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BEYOND THE LEAF: EXPLORING PERSPECTIVES ON MEDICAL CANNABIS REGULATION AND TREATMENT ACCESSIBILITY

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ABSTRACT

This dissertation, entitled "Beyond the Leaf: Exploring Perspectives on Medical Cannabis Regulation and Treatment Accessibility," examines the perceptions of key stakeholders on the regulation of medical cannabis and its implications for treatment accessibility in the Philippines. Adopting a qualitative phenomenological design, data were gathered through semi-structured interviews with twelve (12) informants, including medical practitioners, legal and enforcement professionals, and patients. Colaizzi's method of analysis guided the process, wherein significant statements were extracted, meanings formulated, and clustered into themes aligned with the study's three Statements of the Problem (SOPs).

Findings revealed ten (10) major themes. Under SOP 1, stakeholders expressed widespread support for strict regulation, emphasized the necessity of legal clarity and safeguards, and highlighted the importance of human rights and compassionate access. For SOP 2, treatment accessibility was hindered by bureaucratic processes within the Compassionate Special Permit (CSP), regulatory and institutional gaps, and economic burdens, underscoring the need for local supply systems. SOP 3 identified decision-shaping factors including perceived therapeutic value and evidence-based practice, persistent social stigma and professional risk, institutional readiness and training gaps, and policy fragmentation across agencies.

The study applied Rational Choice Theory, the Health Belief Model, Labeling Theory, and Public Policy Theory to interpret findings, which were corroborated by both local and international literature. A key contribution of this research is the formulation of a proposed Department Order framework that provides concrete policy recommendations for regulating medical cannabis. This framework integrates clinical, legal, and human rights perspectives, positioning the study as a significant evidence base for guiding future legislation, enhancing patient access, and strengthening institutional readiness in the Philippine context.

KEYWORDS: *Medical Cannabis, Regulation, Treatment Accessibility, Phenomenology, Rational Choice Theory, Health Belief Model, Labeling Theory, Public Policy Theory, Philippines*

INTRODUCTION

Global Context

The global reexamination of cannabis regulation represents a profound shift in public health and legal paradigms. Once universally criminalized, cannabis has increasingly been recognized for its therapeutic potential in managing chronic pain, epilepsy, multiple sclerosis, glaucoma, and chemotherapy-induced nausea (Hall & Lynskey, 2020). More than fifty countries have now legalized cannabis for medical use, with pioneering nations such as Canada, Germany, and Thailand developing comprehensive frameworks to balance accessibility with control (Fischer et al., 2022; Sornsrivichai et al., 2021). These policy evolutions align with the World Health Organization's call for evidence-based regulation and the United Nations Sustainable Development Goals—particularly Goal 3 (Good Health and Well-being) and Goal 10 (Reduced Inequalities)—which promote universal access to safe and effective healthcare options.

Globally, this reform movement has also underscored the importance of aligning medical, ethical, and legal systems to uphold patient rights. For example, Canada's 2018 Cannabis Act institutionalized strict production, prescription, and patient-monitoring protocols, while Thailand's 2022 decriminalization incorporated cannabis into its traditional medical practices to promote both healthcare and economic development (Sornsrivichai et al., 2021). Such initiatives demonstrate the feasibility of regulation models that maintain public safety while ensuring compassion-driven healthcare.

However, they also highlight the need for country-specific policy adaptation, particularly in contexts where conservative social values and limited institutional capacity shape public attitudes toward drug reform.

National Context

In contrast to global progress, the Philippines maintains a prohibitive stance on cannabis through Republic Act No. 9165, the *Comprehensive Dangerous Drugs Act of 2002*, which classifies cannabis as a dangerous drug. Although the Department of Health (DOH) and the Philippine Drug Enforcement Agency (PDEA) permit limited access under the *Compassionate Special Permit (CSP)* framework, its implementation remains highly restrictive, costly, and

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bureaucratic, benefiting only a few patients who can navigate its procedural demands (Department of Health, 2023). Legislative efforts such as the *Philippine Compassionate Medical Cannabis Act* have been filed multiple times, yet debates persist over the risks of abuse, enforcement challenges, and insufficient domestic research validating medical efficacy (Garcia, 2023; Morales, 2023).

