experiences of stigmatization or criminalization, as it related to your use of cannabis for pleasure or you may be concerned about disclosing your involvement with potentially illegal cannabis acquisition and its use. Please know that you do not need to answer questions that you do not want to answer or that make you feel uncomfortable. I describe below the steps I am taking to protect your privacy.

Are there any benefits to doing this study?

While there are not tangible benefits procured from participating in this research study, the act of participation provides an opportunity to explore and discuss your experiences of secrecy and surveillance as it relates to cannabis use for pleasure.

Your participation may lead to feeling reward knowing that your voice could enlighten social work and larger society's understanding of women's use of cannabis for pleasure.

Will I be paid or Reimbursed for my participation?

There is no financial reimbursement for your participation in this study.

Who will know what I said or did in the study?

You are participating in this research anonymously. Without your disclosure, no one will know that you participated in the study. I will not use your name or any information that would allow you to be identified. You will create a pseudonym which I will use when referencing you throughout the research study. While every effort will be made to protect (guarantee) your confidentiality and privacy, keep in mind that we are often identifiable through the stories we tell. I cannot protect you from suspected participation.

While the study is in process, your confidentiality will be protected in many ways:

- 1) Paper copy Demographic Questionnaires and Consent Forms will be kept in a locked cabinet where only I will have access to it.
- 2) All electronic information is stored with password protection.
- 3) Emails are only accessible through a secondary password.
- 4) The telephone used to contact participants is password protected.
- 5) Audio recordings will be stored on a digital recorded that is password protected.
- 6) Your name, date of birth, place of residence, nor any gov't issued ID will be requested
- 7) Information/data gathered will be coded using a pseudonym
- 8) Once the study has been completed, the data will be destroyed.

Will there be consequences from my disclosure of cannabis use for pleasure?

The McMaster University Research Ethics Board has agreed that there is minimal risk associated with your disclosure of cannabis use for pleasure in this study. I will protect your privacy as outlined above. If legal authorities request the information you have provided, I will defend its confidentiality.

What if I change my mind about being in the study?

Your participation in this study is voluntary. If you decide to be part of the study, you may withdraw from the interview for whatever reason, even after signing the consent form or part-way through the study, or up until June 1, 2017. If you decide to withdraw, there will be no consequences to you. In cases of withdrawal, any data you have provided will be destroyed unless you indicate otherwise. If you do not want to answer some of the questions you do not have to, but you can still be in the study.

How do I find out what was learned in this study?

I expect to have this study completed by approximately September 1, 2017. If you would like a summary of the results or a copy of my thesis in its entirety, please let me know how you would like it sent to you.

Questions about the Study:

If you have questions or need more information about the study itself, please contact me at:

kozakte@mcmaster.ca 416-671-8457

This study has been reviewed by the McMaster University Research Ethics Board and received ethics clearance. If you have concerns or questions about your rights as a participant or about the way the study is conducted, please contact:

McMaster Research Ethics Secretariat

Telephone: (905) 525-9140 ext. 23142

C/o Research Office for Administrative Development and Support

E-mail: ethicsoffice@mcmaster.ca

CONSENT

- I have read the information presented in the information letter about a study being conducted by Theresa Kozak of McMaster University.

- I have had the opportunity to ask questions about my involvement in this study and to receive additional details I requested.
- I understand that if I agree to participate in this study, I may withdraw from the study at any time or up until approximately June 1, 2017.
- I have been given a copy of this form.
- I agree to participate in the study.

Signature: _____ Date: _____

Name of Participant (Printed) _____

1. I agree that the interview can be audio recorded. Yes No

2. Yes, I would like to receive a summary of the study's results.

Please send them to me at this email address: _____

Or to this mailing address: _____

 No, I do not want to receive a summary of the study's results.



**APPENDIX B
RECRUITMENT POSTER**

Participants NEEDED for RESEARCH in

WOMEN'S USE OF CANNABIS FOR PLEASURE

I am looking to interview woman-identifying participants aged 18+, living in Ontario, who consume cannabis for pleasure at least four times per month to take part in a McMaster MSW thesis study entitled:

**Supply, Secrecy, and Surveillance: An examination of
Women's Use of Cannabis for Pleasure**

As a volunteer, you will participate in ONE in-person or Skype-based anonymous, semi-structured interview lasting between one to one-and-a-half hours.

In appreciation for your time, you could choose to receive a summary copy of the thesis.

**For more information about this study, or to volunteer for this study,
please contact:**

Theresa Kozak

McMaster School of Social Work, Masters of Social Work Candidate

Telephone: 416-671-8457 or

Email: kozakte@mcmaster.ca

**This study has been reviewed by, and received ethics clearance
by the McMaster Research Ethics Board.**



**APPENDIX C
INTERVIEW GUIDE**

**Supply, Secrecy, and Surveillance:
Experiences of women who use cannabis for pleasure**

This list of questions is designed to guide the interview conversations. At times, I will use short question to make sure I understand information (“Are you saying that...?”) or I will use phrases like, (“ok” or “thanks”) acknowledge that we can move forward to the next question. You are encouraged to ask for clarification in the meaning of the question is not clear or pass on answering a question, as you deem necessary.

