

Legalization of Medical Cannabis: Indonesia's Regulatory Framework and Lessons from Thailand

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Abstract

This study aims to analyze the prospects of legalizing cannabis for medical use in Indonesia through a comparative study with the policies implemented in Thailand. The method used is normative-empirical legal research, combining literature review (legislation and literature) with in-depth interviews with the National Narcotics Agency and Lingkar Ganja Nusantara to enrich and validate normative findings. The results of the study show that the potential for medical cannabis legalization in Indonesia is highly dependent on the implementation of strict and structured regulations, an effective monitoring system, and a phased approach. The comparative study with Thailand provides crucial lessons on the need for a mature legal framework and strong control mechanisms to avoid the risks of uncontrolled liberalization. The novel contribution of this research lies in the integration of empirical perspectives from key actors in analyzing lessons learned from Thailand to formulate an adaptive policy model in Indonesia. Thus, this study concludes that the legalization of medical cannabis in Indonesia has great prospects for realization, provided it is supported by comprehensive policies that prioritize public health interests and legal certainty.

INTRODUCTION

The issue of cannabis legalization for medical use has become an increasingly urgent global discourse, particularly in light of paradigm shifts and real societal needs. Cannabis has long been categorized as a dangerous substance in many jurisdictions; however, this perception has undergone a significant transformation. This shift has been driven by the accumulation of scientific evidence on its therapeutic potential and the evolution of public opinion in its favor. The turning point came in December 2020, when the United Nations Commission on Narcotic Drugs (CND) made a landmark decision to remove cannabis from Schedule IV of the 1961 Single Convention on Narcotic Drugs—the category reserved for the world's most dangerous substances.¹

his decision, *de jure*, acknowledges the recognized health benefits of cannabis and effectively removes international barriers to scientific development and its use in medicine. The contemporary debate on medical cannabis legalization is rooted in one of the world's oldest pharmacopoeias, *Pen-ts'ao ching*, believed to date back to Emperor Shennung in 2700 BCE.² Medical use of cannabis was also recorded in ancient Indian healing practices and in the works of the Persian physician Avicenna (*Ibn Sina*). Thus, the current “rediscovery” of medical cannabis represents the revival of ancient knowledge through modern scientific precision. The shift toward criminalization in the early 20th century was largely driven by social and political factors rather than evidence-based denial of its medical utility.

Within the ASEAN context, Indonesia continues to face strict regulatory barriers to medical cannabis research and utilization, whereas Thailand has taken progressive steps toward legalization. Thailand's policy shift marks a dramatic departure from its failed “War on Drugs” toward a regulated medical cannabis framework. The enactment of the *Narcotics Code B.E. (No. 7) B.E. 2562* in December 2018 made Thailand the first Southeast Asian country to legalize cannabis for medical and research purposes. This regulatory foundation was later strengthened through the *Narcotics Code B.E. 2564*, consolidating legal provisions governing medical cannabis in a more comprehensive manner. Thailand's approach demonstrates a gradual and nuanced model of legalization, beginning with medical use under strict controls—such as limiting THC content below 0.2% and prohibiting public smoking. Licensing and oversight mechanisms involving the Minister of Public Health, the Secretary-General of the Food and Drug Administration

¹ “PBB Ubah Sistem Penggolongan Narkotika Yang Memperkuat Posisi Ganja Medis - IJRS” 2020

² Dini Lutfiyani, Irwan Achmad Hamzani, dan Kus Rizkianto, *Kontroversi Ganja Untuk Medis, Perbandingan Indonesia Dan Thailand* (Google Play Books, 2023), hlm. 38.

