

## **A conversation with Prof. Marta Rychert**

### **Innovation from the Edge: Pragmatism, Medicalization, and the Semi-Peripheral Lens**

#### **Introduction**

To complement this Special Issue we connected with a scholar who truly inhabits “both worlds” of the world’s drug policy systems. Originating from Poland, Marta Rychert developed a foundational understanding of the Central and Eastern European policy context before gaining hands-on institutional experience at the European Union Drugs Agency (EUDA) in Lisbon. Now established as a leading academic in New Zealand—a country positioned at the very periphery of the Western Core—she offers a unique epistemic vantage point. This interview explores the rationale behind her pragmatic realism, comparing the regulatory rhythms of the Pacific and the CEE, and questioning how innovation often emerges not from the center, but from the geographic and political margins.

The following conversation is organized into five thematic exchanges. It begins with an exploration of the Semi-Peripheral Lens, questioning how local contexts resist universal Western drug models. We then move to a comparative analysis of the “2000 U-turn,” contrasting Poland’s criminalization with Portugal’s decriminalization. The third section examines global regulatory innovations, from government monopolies in Quebec to Community Trusts in New Zealand. This is followed by a discussion on the digital frontier, where the internet renders traditional place-based drug markets obsolete. Finally, we conclude with the medicalization paradox, debating whether the shift from criminal to medical frameworks represents progress or merely a new form of Foucauldian social control.

Conducted online on February 17, 2026, the conversation spanned multiple time zones, bringing together Prof. Rychert in Auckland, New Zealand, with Critical Drug Studies group members Dr. Justyna Struzik, Dr. Zuzanna Sadowska, and Dr. Michał Wanke moderating from Kraków, Warsaw, and Opole.

*Note: This transcript has been edited for clarity and flow, removing verbal fillers and false starts. The full, unedited recording of this encounter can be found at:*

<https://drive.google.com/file/d/1tzKOeVTL0RveOF1IyAjN-DA4mzyDAYz-/view?usp=sharing>

### The Interview

MICHAŁ WANKE: Hello everyone. This is Michał Wanke, and I have the great pleasure to be here with my colleagues, Justyna Struzik and Zuzanna Sadowska, talking to Marta Rychert. Marta, you began your trajectory with a law degree in Warsaw, then you went to Lisbon to the EMCDDA, and then you established yourself as an academic in New Zealand. Do you feel that this background in the European semi-periphery provides you with a distinct epistemic lens compared to researchers from the Western core?

MARTA RYCHERT: I think so. I was brought up in Poland—Central Europe. Then I spent a few years in Lisbon, Portugal, on the other side of Europe. And then I went to the other side of the world, New Zealand. Spending many years in each of these countries gives me a unique perspective on life in general, but also on drug policy. It gives me insight into different cultures, different political contexts, and how they approach drug policy. I suppose I'm a bit more skeptical of universal Western models. Despite being based in New Zealand, New Zealand is also a periphery—a periphery of the Pacific. It's different from the dominant narratives coming from the US, UK, and Australia. Having worked in these different peripheries gives me an understanding of how dominant ideas developed in the “core” can't simply be applied elsewhere. They don't work because of unique local cultures and structures.

MICHAŁ WANKE: Besides the practicalities, does this semi-peripheral background give you a specific epistemological edge?

MARTA RYCHERT: I don't know if it's an edge, but I consider myself a pragmatic realist. In drug policy, critical realism is a well-known approach, and I guess I fit into that with a very pragmatic bent. I am less likely to be seduced by the idealistic tropes of the core and more likely to advocate for localized solutions, trying to understand what might actually function in specific contexts.

MICHAŁ WANKE: How did you get involved in this field?

MARTA RYCHERT: It happened by accident. I studied law, but also film production, and worked as a journalist. At some point, I was tired of juggling these things and applied for the Erasmus program. I thought I would go as far as I could—in Europe, that's Portugal. One thing led to another. Being interested in constitutional law, I decided to compare drug policy and legislation from a constitutional perspective—what happened in Portugal versus Poland.

It was a striking contrast. Decriminalization in Portugal was implemented in 2000 in response to the HIV/injecting drug use crisis. And the year 2000 is when Poland essentially criminalized all drug use and possession. Before 1989, we actually had a much more health-oriented, harm-reduction approach. We were quite innovative. We had needle-syringe exchange programs very early for Eastern Europe, and we were one of the first post-communist countries to introduce methadone maintenance. Poland was innovative, and then it turned conservative.