1. When you heard the phrase, “Women’s use of cannabis for pleasure” what types of images or thoughts came to mind?
2. Can you tell me about how you were first introduced to cannabis?
3. How long would you say you have consumed cannabis for pleasure?
4. Can you describe what your use of cannabis for pleasure typically looks like? When would you most often consume cannabis for pleasure? Routine or patterns to use? Alone/with friends? Do you have friends that use cannabis regularly?
5. What is your preferred method(s) of consuming cannabis for pleasure? Has this changed over time?
6. How do you access your cannabis? Do you experience any barriers to access?
7. Who have you shared your use of cannabis with?
8. To your knowledge, how is your use of cannabis perceived by this/these person/people?
9. Are you a Mom? How old are your kids? Do they live with you? How has the use of cannabis been discussed with the kids? How may have time changed that conversation?

10. What do you think about cannabis use by women who are pregnant?
11. What are your thoughts about cannabis use and parenting? What would responsible cannabis use and parenting look like?
12. What was the last level of education that you completed? What role did cannabis use have in your life at that time?
13. How do you identify your gender? From your experience, how does your gender identity and use of cannabis differ from men's cannabis use or other individuals' living across the gender spectrum?
14. What is your cultural identity? From your experience, how might your cultural identity influence your use of cannabis for pleasure?
15. What is your sexual orientation? From your experience, how might your sexual orientation influence your use of cannabis for pleasure?
16. When would you not disclose your use of cannabis? and why do you choose to maintain its secrecy?
17. Can you describe an instance or instances in which you have been stigmatized for your use of cannabis? What was the context? Who was involved? What was the outcome? How do you feel this instance could have been understood differently?
18. Have you ever been criminalized or had interactions with police around your cannabis use? What was the context? Who was involved? What was the outcome? How do you feel this instance could have been understood differently?
19. With legalization, the government of Canada is framing cannabis use as a public health concern. From your perspective, what would do you think are the most prominent concerns under legalization? What indicators do you think would demonstrate that cannabis use has become normalized in Canadian society?
20. What would be the warning signs that personal cannabis use has become problematic?
21. What would you say is the general attitude towards women's use of cannabis for pleasure? In what ways do you wish attitudes toward cannabis use for pleasure would change?

22. Is there something important we forgot? Is there anything else you think I need to know about your experience with cannabis use for pleasure?



Appendix D
Participant Screening Form
Supply, Secrecy, and Surveillance:
Experiences of women who use cannabis for pleasure

Date: _____

Participant Code: _____

Telephone Script

Hi! Thanks for expressing your interest to participate in Supply, Secrecy, and Surveillance: Women's Experiences with Cannabis Use for Pleasure! I am in the recruitment phase of the project which means that I am reaching out to all of the women who expressed an interest in participation and I am asking everyone a few questions to ensure that a range of women participate in the study. The study design allows for 8 participants.

This project is exploring women's use of cannabis with an interest in its use for pleasure. Pleasure, for the purposes of this study, is defined as non-medical use or perhaps more commonly known, recreational cannabis use. The screening questions that I ask are yes or no questions, please do not disclose any details but know that whatever you do disclose in this screening is kept in confidence, as ethically required by this research project.

Are you ready to proceed?

1. How old are you? _____
2. Y N - Do you use cannabis recreationally, for pleasure, at least four times every month?
3. Y N - Are you authorized to possess cannabis for medical purposes?
4. Y N - Do you identify as a woman of colour?
5. Y N - Do you identify as LGBTQ?
6. Y N - Are you a Mom?
7. Y N - Have you ever felt stigmatized for your use of cannabis?
8. Y N - Have you ever been involved with the law because of your use of cannabis?

That's all!

I will be in touch with you in the next week to let you know the next steps in the study.



Appendix E

Email Recruitment Script

Supply, Secrecy, and Surveillance: Experiences of Women who use Cannabis for Pleasure

As part of the graduate program in Social Work at McMaster University, I am inviting you to participate in a study that examines women's experiences using cannabis for pleasure. Learning from women's experiences, I will explore issues such as: the evolution of women's access to cannabis; women's patterns of cannabis use for pleasure; the social and cultural perceptions surrounding women's cannabis use in our society; and the potential implications of cannabis' legalization as understood by women who use cannabis for pleasure. Your participation will include the completion of one, semi-structured interview that will last approximately one to one-and-a-half hours in length.

The findings of this research study may equip social workers' and health care professionals with an understanding of women's cannabis use for pleasure, with a goal of reducing future stigmatization and criminalization levied by ill-informed drug policies and practices.

The risks in this study may include:

- Your disclosure of illegal cannabis acquisition and use
- Psychological upset following the recall of instances of stigmatization or criminalization

You can stop being in this study any time during the interview and afterwards up to June 1, 2017.