(FDA), and the Narcotics Control Board (NCB) reflect a decentralized and specialized regulatory approach.³

In contrast, Indonesia's urgent medical needs remain constrained by its strict legal classification of cannabis as a Category I narcotic under Article 8(1) of Law No. 35 of 2009 on Narcotics, which expressly prohibits its use for healthcare purposes. Cannabis is only permitted for scientific and technological development.⁴ The legal penalties for individuals who possess, distribute, or use cannabis are severe, ranging from 4 to 20 years of imprisonment. Although Article 139(2) of Law No. 17 of 2023 on Health allows the use of narcotic and psychotropic drugs under medical prescription, this provision is practically inapplicable to cannabis due to its Schedule I classification. This legal dilemma has translated into human suffering, turning an abstract legal debate into a matter of the right to quality of life. Cases such as that of SW, the mother of PSK (a child with cerebral palsy), DP, who used CBD oil for her child in Australia but was forced to stop in Indonesia,⁵ FA, who was sentenced in 2017 for treating his wife with cannabis extract, and AA, arrested for growing 27 cannabis plants to treat his epilepsy,⁶ highlight the disparity between medical necessity and rigid regulation.

Indonesia's conservative society, deeply influenced by religious values, reinforces the view that cannabis is "haram" or morally corrupting, exerting immense social pressure on policymakers to maintain prohibition. As a result, patients seeking medical cannabis face harsh stigma, being labeled as "addicts" or "criminals." Efforts to challenge the Narcotics Law through the Constitutional Court—cases No. 106/PUU-XVIII/2020 and No. 13/PUU-XXII/2024—have been rejected. The Court ruled that petitioners had not provided "comprehensive scientific evidence" for the medical use of Category I narcotics.⁷ This situation creates a "regulatory trap"—prohibition restricts evidence, and the lack of evidence justifies prohibition. Denying access to potential treatment, especially for patients unresponsive to conventional therapies, may be interpreted as a violation of the constitutional right to health and well-being guaranteed by Article 28H(1)–(2) of the 1945 Constitution, which affirms every person's right to live in physical and spiritual

³ CNN, 'Legalisasi Ganja Medis Di RI: Harapan Keluarga Pasien Dan UU Narkotika' (2025).

⁴ Adrianto Wahyu, 'Penggunaan Ganja Di Bidang Medis Dari Perspektif Kepastian Dan Kemanfaatan Hukum Oleh Wahyu Andrianto, S.H., M.H. - Fakultas Hukum Universitas Indonesia' (2022).

⁵ Adrianto Wahyu, 'Penggunaan Ganja Di Bidang Medis Dari Perspektif Kepastian Dan Kemanfaatan Hukum Oleh Wahyu Andrianto, S.H., M.H. - Fakultas Hukum Universitas Indonesia' (2022).

⁶ Rahmawati, 'Amicus Curiae (Sahabat Pengadilan) Untuk Majelis Hakim Dalam Perkara No 1285/Pid.Sus/2020/PN Sby Atas Nama Terdakwa Ardian Aldiano' (2020).

⁷ Mahkamah Konstitusi Nomor 13/PUU-XXII/2024.

prosperity, to a healthy environment, and to access healthcare and equality in achieving justice.

Despite these domestic regulatory challenges, global research on medical cannabis continues to advance rapidly. A study by the California Pacific Medical Center reported that cannabidiol (CBD) can inhibit cancer cell proliferation. Moreover, CBD has proven effective in treating epilepsy. Several studies indicate that CBD oil can significantly reduce seizure frequency – by up to 44% in some patients – and is particularly beneficial for treatment-resistant cases. These therapeutic benefits have been recognized by international regulatory bodies such as the U.S. Food and Drug Administration (FDA) and the United Kingdom's Medicines and Healthcare Products Regulatory Agency (MHRA), which have approved cannabis-based pharmaceuticals like Epidiolex (anti-epileptic) and Nabiximols (for neuropathic pain and multiple sclerosis). In Thailand, a 2019–2020 survey of 485 medical cannabis users showed that it was most commonly used for cancer (23.3%), neuropsychiatric symptoms (22.8%), and musculoskeletal pain (21.6%). More than 80% of respondents believed cannabis could treat various conditions, including cancer, chronic pain, insomnia, Parkinson's disease, and generalized anxiety disorder – demonstrating tangible health benefits following legalization.⁸