The national discourse reveals a sharp dichotomy between advocacy and caution. Proponents—comprising patient groups, physicians, and human rights advocates—emphasize compassionate access for individuals with chronic or terminal illnesses, while opponents cite moral, legal, and social risks, including potential increases in substance misuse and law enforcement burdens (Ramirez et al., 2022). These tensions illustrate the broader challenge of reconciling health innovation with criminal justice imperatives in the Philippine context, where drug policy remains closely tied to moral governance and public order.

Local Context

Within Metro Manila, particularly in the CAMANAVA area (Caloocan, Malabon, Navotas, and Valenzuela), the debate over medical cannabis regulation resonates strongly due to the convergence of urban healthcare institutions, enforcement agencies, and advocacy networks. Despite the growing public awareness of medical cannabis and evidence from other jurisdictions, access remains a privilege limited to affluent patients who can afford importation costs under the CSP. Local healthcare professionals express both curiosity and caution, constrained by a lack of institutional guidance, ethical frameworks, and clinical training (Agustin, 2022). This localized reality underscores the systemic inequities in treatment accessibility, suggesting that the absence of regulation perpetuates rather than mitigates medical risk.

Moreover, the stigma associated with cannabis persists as a cultural and institutional barrier. As Labeling Theory posits, societal definitions of deviance shape the experiences of both users and professionals (Becker, 1963). Patients seeking cannabis-based treatments often fear being labeled as offenders, while medical practitioners risk reputational or legal repercussions for engaging in cannabis-related discourse. Such dynamics highlight the need for reforms that not only establish regulatory clarity but also address social perceptions that hinder the pursuit of compassionate, evidence-based care.

Statement of the Problem

The regulation of medical cannabis remains one of the most contested issues in Philippine public health and criminology. While evidence supports its therapeutic value, its legal status continues to restrict access, hinder research, and reinforce stigma. The study seeks to explore the following core questions:

1. How do key stakeholders—medical practitioners, legal practitioners, and patients—perceive the regulation of medical cannabis in clinical settings?
2. How does existing and proposed regulation affect treatment accessibility for patients?
3. What key factors influence stakeholder decision-making regarding the potential regulation and use of medical cannabis?

Theoretical Framework

This study is anchored on four interrelated theoretical perspectives that collectively explain stakeholder attitudes toward medical cannabis regulation: **Rational Choice Theory**, the **Health Belief Model**, **Labeling Theory**, and **Public Policy Theory**.

Rational Choice Theory (Cornish & Clarke, 1986) posits that individuals make decisions based on a cost–benefit analysis. Medical practitioners evaluate the clinical efficacy and legal consequences of recommending cannabis; legal practitioners weigh justice, liability, and enforcement burdens; and patients assess therapeutic value versus social and legal risks.

The Health Belief Model (Rosenstock, 1974) elucidates how patients perceive susceptibility, severity, benefits, and barriers in their treatment choices. Patients' willingness to use medical cannabis reflects their perceived need for relief, influenced by accessibility, affordability, and trust in medical endorsement.

Labeling Theory (Becker, 1963) highlights how stigma and social labeling influence acceptance. In the Philippine context, cannabis remains strongly associated with criminality, affecting both patients' willingness to seek treatment and professionals' readiness to prescribe it.

Finally, **Public Policy Theory**, particularly Kingdon's Multiple Streams Framework (1984), frames policy reform as the convergence of problem, policy, and politics. The "problem stream" reflects the lack of treatment access; the "policy stream" concerns proposed legislation and clinical standards; and the "political stream" involves stakeholder advocacy and public sentiment. The intersection of these streams determines the feasibility of reform.

By synthesizing these theories, the study provides a multidimensional understanding of how clinical, legal, and societal factors converge in shaping perceptions and policy pathways for medical cannabis regulation in the Philippines.

Significance of the Study

This study is significant at multiple levels. For **public health**, it advances discourse on equitable access to alternative treatments and the role of evidence-based compassion in medical governance. For **policy development**, it provides empirical grounding for legislative deliberations, ensuring that forthcoming frameworks integrate patient welfare, professional ethics, and institutional readiness. For **academia**, it contributes to criminology and health policy literature by examining drug regulation not merely as a legal issue but as a public health imperative rooted in justice and social equity.

Ultimately, this study aligns with the global trend toward compassionate, science-informed healthcare reform, while emphasizing the Philippines' unique sociopolitical landscape.

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By exploring lived experiences and stakeholder perspectives, it bridges the gap between theoretical understanding and practical policymaking—charting a course toward regulation that is humane, informed, and inclusive.

