Alternative News Coverage of Medical Cannabis in Canada

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OBJECTIVE

To understand the ethical, legal and social discourse around medical cannabis in alternative Canadian news media.

BACKROUND

- Legalization changed the cannabis landscape in Canada in 2018.
- Traditional Canadian news media highlighted access as a key issue.[1]
- Little is known how alternative news covers this landscape of change.
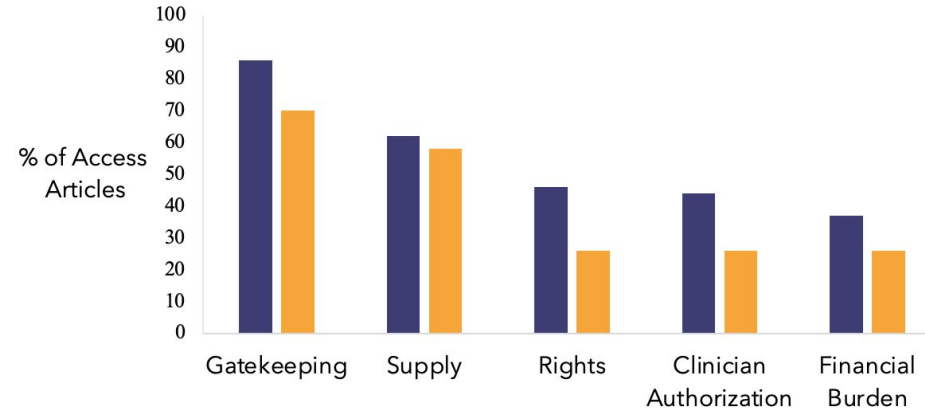
METHODS

- Internet search used to identify Canadian alternative news media.
- Keywords: "medical cannabis" or "medical marijuana"
- Archives used to identify articles about medical cannabis and health published between January 2010 and December 2020.
- Deductive and inductive content analytic approaches used to code eligible articles.

RESULTS

"Ten years ago, Canada became the first nation on Earth [sic] to allow the legal possession of medicinal marijuana... However, in the 10 years that Health Canada has been in charge of the system, Canadians' access to medical marijuana has been subject to a bungling and opaque bureaucracy."
Cannabis Culture Magazine, Canadian Chill, 2011

KEY FINDINGS

Alternative news articles:

- Contain significantly fewer access factors than traditional news articles (p≤ 0.02).

- Have a significantly higher concentration of actual references to access compared to traditional news articles (p<0.01) .

- Reference product supply significantly more post- compared to pre-legalization (p=0.04).

CONCLUSION

Conventional and alternative news resources offer common, complementary, and divergent perspectives that contribute discourse on medical cannabis [2,3,4]. Neuroethical analyses must take the full range of views into account to ensure just interpretation and delivery of results.

REFERENCES

[1] Gunning and Illes, *Int. J. Drug Policy,* 2021
[2] Gibbard et al, *CMAJ Open,* 2021
[3] Kruger et al, *J Cannabis Research,* 2020
[4] Yeung et al, *Supp. Care in Cancer,* 2020

% of Access Articles

	Gatekeeping	Supply	Rights	Clinician Authorization	Financial Burden

Traditional News ■ Alternative News ■

% of Access Coded Referneces

	Gatekeeping	Supply	Rights	Clinician Authorization	Financial Burden

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