Thailand's role as a comparative model is crucial, as it stands as Asia's pioneer in medical cannabis legalization, providing concrete evidence of both regulatory success and vulnerability after reclassification. This contrast highlights Indonesia's policy stagnation. Domestic research initiatives – such as those by Lingkar Ganja Nusantara, established in 2015 and later formalized as the Sativa Nusantara Foundation, which obtained a research permit from the Ministry of Health (No. LB.02.01/III.3/885/2015) – have since stalled.⁹ Financial constraints and lack of prioritization implicitly reflect political inertia and inadequate resource allocation, leaving Indonesia far behind in cannabis policy reform. Recently, the Head of Indonesia's National Narcotics Board (BNN), Marthinus Hukom, acknowledged the importance of ongoing discussion and research on medical cannabis legalization, describing the issue as “an interesting topic worth exploring today.”¹⁰ This recognition from the nation's highest narcotics authority underscores the urgent need for in-depth comparative studies, particularly by examining Thailand's progressive experience. Thailand's approach serves as a critical mirror to

⁸ Sawitri Assanangkornchai, Kanittha Thaikla, Muhammadfahmee Talek, dan Darika Saingam, 'Medical Cannabis Use in Thailand after Its Legalization: A Respondent-Driven Sample Survey' (PeerJ), 10 (2022).

⁹ Wiwin Fauziyah, 'Perlunya Regulasi Terhadap Peraturan Penggunaan Ganja Di Indonesia Ditinjau Dari Kepentingan Medis' (2020).

¹⁰ CNN, 'Kepala BNN & Menteri HAM Bahas Legalisasi Ganja Hingga Kratom' (2025).

deconstruct Indonesia's prohibitive model and design more adaptive, proactive governance frameworks that uphold citizens' constitutional rights.

Despite growing urgency and validated international evidence, most Indonesian studies on medical cannabis remain descriptive, retrospective, or domestically confined. Previous research—such as juridical analyses of current regulations (Triyatna et al.) and studies on legalization prospects (Abdurrachman et al.; Pratama et al.)—tends to focus on comparing existing laws or forecasting potential legalization without deep comparative implementation analysis. In contrast, this study adopts a more prospective, evaluative, and prescriptive approach. It not only compares existing legal frameworks but specifically examines future possibilities, challenges, and opportunities for legalization by analyzing implementation mechanisms and governance models derived from Thailand's lessons learned. This study combines normative legal analysis with qualitative interviews, providing deeper insights for policy formulation and advancing Indonesia's readiness for evidence-based reform.

METHODS

This study employs a normative legal research design enriched with qualitative analysis to generate practical policy recommendations. In its implementation, three approaches are used. First, the statute approach is applied to examine comprehensively the full hierarchy of relevant laws and regulations in Indonesia and Thailand, with regulatory selection criteria focused on narcotics classification, pharmaceutical licensing, and oversight mechanisms. Second, the comparative approach is used to analyze differences and similarities in regulatory substance, policy frameworks, and supervisory mechanisms in both countries. Thailand is selected as a comparative object due to its status as a regional pioneer and its shared transitional policy challenges within the Asian context, with the aim of identifying lessons learned that can be adapted to Indonesia's framework. Third, the conceptual approach is employed to construct the theoretical foundation and relevant legal principles for evaluating the prospects of legalization in Indonesia. The depth of this normative research is strengthened by qualitative interviews with the National Narcotics Board (BNN) and Lingkar Ganja Nusantara (LGN), which enrich the overall analysis.