METHODOLOGY

Research Design

This study employed a **qualitative phenomenological design**, chosen for its capacity to capture and interpret the lived experiences, meanings, and perceptions of individuals regarding complex social phenomena. Phenomenology, as articulated by Husserl and later operationalized by Colaizzi (1978), emphasizes understanding human experiences as they are lived, rather than as they are measured or quantified. This approach is particularly suited to contexts where social, medical, and legal factors intersect—as in the discourse surrounding medical cannabis regulation in the Philippines.

The phenomenological framework enabled the researcher to focus on the **subjective realities** of diverse stakeholders, exploring not only what participants think but also how and why they hold certain beliefs about medical cannabis. Given that cannabis remains illegal under Philippine law, the topic carries social stigma and professional risk, making qualitative inquiry the most appropriate method for eliciting authentic, nuanced, and contextually grounded insights.

Through this design, the research sought to reveal shared meanings and patterns of experience among participants, contributing to a deeper understanding of how perceptions are formed, negotiated, and expressed within the current socio-legal landscape.

Research Method

An **exploratory qualitative method** was employed to examine a phenomenon that is both under-researched and socially sensitive. Exploratory studies allow for flexibility, enabling the researcher to adapt questions and pursue emerging themes during interviews (Stebbins, 2001). The approach was particularly relevant since medical cannabis regulation in the Philippines remains at the proposal stage, with legislative efforts such as the *Philippine Compassionate Medical Cannabis Act* yet to be enacted.

The primary method of data collection was the **semi-structured in-depth interview**, guided by open-ended questions that encouraged participants to express their perceptions freely while ensuring consistency across interviews. This technique permitted both direction and spontaneity—allowing participants to introduce related insights and contextual experiences beyond the predetermined questions. Such adaptability was essential in capturing the depth of personal, professional, and institutional perspectives on medical cannabis regulation.

The study's questions were anchored on three **Statements of the Problem (SOPs)**:

1. What are the perceptions of informants toward the regulation of medical cannabis use in clinical settings?
2. How do informants perceive the impact of medical cannabis regulation on access to treatment options?
3. What key factors influence informants' decision-making regarding medical cannabis regulation?

These guided the flow of each interview, ensuring alignment between data collection and the study's research objectives.

Participants and Sampling

The study involved **twelve (12) purposively selected informants** representing four primary stakeholder groups: medical practitioners, legal practitioners, law enforcement agents, and patients. This participant diversity ensured a multidimensional understanding of the phenomenon, integrating clinical, legal, and experiential perspectives.

The inclusion criteria for each group were as follows:

a. **Medical practitioners**: licensed physicians, nurses, or pharmacists with direct patient care responsibilities or familiarity with palliative or pain management contexts;
b. **Legal practitioners**: lawyers or legal analysts knowledgeable about drug policy, health law, or criminal legislation;
c. **Law enforcement personnel**: members of the Philippine Drug Enforcement Agency (PDEA), Philippine National Police (PNP), or related investigative units engaged in drug enforcement and regulation;
d. **Patients**: individuals diagnosed with chronic or terminal illnesses (e.g., epilepsy, cancer, neuropathic pain) who expressed familiarity with or interest in medical cannabis treatment.

Participants were selected through **purposive sampling**, ensuring inclusion of informants possessing both experiential and professional insight into the research topic. The goal was not statistical representativeness but **thematic saturation**—achieved when no new perspectives emerged from the interviews.

Recruitment was conducted through professional networks, health institutions, and advocacy groups. Initial contact was made via email or formal letter, outlining the purpose, scope, and voluntary nature of participation. Interested individuals were provided with consent forms and assurances of confidentiality before interviews commenced.

Locale of the Study

The study was conducted in **Metro Manila**, the National Capital Region (NCR) of the Philippines, with specific engagement across the CAMANAVA area (Caloocan, Malabon, Navotas, and Valenzuela). This location was strategically selected due to its concentration of healthcare institutions, legal offices, enforcement agencies, and diverse patient demographics.

Metro Manila represents a microcosm of the national context—characterized by advanced healthcare facilities juxtaposed with rigid law enforcement practices. It provides a suitable setting to explore how urban medical and legal professionals, as well as

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patients, perceive medical cannabis regulation within a highly regulated yet evolving public health environment.