I have attached a copy of a letter of information about the study that gives you full details. This study has been reviewed and cleared by the McMaster Research Ethics Board. If you any have concerns or questions about your rights as a participant or about the way the study is being conducted you can contact:

The McMaster Research Ethics Board Secretariat
Telephone: (905) 525-9140 ext. 23142
c/o Research Office for Administration, Development, and Support
(ROADS)

E-mail: ethicsoffice@mcmaster.ca

I would like to thank you in advance for your time and consideration.

Theresa Kozak, BSW, RSW
Masters Candidate in Social Work
School of Social Work, McMaster University, Hamilton Ontario
Tel: 416-671-8457
kozakte@mcmaster.ca



**APPENDIX F
BACKGROUND INFORMATION SHEET**

**Supply, Secrecy, and Surveillance:
Experiences of Women who use Cannabis for Pleasure**

DO NOT WRITE YOUR NAME ON THIS SHEET

My preferred study pseudonym is: _____

Participant ID# _____ (Investigator Use Only)

INSTRUCTIONS: Please complete each section using an “x” and write in additional information when required. This will provide me with some basic background information about you.

ABOUT ME:

- 1) I identify my gender as (Check one):
 - a. CIS Woman (naturally born female)
 - b. MTF (male-to-female transgender)
 - c. Gender Fluid (Gender may vary at random or vary in response to different circumstances)

- 2) I identify my national culture as: _____

- 3) I identify as a woman of colour (Check one):
 - a. yes no

- 4) I am (Check one):
 - under 19 years
 - a. between the ages of 20-34
 - b. between the ages of 35-44
 - c. between the ages of 45-54
 - d. between the ages of 55-64
 - e. 65 and Over
 - f. Decline

- 5) I identify my sexual orientation as (Check one):
- a. lesbian
 - b. bisexual
 - c. transgendered
 - d. heterosexual
 - e. other: _____
- 6) I identify my current relationship status as (Check one):
- a. single
 - b. divorced
 - c. common-law (committed)
 - d. married
 - e. other: _____
 - f. 8b. My partner does consume / does not consume cannabis for pleasure.
- 7) The last level of education I was enrolled in was (Check one):
- a. high school
 - b. college
 - c. apprenticeship
 - d. undergraduate university
 - e. graduate- university
 - f. PhD / post-doctoral
- 7b. While enrolled in school, I consumed cannabis for pleasure: yes no
- 8) My employment status is (Check as many that apply):
- a. not employed
 - b. self-employed
 - c. part-time employed (one job)
 - d. dual part-time (at more than one job)
 - e. full-time employed
 - f. student
 - g. 8b. My current employer(s) is/ is not aware that I consume cannabis for pleasure
- 9) My personal annual income is between (Check one):
- a. \$0
 - b. \$1 - \$10,000
 - c. \$10,000 – \$29,000
 - d. \$30,000 - \$39,000

- e. \$40,000 - \$49,000
- f. \$50,000 - \$59,000
- g. \$60,000 - \$69,000
- h. \$70,000 - \$79,000
- i. \$80,000 - \$100,000
- j. \$100,000+

- 10) I have children (people under the age of 18) in my care (Check one):
- a. all the time sometimes never
 - b. Please list the age(s) of children in your care: _____
 - c. 12b. The child(Ren) are / are not aware that I consume cannabis for pleasure

ABOUT MY USE OF CANNABIS FOR PLEASURE

1. I am authorized under the Access to Medical Cannabis Purposes Regulation (ACMPR) to use cannabis for medical purposes (Check all that apply):
 yes no
 I am not ACMPR authorized but I also use cannabis for medical purposes

2. I have consumed cannabis for pleasure for (Check one):
 less than one year
 one to two years
 two to five years
 six to ten years
 more than 10 years
 more than 20 years
 more than 30 years
 more than 40 years
 more: _____

3. I would describe my use⁹ of cannabis as (Choose one):
 infrequent light use (use once per week or less, 1 joint¹⁰/day)
 infrequent heavy use (use once per week or less, 2 or more joints per day)
 moderate light use (uses 2-4 days per week, 1 joint per day)
 moderate heavy use (use 2-4 days per week, 2 or more joints per day)

⁹ Scale retrieved from Asbridge, M., Duff, C., Marsh, D., Erickson, P. (2014). Problems with the Identification of 'Problematic' Cannabis Use: Examining the issues of frequency, quantity, and drug use environment. *European Addiction Research*. Vol 20. pp254-267. DOI: 10.1159/00360697

¹⁰ a joint is equivalent to .5grams of cannabis

- daily light use (use 5-7 days per week, one joint per day)
- daily heavy use (uses 5-7 days per week, two or more joints per day)

4. My preferred method(s) of consuming cannabis for pleasure is (Check all that apply):
- smoking dried cannabis flowers
 - inhalation of cannabis concentrates
 - vaporizing dried cannabis flowers
 - ingestion (infused food/ drinks)
 - ingestion (capsules)
 - topical application