RESULTS AND DISCUSSION

1. Prospects for Legalizing Cannabis for Medical Use in Indonesia

In Indonesia, cannabis is classified as a Schedule I Narcotic, which is strictly prohibited for medical use. Law No. 35 of 2009 on Narcotics explicitly states that Schedule

I Narcotics may only be used for the purpose of scientific development and not for therapy, as they are considered to have a very high potential to cause dependence (Article 6 paragraph (1)(a)). Pursuant to Article 53 of the same law, only Schedule II and III Narcotics may be used for medical treatment under limited conditions. These regulations impose strict control mechanisms, requiring their use to be based on a doctor's prescription and under the close supervision of authorized health facilities. Consequently, these categories of narcotics cannot be accessed or used freely. Schedule II Narcotics include substances such as morphine, pethidine, and fentanyl, while Schedule III Narcotics include codeine and dihydrocodeine, all of which have moderate to low potential for dependence and are specifically used in therapeutic contexts.

The legal consequences for violating these provisions are severe. Individuals who possess, distribute, or use cannabis may be sentenced to imprisonment for a minimum of four years and a maximum of twelve years, along with fines ranging from IDR 800 million to IDR 8 billion, as stipulated in Article 111 paragraph (1) of the Narcotics Law. These penalties may be increased if the quantity of cannabis exceeds one kilogram or five plants. Furthermore, anyone who unlawfully offers to sell, sells, purchases, receives, becomes an intermediary in the sale, exchanges, or delivers Schedule I Narcotics may be punished with life imprisonment or a minimum of five years and a maximum of twenty years, and fines ranging from IDR 1 billion to IDR 10 billion, pursuant to Article 114 paragraph (1). Large-scale production, import, export, or distribution of Schedule I Narcotics may also be subject to life imprisonment or even the death penalty, especially if such offenses result in death or permanent disability to others.

Historically, before the introduction of the death penalty and strict prohibition, cannabis (*Cannabis sativa*) had long been present in Indonesia – particularly in Aceh, Java, and Ambon – since the 10th century, and was used for various purposes, including medicinal treatment (e.g., for fatigue, gonorrhea, diarrhea, and asthma) and cultural practices.¹¹ Archaeological findings, such as reliefs and carvings at Candi Kendalisodo on the slopes of Mount Penanggungan in Mojokerto, East Java, indicate that Nusantara communities were familiar with cannabis as early as the 8th century.¹² However, this reality contrasts sharply with colonial policies. The prohibition of cannabis in the Dutch East Indies was formally enacted through the *Verdoovende Middelen Ordonnantie* in 1927.¹³

¹¹ M. Peter Lily. n.d. *Medicinal Plants of East and Southeast Asia : Attributed Properties and Uses* : Perry, Lily May, 1895-1992 : Free Download, Borrow, and Streaming : Internet Archive. Accessed September 18, 2025. https://archive.org/details/MedicinalP_00_Perr/mode/1up?view=theater.

¹² Hermansyah, Agung, dkk., 'Legalisasi Ganja Medis Di Indonesia: Potensi, Tantangan, Dan Pendekatan Melalui Penetapan Pengadilan', *Journal of Contemporary Law Studies*, 2.1 (2024), 85-100.

¹³ Dania Putri dan Tom Blickman, 'Ganja Di Indonesia'.

This policy was not motivated by genuine concerns for public health but was instead a consequence of international narcotics control efforts, particularly the 1912 International Opium Convention at The Hague and the 1925 International Opium Convention, which required cannabis to be placed under export authorization and import certification systems.¹⁴ Thus, the colonial prohibition was driven more by international trade politics and colonial regulatory control than by any local health-based considerations.¹⁵

This internationally driven framework of prohibition was further reinforced after Indonesian independence through the ratification of the 1961 United Nations Single Convention on Narcotic Drugs, which became the primary foundation of the national narcotics regulatory system. Prior to this global convention, cannabis had been freely consumed and traded, even during the Dutch colonial period.¹⁶ As a result, Indonesia's strong legal stance on cannabis did not arise organically from domestic health concerns; rather, it was inherited as part of a broader global narcotics control system. This explains why the strict regulatory framework persists despite emerging scientific evidence on the medical benefits of cannabis. This historical trajectory highlights a fundamental misalignment between local medicinal traditions, evolving scientific findings, and the existing regulatory framework rooted in international control.