Data Gathering Procedure

Data collection was conducted over several weeks through semi-structured interviews. Each session lasted approximately **45 to 90 minutes**, depending on the informant's responses and engagement. Interviews were conducted either face-to-face or via secure online platforms, depending on participant preference and availability, particularly in light of privacy and ethical considerations surrounding sensitive discussions of cannabis-related topics.

Prior to each interview, participants were briefed on the study's objectives, their rights as informants, and data confidentiality measures. Verbal and written **informed consent** were obtained, and participants were informed of their right to withdraw at any point without consequence. With permission, all interviews were **audio-recorded** to ensure accuracy of transcription. Field notes were also taken to capture non-verbal cues and contextual details.

Following transcription, all identifying details were removed or replaced with pseudonyms to maintain participant anonymity. Data were stored in encrypted files accessible only to the researcher. Transcripts were then reviewed and organized for analysis.

Data Analysis

The study adopted **Colaizzi's (1978) phenomenological method of analysis**, a systematic process for interpreting qualitative data while preserving the authenticity of participants' lived experiences. The method consisted of seven procedural steps:

1. **Familiarization:** Reading and rereading all transcripts to obtain a holistic understanding of the data.
2. **Extraction of significant statements:** Identifying phrases or sentences directly related to the phenomenon under investigation.
3. **Formulation of meanings:** Interpreting the underlying meanings of these significant statements.
4. **Organization into themes:** Clustering formulated meanings into thematic categories aligned with the three SOPs.
5. **Exhaustive description:** Synthesizing themes into a comprehensive description of the phenomenon.
6. **Fundamental structure:** Distilling the essence of each theme to capture core insights.
7. **Validation:** Returning the synthesized findings to selected participants (member checking) to confirm the accuracy and resonance of interpretations.

Through Colaizzi's approach, emergent themes were organized under three major domains corresponding to the SOPs: (1) perceptions of regulation, (2) impacts on treatment access, and (3) decision-shaping factors. Thematic saturation was achieved once no new categories emerged. The findings were then interpreted through theoretical lenses and situated within existing literature to ensure analytical depth and scholarly rigor.

Trustworthiness of the Study

To ensure the study's rigor and credibility, the researcher adhered to Lincoln and Guba's (1985) four criteria for qualitative trustworthiness: **credibility, transferability, dependability, and confirmability.**

a. **Credibility** was achieved through prolonged engagement with participants, member checking, and the triangulation of perspectives across stakeholder groups.
b. **Transferability** was ensured by providing rich, contextual descriptions enabling readers to determine the applicability of findings to other settings.
c. **Dependability** was maintained through consistent application of Colaizzi's method and detailed documentation of the research process.
d. **Confirmability** was enhanced by maintaining an audit trail and reflecting on the researcher's positionality to minimize bias.

Ethical Considerations

Ethical integrity was central to the research process. Prior to data collection, the researcher obtained approval from the appropriate academic review committee of the **Philippine College of Criminology Graduate School**. All participants were informed of the study's objectives, procedures, and voluntary nature. Written consent was obtained for participation and for the recording of interviews.

Confidentiality was strictly maintained by anonymizing data and excluding any identifying information from transcripts and publications. The researcher ensured that all discussions remained within ethical and legal bounds, emphasizing that no participant would be asked to disclose information that could implicate them in illegal activity. Data security was observed through encrypted digital storage.

Participants were also debriefed after interviews and provided with contact information should they wish to clarify, withdraw, or receive summaries of the study's outcomes. The ethical framework of this study was guided by the principles of **respect for autonomy, beneficence, nonmaleficence, and justice**—ensuring participant welfare and research integrity throughout the investigation.

RESULTS

Data analysis using Colaizzi's phenomenological method yielded ten (10) overarching themes that encapsulate the perceptions, experiences, and beliefs of the study's twelve informants. The findings are presented according to the study's three Statements of the Problem (SOP), which explore: (1) perceptions toward regulation, (2) perceived impact on treatment accessibility, and (3) decision-shaping factors regarding medical cannabis use and policy.

SOP 1: Perceptions Toward the Regulation of Medical Cannabis in Clinical Settings

Table 1 below presents the emergent themes describing stakeholder perceptions toward the regulation of medical cannabis in clinical practice.