MICHAŁ WANKE: What is your hypothesis? Why the U-turn in Poland?

MARTA RYCHERT: Before 1989, there was a specific division between state and church, which paradoxically allowed for some pragmatic thinking regarding drug problems. After 1989, the church became more involved in policy-making. Poland serves as a cautionary story about the political volatility of public policies. In Poland, policies tend to be ideologically driven. In my family, we talk about politics at Christmas dinner; that would be unthinkable in New Zealand. Drug policy in Poland is often discussed through a moral lens.

New Zealand is a small country of 5 million; we are forced to come up with out-of-the-box solutions when faced with problems. In 2000, Poland criminalized possession, but then there were ingenious ways around those frameworks, like Article 62A, which gives the prosecutor power to grant alternatives. It's a cycle of ups and downs.

MICHAŁ WANKE: Do you think there is a global trajectory being followed, or is it just oscillation?

MARTA RYCHERT: In general, I'm optimistic. There is a trajectory toward more pragmatic, social justice, and health-oriented solutions, albeit with setbacks. I do a lot of research on cannabis legalization. There have been positive developments, but I don't think every movement toward legalization benefits society. It depends on how it's done, what the objectives are, and if infrastructures are in place to protect public health and educate consumers.

There are positive changes, but also U-turns. Recently in Thailand, they decriminalized cannabis, but because there were no strong regulations, a hyper-commercial market developed. Then there was a swift U-turn by the government to clean it all up. Instead of regulating, they are pushing it back into the shadows. In New Zealand, we tried to establish a regulated control market for low-risk psychoactive drugs in 2013. It was world-leading. We had licensed retailers, but after a year, it was abruptly ended. There are these experiments constantly happening.

MICHAŁ WANKE: Do you have a model you particularly appreciate for a legal market?

MARTA RYCHERT: It depends on the country. I studied the markets in Uruguay, where you can access cannabis through home-growing, social clubs, or pharmacies. Then I went to Jamaica, which is a medical reform but implemented in a way that isn't very controlled—partly to enhance tourism. I also visited Quebec. They have a government monopoly on retail sales. I like this model because it removes for-profit actors and their commercial incentive to increase sales. With commercial incentives come marketing, promotions, and the over-commercialization we know from alcohol and tobacco, which is not good for public health.

However, a government monopoly wouldn't work in Poland or New Zealand. For those contexts, I'd rather see local groups involved. We developed a theoretical model called "Community Trust." It devolves power to local communities to decide where a shop should be located and how many retailers there should be. It is controlled, but grassroots.

ZUZANNA SADOWSKA: Why do you think that model addresses Polish specificity?

MARTA RYCHERT: You have some experience in Poland with devolving harm reduction or health promotion to local bodies. One benefit of grassroots devolution is that the local community controls the stores in their area, so no external corporate entity is imposing its will. It avoids over-commercialization. I think Polish society is very good at doing things together on a local level. It would help build up that civil society tradition.

ZUZANNA SADOWSKA: Do you think East Central Europe is an importer of models, or can semi-peripheral states be producers of innovation?

MARTA RYCHERT: They are innovators; smaller states *must* be. They are uniquely positioned. In our conversation, I haven't even mentioned Colorado or Washington, because I think these smaller, alternative models are more interesting. Uruguay is the second smallest country in South America; Quebec is not British Columbia, they are kind of more alternative. Poland should be an innovator. We've had leading responses like the needle exchange and prosecutorial exemption. Poland is also quite innovative in monitoring the market—it's a fast adopter of technologies like wastewater analysis because of its geography, acting as both a producer and a transit country.

ZUZANNA SADOWSKA: Do these innovations influence the center?

MARTA RYCHERT: In Europe, perhaps. There are experiments in smaller countries—the Netherlands, Switzerland. Poland was interesting in terms of medical cannabis reform and the regulation of new psychoactive substances. There is a lot of power play involved in what policies are ultimately adopted. Jamaica had to innovate because of global UN structures. As a smaller country, they are economically dependent on bigger players and cannot simply say, "we are legalizing." They have to think ingeniously about regulating in a way that is compliant with what global powers established.