In line with the progressive legal theory proposed by Prof. Satjipto Rahardjo, law should be constructed for human beings—not the other way around. When the law no longer serves the principles of justice, it is the law that must be reviewed and improved, not individuals who must be forced to conform to an outdated legal framework.¹⁷ Under this perspective, law is not treated as absolute or final but is always “in the process of becoming.” Consequently, the law must remain open to renewal to avoid stagnation and rigidity. The degree to which law fulfills its role is measured by its ability to serve humanity, which can be assessed through its capacity to deliver justice, welfare, and protection. Therefore, the core principle of progressive law teaches that when a statute no longer serves substantive justice—as exemplified when the National Narcotics Board (BNN) previously maintained a firm stance against the legalization of medical cannabis—it is the law that must be reconsidered. Rejecting medical cannabis risks undermining the

¹⁴ Dania Putri dan Tom Blickman, ‘Ganja Di Indonesia’.

¹⁵ Nailufar Nada Nibras, ‘Sejarah Ganja Di Indonesia: Dilarang Belanda Hingga Diusulkan Diekspor’ (2020).

¹⁶ Pangaribuan, Aristo, ‘Dinamika Kebijakan Ganja Dalam Politik Hukum Global dan Indonesia’, *Jurnal Hukum & Pembangunan*, 54.1 (2024).

¹⁷ Abdurrachman, Hamidah, Fajar Ari Sudewo, dan Soesi Idayanti, ‘Prospek Legalisasi Ganja Untuk Kebutuhan Medis’ (*SALAM: Jurnal Sosial Dan Budaya Syar-i*), 10.4 (2023), 1324.

rights to welfare and health protection for patients in need, thereby necessitating a progressive legal breakthrough that prioritizes human interests.

Following the mandate of the Constitutional Court and the growing public pressure, the National Narcotics Board (BNN) responded by opening limited opportunities for research on cannabis for medical purposes. BNN established highly stringent criteria for “comprehensive research” that would satisfy the Constitutional Court’s requirements for policy reform. These criteria demand the highest level of evidence, including pre-clinical testing on animals (to assess toxicity, safety, and dosage) and clinical trials on humans (to evaluate effectiveness). BNN emphasizes that evaluating the chemical composition of cannabis is crucial for determining effective and safe dosages. This aspect is also essential to ensure that its therapeutic benefits exceed those of existing medicines. If a cannabis-based drug does not demonstrate superior effectiveness or produces more harmful side effects, the urgency for further research becomes questionable. Such research may only be conducted by institutions with high credibility and certified laboratories, such as the University of Indonesia, Gadjah Mada University, and Bandung Institute of Technology. BNN will also act as the national laboratory center to ensure quality control and strict supervision of the research process.¹⁸

Beyond scientific considerations, BNN Chief Martinus stresses that medical legalization is not equivalent to recreational legalization. The use of cannabis must be strictly confined within a medical framework under expert supervision, not for unrestricted consumption. He also highlights socio-economic constraints as major obstacles to legalization. If legalization is driven by economic motives, cannabis could become highly affordable, increasing the risk of misuse – particularly among vulnerable populations – and potentially leading to accidents that would impose medical and rehabilitation costs. Although psychotropic substances are essential for health care and treatment, their misuse or improper use, especially when accompanied by illegal distribution, poses serious harm to individuals and society.¹⁹ It is crucial to prioritize the safety of future generations in Indonesia rather than legalizing medical cannabis without adequate scientific research.²⁰ These concerns are reinforced by comparative studies on Thailand’s experience, which demonstrate that legalization correlates with an increase in abuse cases. Thailand’s experience serves as an important warning case for Indonesia

¹⁸ Humas BNN, ‘BNN Tegaskan Peluang Penelitian Ganja Bukan Upaya Legalisasi’, (15 Juni 2025).

¹⁹ Rizka, Rizka, dkk., ‘Drug Therapy For Mental Disorders In Psychotropic Law And Islamic Legal Perspectives’, *JUSTISI*, 10.1 (2023), 80–93.