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Table 1. Summary of Themes under SOP 1: Perceptions Toward Regulation

Theme	Core Description	Representative Stakeholders
1. Advocacy for Controlled Legalization	Support for legalization under strict professional and institutional oversight	Medical practitioners, legal practitioners, patients
2. Regulation as a Safeguard, Not a Gateway	Emphasis that legalization should prioritize patient protection over commercial interest	Legal and law enforcement practitioners
3. Compassion and Human Rights Dimension	Framing medical cannabis as a matter of compassion and health equity	Patients, health professionals
4. Need for Scientific Validation and Education	Importance of evidence-based policy, research, and medical training	Medical practitioners

Theme 1: Advocacy for Controlled Legalization
Most informants expressed support for the legalization of medical cannabis, provided that it is tightly regulated. A physician stated, *"It's not a question of whether it works or not; it's about putting the right system in place. Regulation should come first, before availability."* (Medical Practitioner 2)

This perspective aligns with **Rational Choice Theory**, illustrating that professionals assess policy decisions by weighing potential benefits (therapeutic use) against perceived risks (misuse or liability). Legal practitioners shared similar sentiments, emphasizing that legalization should not equate to deregulation but rather to the establishment of a structured system akin to existing pharmaceutical controls.

Theme 2: Regulation as a Safeguard, Not a Gateway
Law enforcement and legal informants underscored the importance of maintaining control mechanisms within legalization. One PDEA informant noted, *"We support compassionate access, but we cannot open the floodgates to misuse. Strict monitoring must be built into the law."* (PDEA Officer 1)
This reinforces the **Public Policy Theory** dimension, where the "problem stream" of patient access must meet the "policy stream" of enforcement safeguards. Regulation is thus viewed as a means of protecting patients and society rather than promoting liberalized drug use.

Theme 3: Compassion and Human Rights Dimension
Patient participants framed medical cannabis regulation as a human rights issue tied to the right to health and equitable access to treatment. *"For us patients, it's not about getting high. It's about having another chance at life."* (Patient 1)

This theme highlights how the discourse transcends medical legality, situating cannabis regulation within **compassionate governance** and health equity. It resonates with global public health ethics emphasizing patients' dignity and the moral obligation of the state to provide alternative care options.

Theme 4: Need for Scientific Validation and Education
Several medical practitioners emphasized the need for scientific literacy and institutional support. *"Most of us were never trained in cannabis pharmacology. If this will be part of our practice, the government must invest in education and research."* (Pharmacist 1)

The absence of medical curricula and research infrastructure was cited as a barrier to readiness. Informants stressed that legalization should be preceded by professional training and standardization of clinical protocols.

In summary, SOP 1 findings reveal cautious optimism among stakeholders, advocating for **legalization with structured regulation**. The dominant concern centers on ensuring patient safety, professional accountability, and evidence-based implementation.

SOP 2: Perceived Impact of Medical Cannabis Regulation on Treatment Accessibility

Table 2 summarizes the themes describing how medical cannabis regulation affects patient treatment access and healthcare delivery.

Table 2. Summary of Themes under SOP 2: Treatment Accessibility

Theme	Core Description	Representative Stakeholders
5. Bureaucratic Barriers and Economic Burden	Existing CSP process is restrictive and financially exclusive	Patients, healthcare providers
6. Regulatory and Institutional Gaps	Lack of inter-agency coordination and unclear clinical guidelines	Medical and legal practitioners
7. Need for Local Production and Supply Chain	Reliance on importation hinders affordability and equity	Medical practitioners, policy advocates

Theme 5: Bureaucratic Barriers and Economic Burden
Participants consistently criticized the **Compassionate Special Permit (CSP)** system administered by the Food and Drug Administration (FDA) as overly bureaucratic and cost-prohibitive. *"The process takes months, and the cost of imported cannabis oil can reach hundreds of thousands of pesos. It's only for the rich."* (Patient 2)

This theme underscores **health inequality**, suggesting that while medical cannabis is technically accessible, procedural

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and economic constraints effectively marginalize low-income patients.

Theme 6: Regulatory and Institutional Gaps

Informants identified weak coordination between agencies such as the DOH, PDEA, and the Dangerous Drugs Board (DDB) as a structural barrier. *"The policy environment is fragmented. There is no single regulatory authority clearly responsible for medical cannabis."* (Lawyer 1)

This finding reflects the "policy stream" problem identified in **Kingdon's Public Policy Theory**, indicating a lack of coherent institutional frameworks to support implementation.