ZUZANNA SADOWSKA: Is medicalization becoming the dominant pathway, or are there alternatives?

MARTA RYCHERT: There are several. In Australia and New Zealand, we talk a lot about a public health framework. Social justice arguments are also being added. In New Zealand, Maori are three times more likely to be arrested for cannabis possession than others. These alternatives to criminal frameworks are helpful; they help remove some moral judgment. But medicalization still carries moral judgment. Drug use is reframed from a "criminal issue" to "non-compliance with health guidelines." The stigma remains.

MICHAŁ WANKE: Unless you are a Polish cannabis user. We have evidence that many users welcome medicalization as a pathway to regulated, safe use.

MARTA RYCHERT: Absolutely. The division between medical and recreational use is fascinating. I do a lot of surveys, and sometimes I need to draw a line. I've had users tell me, "All cannabis use is medical; it is a medicinal plant." On the other hand, health professionals point to the limited number of double-blind, placebo-controlled trials and say, "No, cannabis is not a medicine." Even among users, there's a disagreement about what counts as medicinal versus recreational.

MICHAŁ WANKE: We analyzed online forum discussions over 20 years and saw an evolution—from pleasure-oriented stoner culture toward individual enhancement, micro-dosing, and coping with stress. In Poland, we see this trajectory toward "grassroots medicalization."

MARTA RYCHERT: What do you think is driving it?

MICHAŁ WANKE: I think access to global cannabis cultures has raised consciousness—since we entered the EU, people went abroad, worked in the Netherlands, and became more informed. We don't have definitive answers—this is just forum data analysis—but the framing is definitely changing. Generally, there is a drive toward mental health.

MARTA RYCHERT: But also policy language started adopting this. I've been researching how the cannabis industry—both transnational companies and local firms—are framing debates. They communicate online, and we even have billboards for cannabis clinics in New Zealand saying, "This is a medicine."

MICHAŁ WANKE: The medicalization of the revolt. We could go on. I'm cannabis-biased, so Zuzanna, do you want to switch to the internet?

ZUZANNA SADOWSKA: Yes. Has the internet created the first truly transnational drug space, rendering state borders obsolete? And how has this changed the way we study people who use substances?

MARTA RYCHERT: I don't often use the word "transformative," but I think this is. It started with darknets, now it's more about social media. It transformed drug markets from traditional theory, which was based on place-based, plant-based drugs. That no longer applies. A compound can be developed in a minute in China, and then it arrives here the next day, literally. Those borders and new ways of trafficking are proliferating.

It changed the game for drug policy researchers. I remember during my PhD, the moment the government in New Zealand banned JWH-018, our source in China modified it slightly, and the next day it arrived here. If we stopped doing darknet scraping or digital ethnography, we would know nothing. We can't just go back to doing surveys on the street.

ZUZANNA SADOWSKA: Do you foresee new forms of regulations evolving in response?

MARTA RYCHERT: I think there will be, but it will take time. Regulation is always behind technological innovation. Even think about the current debates regarding social media bans

for children—those platforms were invented decades ago. It’s always the same lag. There is space for more international collaboration and potential treaties, but there is no way the digital space will be left alone.

JUSTYNA STRUZIK: Regarding your social justice approach—I was a bit scared of this medicalization turn as a new ideology. You mentioned harm reduction in Poland, which I associate with the abstinence-based solutions that were so influential, like MONAR. Do you see risks related to this medicalization?

MARTA RYCHERT: I see the dangers of medicalization, of course. The public health framework risks leaving the stigma in—it’s just a different kind of stigma. Regarding harm reduction, I try to look at it as progress. You mentioned drug checking in Poland, right? It’s not legalized, but people are doing it.

JUSTYNA STRUZIK: Not really. You cannot do it publicly. If you test drugs, you must possess them, so that’s risky. It was done by NGOs at parties, but it stopped because the legal interpretation became too risky.

MARTA RYCHERT: That’s what I meant. It’s not official. In New Zealand, it was happening unofficially until two or three years ago, when we finally implemented legislation that regulated drug checking services. I like to see it as a journey. Hopefully, we are moving toward something more pragmatic that works for people who use drugs.

JUSTYNA STRUZIK: I think it will be super complex. I am worried about the involvement of communities of people who use drugs in future harm-reduction services. I see a “securitization” turn—that we need to regulate everything to be “safe” and “pro-healthy.” It sounds good, but I’m afraid it will be just another professionalized service provided *toward* people who use drugs, but *without* them.