²⁰ Kartika, Arie, Tengku Keizerina, dan Devi Azwar, ‘Hukum Dan Globalisasi Terhadap Legalitas Ganja Medis Law and Globalization on the Legality of Medical Marijuana’, *JUNCTO*, 5.2 (n.d.), 187–200.

when formulating future policies, considering that Indonesian society is perceived to have relatively low self-control and is vulnerable to similar negative impacts.

In contrast to BNN's focus on the precautionary principle, which requires highly comprehensive scientific evidence before any policy change, Lingkar Ganja Nusantara (LGN) views the issue from a perspective that emphasizes urgent humanitarian needs – especially given the immediate needs of patients who currently lack access to medical cannabis. Although public stigma and phobia toward cannabis remain widespread, there has been a paradigm shift marked by increasing public awareness of its medical potential. Legally, LGN refers to the Constitutional Court's ruling mandating scientific research on cannabis. Under the principle of *res judicata pro veritate habetur*, the decision is final and binding, and delaying or ignoring its implementation may constitute a constitutional violation. LGN further argues that the current legal framework – particularly Law No. 35/2009 – contains fundamental flaws because it fails to distinguish between medical use and abuse, thereby neglecting citizens' basic rights. From a social and public health perspective, LGN highlights concrete cases of patient suffering, such as the case of F' wife, as evidence that medical cannabis legalization is an urgent human rights issue. Thus, legalizing medical cannabis is a step toward improving human quality of life in the health sector.²¹ Addressing BNN's concern about potential economic motives behind legalization, LGN proposes a holistic approach that considers economic and health benefits as inseparable and to be evaluated simultaneously. LGN underscores the need for an economic model that empowers local communities and farmers, ensuring that medical cannabis legalization benefits not only foreign investors but also contributes to national socio-economic development.

The prospects for legalizing medical cannabis in Indonesia should not rest solely on the expectation that cannabis will outperform existing therapies. Rather, legalization and research should be viewed as efforts to expand treatment options, particularly for patients who have long faced limitations or resistance to conventional therapies. Comprehensive and measurable research is crucial to determine the safety, effectiveness, and risk profile of medical cannabis in comparison with existing therapeutic alternatives. If future evidence shows that medical cannabis provides significant therapeutic benefits for certain patient groups – even if not as a first-line treatment – legalization may serve as a vital instrument to guarantee equitable and quality access to medical care. Therefore, deep and transparent scientific research is a prerequisite before broad legalization to

²¹ Risky, Agung, Saputra Marpaung, dan Frans Simangunsong, 'Urgensi Penggunaan Ganja Bagi Disabilitas Untuk Kepentingan Medis Ditinjau Dari Ius Constitutum', (2023).

ensure that medical cannabis truly provides added value to patients and the national health system. Concerns that legalization may be exploited for particular economic interests, including potential gains by foreign entities, must also be addressed through clear, transparent, and locally empowering regulations that safeguard public rights. With a holistic and evidence-based approach, alongside strict oversight to prevent misuse, medical cannabis legalization can be formulated as a policy that upholds public health, social justice, and national sovereignty – rather than merely serving business or political interests.

2. Regulations and Legalization Mechanisms for Medical Cannabis in Indonesia and Thailand Can Provide Meaningful Lessons Learned

A comparative study with Thailand is crucial for analyzing the prospects of medical cannabis legalization. Both Indonesia and Thailand initially adopted highly restrictive regulations on cannabis use. The divergence occurred when Thailand legalized cannabis for medical and research purposes, supported by its recognized medical potential, political backing, and economic orientation. Indonesia, by contrast, continues to face concerns about misuse, weak oversight, and persistent social resistance and stigma. Thailand, which once led Asia's cannabis decriminalization movement in 2018, has since tightened its regulations by limiting cannabis use exclusively to medical purposes and requiring a doctor's prescription for purchase. Considering Thailand's policy trajectory – from liberalization to re-regulation—comparative analysis becomes essential for understanding how medical cannabis legalization can be implemented more effectively in Indonesia.