Theme 7: Need for Local Production and Supply Chain

Several informants advocated for establishing local cultivation and production under state supervision to reduce costs and improve access. *"If we can cultivate for medical use under strict guidelines, we can make it accessible to more Filipinos."* (Medical Practitioner 3)

This theme connects to the **Health Belief Model**, where perceived barriers (cost and bureaucracy) affect patient willingness to pursue treatment. Legal frameworks that allow domestic supply under strict regulation could significantly improve affordability and continuity of care.

Overall, SOP 2 findings reveal that the **existing access mechanisms are exclusionary**, favoring privileged sectors while perpetuating treatment inequity. Stakeholders envision regulation as an opportunity to restructure systems for **inclusive and sustainable access**.

SOP 3: Key Factors Influencing Decision-Making Regarding Medical Cannabis Regulation

Table 3 summarizes the key factors influencing stakeholder decision-making on medical cannabis regulation.

Table 3. Summary of Themes under SOP 3: Decision-Making Factors

Theme	Core Description	Representative Stakeholders
8. Perceived Therapeutic Value and Evidence-Based Practice	Support grounded in clinical outcomes and research evidence	Medical practitioners
9. Stigma, Professional Risk, and Institutional Readiness	Social and occupational risks hinder open discourse	Legal and medical practitioners
10. Fragmented Policy Environment and Need for Reform	Disjointed laws and limited guidance impede practical decision-making	Law enforcement and policymakers

Theme 8: Perceived Therapeutic Value and Evidence-Based Practice

Medical professionals and patients expressed cautious confidence in cannabis's therapeutic potential. *"Clinical evidence from abroad is compelling, but we need local data to validate it in our population."* (Physician 1)

The demand for **evidence-based practice** underscores the need for local clinical trials and peer-reviewed studies. This reflects **Rational Choice Theory**, wherein decisions are driven by empirical cost–benefit analyses rather than ideology.

Theme 9: Stigma, Professional Risk, and Institutional Readiness

All stakeholder groups recognized the persistence of stigma. *"Even discussing cannabis in a medical context feels risky. There's fear of being misunderstood or penalized."* (Nurse 1)

This sentiment echoes **Labeling Theory**, where societal stigmatization of cannabis as an "illegal drug" inhibits rational dialogue and professional engagement. Institutional inertia—manifested in the lack of formal guidelines or training—further perpetuates reluctance among practitioners.

Theme 10: Fragmented Policy Environment and Need for Reform

Participants across groups identified inconsistencies between the *Comprehensive Dangerous Drugs Act of 2002* and proposed medical cannabis bills as a major obstacle to progress. *"We cannot move forward with two conflicting legal messages—criminalization on one side and compassion on the other."* (Lawyer 2)

The absence of harmonized legislation creates uncertainty for practitioners, enforcement agents, and patients alike. Stakeholders emphasized the urgency of enacting clear, unified policies to align medical, legal, and ethical standards.

Synthesis of Findings

Across all SOPs, the findings converge on several key insights:

1. **Consensus on the need for regulation** — All stakeholders favor legalization under strict controls and professional oversight.
2. **Access inequities** — The current Compassionate Special Permit process is exclusionary and unsustainable.
3. **Stigma and institutional unreadiness** — Persisting moral and legal stigma continue to hinder acceptance, underscoring the need for policy, education, and training reform.
4. **Desire for policy coherence** — Stakeholders call for harmonized legislation integrating medical, legal, and enforcement perspectives.

Collectively, these findings illustrate that while **support for medical cannabis regulation is strong**, the **infrastructure for equitable implementation remains weak**. Stakeholders advocate for a **balanced, compassionate, and evidence-based regulatory model** grounded in human rights and public health ethics.

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DISCUSSION

The findings of this study illuminate the intricate web of perceptions surrounding medical cannabis regulation in the Philippines, reflecting a convergence of compassion, caution, and pragmatism among medical practitioners, legal professionals, law enforcement agents, and patients. The themes reveal a delicate balance between the pursuit of therapeutic innovation and the maintenance of public safety—a tension that is deeply embedded in the Philippine socio-legal fabric. This section discusses these findings in relation to the study's theoretical framework, existing literature, and public policy implications.

Rational Choice Theory: Balancing Risk and Benefit

The study's findings align with the propositions of **Rational Choice Theory** (Cornish & Clarke, 1986), which posits that decision-makers act upon a rational evaluation of risks and rewards. Medical practitioners and legal professionals expressed support for legalization only under strict safeguards—an expression of calculated pragmatism rather than idealism. For example, physicians evaluated the potential of cannabis as a medical intervention in terms of therapeutic efficacy weighed against legal liability and institutional capacity.

