

Consortium on Law and Values in Health, Environment & the Life Sciences 2019-20 Proposal Cover Page

To use checkboxes, place cursor on box; right click; select Properties; select Checked under Default value

Applicant Information

Applicant name(s):	Ryan Steel	Email:	Steel158@umn.edu
Project title:	Medicalizing the Menace? A mixed methods study of governance and embodiment in Minnesota's medical cannabis program		
Department:	Sociology	College:	Liberal Arts
Degree program:	Doctoral Graduate Program (PhD)		
Faculty advisor:	Josh Page & Teresa Gowan	Faculty advisor email	page@umn.edu <input type="checkbox"/> No advisor tgowan@umn.edu
Dept. Head:	Doug Hartmann	Dept. Head's email:	hartm021@umn.edu
Dean:	John Coleman	Dean's email:	coleman@umn.edu

How did you hear about this funding opportunity?
 ACCU Consortium website The Brief Dept. email/newsletter Law School email Other

Funding

Total amount of funding requested: **\$ 7,000.00**

Executive summary (maximum 200 words)

As laws governing marijuana are rapidly changing, often lost in the drug policy debate is the way these shifting policies and institutions impress themselves upon and shape the lived experiences of those affected by them in their everyday lives. Rather than beginning with a top-down or comparative approach, this study takes an institutional ethnography approach that analyzes the most restrictive medical marijuana program in the US (Minnesota) through the manner in which it's organized and experienced in patients' everyday lives, producing findings that directly attest to the consequences of shifting drug governance from the criminal to the medical field. To analyze the relationship between patient experiences and program structure, this study innovatively brings together a variety of methodological approaches and data, including (1) in-depth, phenomenologically-anchored patient interviews, (2) interviews with certifying physicians, (3) ethnographic observation, (4) content/discourse analysis of public documents, and (5) quantitative analyses of state-collected patient and physician experience survey data. This approach provides unique and pertinent sociological contributions to medical sociology and current drug reform debates by analyzing policies and institutions through the lived experience of those who navigate and participate in these programs, highlighting the impacts of these legal regimes in patients' everyday lives.

Approvals

Check all appropriate approvals required for your proposal. It is not necessary to have all approvals at the time of proposal submission; however, approvals must be obtained prior to receipt of funding. If you have applied for approval but have not yet received it, indicate that below.

IRB required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> If yes, is application pending?	Approval date or number: 3/19/19 study #: 00005527
Other/s required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> If yes, is application pending?	Specify type of approval:

Checklist—for reviewer use only. DO NOT COMPLETE.

- The proposal is 1000 words or less excluding budget, biographies, references and citations.
- The proposal includes a work plan with a specific timeline using months or quarters to identify work to be done and completion dates.
- The proposal includes a 1-2 paragraph biography of the applicant and all co-investigators.
- The budget form is complete including the funds sought for this project, other pending applications for this project, and the amount/source of matching or other funds.
- The applicant's faculty advisor is copied on the application email. Professional students w/o advisors check No Advisor.
- All necessary approvals are pending or received.

Overview & Objectives

In 2014, the hesitant and skeptical Governor Mark Dayton agreed to sign a medical marijuana bill into law with the purpose of providing relief for patients suffering the most in Minnesota. Notably, he would only agree to a bill that had the support of law enforcement and the medical community. The result was the most restrictive medical marijuana program in the country: allowing patients with one of twelve severe medical conditions to qualify, restricting legal marijuana to highly medicalized forms (such as pills, oils, tinctures, and topical creams) which could only be acquired at a limited number of dispensaries operated by two state-licensed manufacturers, and requiring annual physician recertification and state fees for participating patients.

For most of the 27 patients I've interviewed, marijuana is a life-changing alternative to inadequate pharmaceutical treatments, providing patients with unmatched relief and the hope of "getting their lives back." The source of this newfound hope and relief, for many, becomes a source of stress and suffering when accessing the highly restrictive, medicalized, and expensive marijuana products—especially since most have debilitating medical conditions that prevent them from gainful employment. Most patients I spoke with cannot afford as much medication as they need, stressfully attempting to stretch their products as long as possible while achieving minimum baseline effects, often having to supplement their medical supply with illicit marijuana—putting patients into a criminal-legal bind. Due to legislative restrictions, there are very few licensed dispensaries. As a result, many patients struggle with access, especially those with mobility issues and those living in rural areas. If the purpose of this program is to provide relief for those suffering the most, why does the program create so many barriers to accessing and affording medical marijuana?

While offering unprecedented relief for patients, the program's organization creates a plethora of potential barriers for patients—the severity of which differs significantly by patients' socioeconomic status, location, mobility, and bodily condition. In that sense, the bodily and social limitations and possibilities of a given patient extend out from their bodies and life circumstances into the institutional webs they have to navigate, exacerbating the relative barriers each face in the program. Therefore, to understand the institutional organization of this medical marijuana program, it is necessary to begin with patients' lived experience—to begin with how medical marijuana affects their bodily states and capacities in the situations in which they find themselves, and how these are shaped by the social and institutional context from which these experiences emerge. In other words, my project seeks to understand the lived, bodily consequences for patients at the center of shifting drug laws that weave together criminal and medical approaches to drug control.