MARTA RYCHERT: I am worried about that too. That group—people who use drugs—still has the least voice in shaping policy. We, as academics, have the role of bringing that voice to the forum. I am worried that some measures implemented with the goal of improving social justice may not make things better. It is one thing to write in the law that you want to reduce arrests for marginalized groups, but you need the regulatory infrastructure to achieve that. In Poland, prosecutors have discretion to stop prosecution if there’s no public interest, but “public interest” is vague. It depends on the individual prosecutor or police officer. You need infrastructure, not just ideals.

MICHAŁ WANKE: Talking about knowledge production: if you look at the journals, Poland or these peripheries are not well covered. Do you have any advice on how to enhance critical drug studies in our region?

MARTA RYCHERT: Is it changing? Slightly. There is more effort to include Global South scholars. But Poland is not Global South; it’s left in the middle of the Western core and the

South. There's no concerted effort to include the Eastern European perspective explicitly. Look at the boards of academic journals—let's not joke ourselves—most people are from the US, Australia, and the UK.

MICHAŁ WANKE: Why do you think drug research in Poland is not mainstream? We are an innovative country. Why do you think not many sociologists study this?

MARTA RYCHERT: I don't know. I haven't been in that academic space in Poland for a while. Could it be a matter of funding? I know that's the problem in New Zealand. Research funding is very limited for this kind of undertaking. We compete with people studying pharmaceutical responses to cancer. I can see how that might be more appealing to funding bodies than drug policy sociology.

MICHAŁ WANKE: Absolutely final question: What is the future of drug policy that you imagine when you dream?

MARTA RYCHERT: Future or dream? I am positive about drug policy. It's moving—I hope—toward a more harm-reduction, health-oriented, social-justice-oriented response. It doesn't go in the same direction everywhere, and there are setbacks. But long-term, we are looking toward more regulatory responses and the adoption of harm-reduction measures like drug checking. I am hopeful, but we are just starting this process globally. There are regions where it's better and regions where it's worse. Maybe, despite being fascinated by peripheral countries, I'm finishing with a "core" perspective—a Western perspective—when I say I'm positive. But I am.

MICHAŁ WANKE: I'm positive as well, unless big pharmaceutical interest takes over. That is the worry.

JUSTYNA STRUZIŁ: I think it will be extremely complex. My fear is that the professionalization of harm reduction will continue to exclude the very people it is meant to serve.

MICHAŁ WANKE: And yet, cannabis cultures are becoming more rational, more self-regulating. It's a Foucauldian pinch—rational, self-aware use is what health policy wants, but it is also a way to monitor the self. It's complicated, but fascinating.

MARTA RYCHERT: It's a slow process. Let's imagine what it will look like in 20 years. I see more countries regulating cannabis, which is a positive move. But as you say, Michał, it all depends on *how* it's done and who the winner is. We're kind of guessing—we don't have a crystal ball. I'm in the middle of the Pacific, sheltered from some of the volatility of Europe. You are in the center of Europe, where the place is very politically volatile. Drug policy will depend on what happens politically with the world.

MICHAŁ WANKE: And with that, we can conclude today's conversation. Everyone can judge whether this ends on a positive or negative note. I think it's positive because

we vibe with Marta, and she told us she's an optimist. Marta, thank you so very much.

MARTA RYCHERT: You guys, thank you. I think you brought me down a little bit! I was more positive five minutes ago. Sorry!

MICHAŁ WANKE: Welcome to "Forward." It's always inspiring to talk. Let's move forward from here.

*Biographical Notes:*

Marta Rychert (Ph.D.) is an Associate Professor at the SHORE & Whariki Research Centre, Massey University, New Zealand. Her research operates at the intersection of health, policy, and law, with a particular focus on drug policy, recreational and medicinal cannabis markets, and their commercialization. She has analyzed the implementation of drug policy reforms across Europe, New Zealand, Canada, and the Caribbean. Dr. Rychert is a co-Editor-in-Chief of the international journal *Drugs, Habits and Social Policy*. Prior to her academic appointments in New Zealand, she worked at the European Union Drugs Agency (EUDA) in Portugal. Dr. Rychert is a Rutherford Discovery Fellow of the Royal Society Te Apārangi (2024–2029).

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