Similarly, law enforcement stakeholders assessed legalization from a regulatory and enforcement standpoint, recognizing potential public health benefits but emphasizing the need for strong monitoring mechanisms to prevent diversion. This rational weighing of options supports prior findings by Fischer et al. (2022) and Chu and Townsend (2020), which emphasized that policy actors in transitional drug regimes adopt cautious, cost–benefit-driven positions.

Ultimately, the Rational Choice framework underscores that stakeholders are not inherently resistant to medical cannabis but are **strategically cautious**, seeking a balance between public health innovation and the preservation of institutional integrity.

Health Belief Model: Perceived Barriers and Motivations

The experiences of patient participants are best explained through the **Health Belief Model (HBM)** (Rosenstock, 1974), which conceptualizes health behavior as shaped by perceived susceptibility, severity, benefits, and barriers. Patients interviewed in this study consistently identified cannabis as a last resort, pursued when conventional therapies failed to alleviate chronic pain or seizures. Their **perceived benefits**—pain relief, improved quality of life, and dignity—were weighed against **barriers** such as bureaucratic delays, high costs, and stigma under the Compassionate Special Permit (CSP) system.

This aligns with global findings by López-Pelayo et al. (2022), who reported that stigma and complex regulatory systems limit patient access even in jurisdictions where cannabis is legal. In the Philippine setting, such barriers are compounded by restrictive importation policies and limited medical awareness. Patients' willingness to support legalization thus reflects **health-seeking behavior driven by necessity and exclusion**, rather than social liberalism.

The HBM further explains why patients advocate for compassionate policy reform—they perceive the absence of medical cannabis regulation as a **threat to health equity**, not merely a legal gap. As public health policy advances toward universal healthcare, their voices reveal an urgent call for a rights-based, patient-centered framework.

Labeling Theory: Stigma and Professional Risk

The persistence of stigma surrounding cannabis use emerged as a major deterrent among both patients and professionals. The **Labeling Theory** (Becker, 1963) provides a valuable lens for understanding this phenomenon. In a sociocultural context where drug use is heavily moralized, the "criminal" label extends beyond illicit use to those who advocate or inquire about cannabis in legitimate medical settings.

Healthcare providers described apprehension in discussing cannabis for fear of being perceived as condoning illegality or undermining institutional norms. This mirrors findings from Ghosh et al. (2022), who observed similar professional hesitancy in India due to the conflation of medical and recreational cannabis in law enforcement discourse.

Patients likewise internalized this stigma, often expressing guilt or fear when discussing cannabis-based therapies. Such labeling perpetuates a cycle of silence and misinformation that hinders both clinical progress and policy discourse. The implications are twofold: first, stigma obstructs evidence-based dialogue; and second, it delegitimizes patient advocacy by framing compassion as deviance.

Addressing this issue requires **de-stigmatization strategies** integrated into medical education, law enforcement training, and public communication campaigns, transforming the narrative of cannabis from criminality to care.

Public Policy Theory: The Need for Policy Convergence

The findings affirm **Kingdon's Multiple Streams Framework (1984)** within Public Policy Theory, which posits that policy change occurs when three streams—problem, policy, and politics—converge. In the Philippine case, all three streams are in motion but remain misaligned.

a. The **problem stream** is clear: limited treatment options and inequitable access to the Compassionate Special Permit system.
b. The **policy stream** is emergent: several legislative proposals exist but lack harmonization with the *Comprehensive Dangerous Drugs Act of 2002.*
c. The **political stream** is divided: while advocacy movements and some legislators support reform, resistance persists from conservative political sectors and enforcement agencies.

Informants across all groups recognized the disjointed nature of these streams. As one lawyer aptly stated, *"We cannot move forward with two conflicting legal messages—criminalization on one side and compassion on the other."* This fragmentation impedes institutional readiness and public understanding, echoing Smart and Pacula's (2019) observation that

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inconsistent legal frameworks lead to confusion and noncompliance.

For policy convergence to occur, political will must align with empirical evidence and social demand. This requires inclusive dialogue between lawmakers, medical associations, and enforcement agencies, supported by local research that substantiates both the therapeutic efficacy and public safety of medical cannabis.