Methodology & Contributions

To accomplish this, I use an "institutional ethnography" approach (Smith 1999) which analyzes how "people[']s doing, thinking, and feeling [in] the actualities of their everyday/everynight living" (6) are coordinated and affected by various institutions and social forces as they impress upon people's everyday lives. This approach brings into relief the intertwined relationships between the body, health, and the institutions and social forces that act upon the body and govern patients' everyday lives. This approach is essential for making sense of a program that patients often describe as both "life-saving" and "criminal" (exploitative), where the life-changing relief it provides them is met with undue suffering from inordinate costs and excessive restrictions, and where they often find themselves disoriented in a web of institutional gatekeepers.

To analyze the relationship between patient experiences and program structure, I have combined an innovative variety of qualitative and quantitative methods, including (1) in-depth, phenomenologically-anchored interviews with patients, (2) observation of public

hearings/events, (3) interviews with program officials, company representatives, and certifying physicians, (4) content/discourse analysis of legislation and public documents, and (5) analysis of patient and physician experience survey data collected by the State from all participating patients and physicians, in addition to patient survey data from a patient advocacy organization. I have conducted 27 in-depth interviews (Pugh 2013) with patients in the program using phenomenological interviewing techniques (Bevan 2014; Stelter 2010) that capture patients’ lived experiences and how they meaningfully frame their use. However, a majority of these interviews have been with patients in the Twin Cities metropolitan area. To get a better sense of how the program affects the lives of rural patients around the state, I aim to conduct approximately 10-20 more interviews throughout the Spring of 2020, as well as additional certifying physician interviews. Such a methodological focus brings into relief the deeply intertwined relationships between policy, access, stigma, and embodied experiences, and highlights the contradictions that different patients face in accessing effective, relieving medical marijuana products in an expensive, highly medicalized, and strictly regulated program. Minnesota’s medical marijuana program provides a rich case to explore the nuances of the shifting strategies for governing marijuana use from the criminal to the medical and commercial fields. My approach necessitates an in-depth focus on a single rich case, yet its theoretical and methodological contributions to understandings of shifting drug governance and patient experience extends beyond the specific case and marijuana reform, generally, by analyzing the effects of changing drug laws that assemble together a web of medical, State, criminal-judicial, and commercial institutions. This approach provides unique and pertinent sociological contributions to medical sociology and current drug reform debates by analyzing policies and institutions through the lived experience of those who navigate and participate in these programs, highlighting the impacts of these legal regimes in patients’ lives. The theoretical and methodological contributions of such a study also extend beyond marijuana reform to the increasingly wide field of illicit substances currently being examined for medical purposes—such as MDMA, psilocybin, ketamine, and others—by offering a methodological and theoretical framework for the interconnections between experiencing bodies and the forces that govern those experiences, which are often lost in drug policy debates.

Project Timeline	2020							2021			
	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April
Complete Rural Patient Interviews (~10-20)	█	█									
Complete Physician Interviews (~5-10)		█	█								
Complete Quantitative Analysis of State Data		█	█								
Complete Qualitative Coding of Interview Data				█							
Drafting of peer review article					█						
Submit peer review article						█					
Draft dissertation					█	█	█	█	█	█	
Defend dissertation											█

Researcher Bio

Ryan Steel is a PhD Candidate in the Department of Sociology at the University of Minnesota. His research and areas of interest include the sociology of drugs, the body and embodiment, sociology of health and medicine, policy, and institutional forms of governance. His work seeks to make theoretical connections between structural forms of power and governance with the lived, experiential body. Before beginning graduate school, Ryan worked as a Research Associate for the Amherst H. Wilder Foundation (St. Paul, MN), conducting program evaluation research and community needs assessments for nonprofits and government programs.

References

- Bevan, Mark T. 2014. "A Method of Phenomenological Interviewing." *Qualitative Health Research*, 24(1):136-144.
- Pugh, Allison. 2013. "What good are interviews for thinking about culture? Demystifying interpretive analysis." *American Journal of Cultural Sociology*, 1(1):42-68.
- Smith, Dorothy. 1999. *Writing the Social: Critique, Theory, and Investigations*. Toronto, Canada: University of Toronto Press.
- Stelter, Reinhard. 2010. "Experience-Based, Body-Anchored Qualitative Research Interviewing." *Qualitative Health Research*, 20(6):859-867.

**Consortium on Law and Values in Health, Environment the Life Sciences
Proposal Budget**

Project Title: "Medicalizing the Menace? A mixed methods study of governance and embodiment in Minnesota's medical cannabis program."

Provide justification along with costs.		Requested funding
Category & instructions	Justification	Amount
1 Your stipend (maximum amount is \$5,000)	110 hours at the current Sociology Research Assistant stipend wage of \$22.89/hour. This includes time spent interviewing, coding, and analyzing qualitative and quantitative data, as well as writing peer reviewed journal article and dissertation.	\$2,500
2 Speaker honoraria (for colloquia)	___ speakers x \$ _____ honorarium	\$0
3 Supplies & Services <i>Identify and explain use here or in the body of your proposal.</i>	Transcription services for additional patient and physician interviews, as well as transcriptions of relevant public hearings.	\$1,500
4 Equipment <i>Identify and explain use. Allowable only if the equipment is necessary for this project. All equipment must be given to your dept. at the completion of your project.</i>		\$0
5 Travel <i>Indicate the purpose of the travel, estimated dates of travel, transportation, housing and allowable per diem costs (see travel.umn.edu).</i>	Travel for rural patient and physician interviews + accomodations; Travel to academic conferences to present peer-review article from research project + accomodations	\$3,000
TOTAL BUDGET		\$7,000

Other funding: List other or matching funding you have requested for this project.

Funding source	Amount
Anna Welsch Bright Research Grant Award (used for transcriptions of initial patient interviews)	\$2,000.00