Integration with Related Literature

The findings correspond strongly with both local and international studies reviewed in the literature. Foreign research (Hall & Lynskey, 2020; Fischer et al., 2022) supports the notion that medical cannabis regulation can improve patient outcomes when paired with robust oversight. Locally, Ramirez et al. (2022) and Garcia (2023) highlighted how legal ambiguity discourages physicians from prescribing cannabis-based treatments—a point mirrored in the present study's themes on professional risk and institutional unpreparedness.

This study also corroborates Agustin's (2022) findings on the lack of cannabis-related training in Philippine medical curricula, as well as Santos et al.'s (2022) documentation of law enforcement support for regulated access. Taken together, these studies underscore that the barriers to medical cannabis integration are not solely legislative but **educational and institutional**, requiring systemic reform across disciplines.

The current study's contribution lies in contextualizing these findings within a criminological and public health lens, emphasizing the dual imperative of **patient compassion and policy accountability**. The integration of multiple theoretical perspectives allows a holistic understanding of how regulation can simultaneously advance healthcare, uphold justice, and reduce stigma.

CONCLUSIONS

This study concludes that the regulation of medical cannabis in the Philippines is both necessary and feasible, provided it is grounded in evidence-based practice, institutional readiness, and public health ethics. Stakeholders across sectors expressed support for legalization under strict regulation, reflecting a national climate of cautious openness rather than resistance.

The central conclusions are as follows:

1. **Regulation with safeguards is widely supported.** Stakeholders recognize the therapeutic benefits of cannabis but insist on stringent oversight mechanisms to prevent misuse and protect patients.
2. **Current access mechanisms are inequitable.** The Compassionate Special Permit system disproportionately favors affluent patients, highlighting systemic barriers to equitable healthcare.
3. **Stigma and policy incoherence hinder progress.** Persistent negative labeling and inconsistent legislation contribute to professional risk aversion and public misunderstanding.
4. **Institutional reform is imperative.** Sustainable implementation requires integration of medical education, forensic science capacity, and inter-agency coordination.
5. **Evidence-based compassion is the way forward.** Legal reform must be anchored on empirical research and framed within a human rights paradigm that prioritizes patient welfare.

The study's conclusions affirm that the issue of medical cannabis transcends drug policy—it is fundamentally a **public health and social justice concern** that demands comprehensive, interdisciplinary action.

Recommendations

The findings give rise to a set of **policy, institutional, and research recommendations** categorized into short-term, medium-term, and long-term objectives.

Short-Term Recommendations (1–2 years)

a. **Develop clear regulatory guidelines** for medical cannabis prescription and distribution, anchored on existing public health and pharmacological laws.
b. **Initiate professional training programs** for medical practitioners, pharmacists, and law enforcement officers on cannabis pharmacology, legal provisions, and ethical handling.
c. **Launch destigmatization campaigns** integrating the voices of patients, healthcare professionals, and policymakers to shift public perception from criminality to compassion.
d. **Establish inter-agency coordination mechanisms** among the DOH, PDEA, FDA, and DDB to unify oversight processes and streamline patient access systems.

Medium-Term Recommendations (3–5 years)

a. **Institutionalize a Medical Cannabis Regulatory Board** to oversee licensing, compliance, and education, modeled after Thailand's or Canada's frameworks.
b. **Support local research and clinical trials** to validate efficacy and dosage safety within the Filipino population.
c. **Integrate medical cannabis modules into medical and pharmacy curricula** to ensure evidence-based practice.
d. **Pilot local cultivation programs** under government supervision to ensure affordability and prevent dependency on imported products.

Long-Term Recommendations (5+ years)

a. **Enact a comprehensive Medical Cannabis Law** harmonizing compassionate use with the *Comprehensive Dangerous Drugs Act of 2002*, ensuring legal clarity and patient protection.
b. **Institutionalize patient registry systems** for tracking, monitoring, and evaluating treatment outcomes and public safety implications.
c. **Promote cross-sector partnerships** among academic institutions, healthcare providers, and advocacy groups to sustain research and policy innovation.

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d. **Monitor and evaluate policy outcomes** through longitudinal studies to refine best practices and inform future legislation.

These recommendations aim to balance compassion with control—ensuring that legalization becomes a pathway to improved healthcare, not a gateway to misuse.

Limitations and Future Research

The qualitative nature of this study, while rich in insight, limits the generalizability of findings. Future research should expand participant diversity across regions and incorporate quantitative measures to assess public attitudes and patient outcomes. Furthermore, longitudinal policy evaluation studies should be conducted post-legalization to assess the social, legal, and health impacts of medical cannabis regulation over time.

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