Thailand's narcotics classification system is regulated under Article 29 of the Narcotics Code, which divides narcotics into five categories based on their danger level and medical utility. Category 1 includes highly dangerous narcotics such as heroin. Category 2 covers narcotics commonly used in medicine, such as morphine and codeine. Category 3 consists of medicinal formulas containing substances from Category 2, strictly regulated under Ministry of Health guidelines. Category 4 includes chemicals used in the production of narcotics in Categories 1 and 4, while Category 5 includes other narcotics not classified in the previous categories, such as opium. Fundamentally, all activities involving narcotics—production, import, export, sale, possession, and use—are prohibited unless officially licensed by the Minister of Public Health, the Secretary-General of the Food and Drug Administration, or their authorized representatives. However, the rigidity of these criminal controls is balanced by a system of legal exemptions allowing permits for educational, medical, scientific, and industrial purposes. This combination of rigid control and targeted flexibility created the necessary

legal foundation that later enabled Thailand to selectively remove cannabis from Category I for medical and research purposes without overhauling its entire narcotics control system.

Thailand's legalization of medical cannabis was aligned with WHO recommendations and shaped by political and economic incentives. Politically, Minister of Public Health Anutin Charnvirakul integrated cannabis legalization into his party's platform during the 2019 general elections. Economically, commercial prospects were a major driving force, with projected revenues from the cannabis sector estimated to reach USD 10 billion within the first three years. This momentum was reinforced by the emergence of medical cannabis tourism, expanding Thailand's tourism industry. Major corporations also moved quickly to explore and capitalize on cannabis-related business opportunities.

Cannabis policy in Thailand underwent significant change in 2022. In January, the government removed cannabis from the narcotics list, followed by full decriminalization on 9 June 2022. This policy allowed citizens to cultivate and use cannabis privately at home, although public consumption—particularly smoking—remained prohibited. Products were required to contain no more than 0.2% THC. The liberal policy aimed to stimulate economic growth and cannabis-based tourism. However, rapid and broad liberalization produced complex social and regulatory consequences. More than 18,000 cannabis shops emerged nationwide, fueling an increase in recreational use among locals and tourists. This proliferation created problems such as inconsistent law enforcement, easy access for individuals under 20, and widespread public smoking. Concerns about public health risks, particularly for minors, intensified. Additionally, cannabis smuggling surged, with over 800 offenders arrested and nine tons of cannabis seized between October 2024 and March 2025.

To address these challenges, the Thai government tightened its regulations in June 2025 following a 25-day public consultation from 22 May to 15 June, in which 59% of respondents supported the draft regulation. Minister of Public Health Somsak Thepsuthin signed the regulation on 23 June 2025, although it has not yet been published in the Royal Gazette.²² Under this regulation, cannabis flowers are formally classified as controlled herbal substances. Any individual or institution conducting research, export, sales, or commercial processing must obtain a license under Article 46 of the Herbal Medicine Act. License holders must comply with strict reporting requirements, including detailed records of cannabis sources, uses, and stock levels, reported via designated

²² Visapra Phontham, 'Thailand Classifies Cannabis Flowers as Controlled Substance for Medical Use Only - Laotian Times', (25 Juni 2025).

forms to the Department of Thai Traditional and Alternative Medicine. The regulation imposes strict limits on sales, advertising, and designated use areas. Sales are restricted to licensed individuals or institutions, and all products must be sourced from approved cultivation and harvesting systems. Commercial sales for smoking are prohibited in all settings except when conducted by licensed medical practitioners, traditional healers, or folk healers using cannabis to treat patients directly. Sales through vending machines, online platforms, or computer networks are banned. Cannabis advertising is prohibited in all forms, and sales in public spaces such as temples, dormitories, parks, zoos, and amusement parks are forbidden. Exceptions are granted only for patients with valid prescriptions from licensed health professionals, with consumption capped at amounts needed for medical use, not exceeding 30 days.

Thailand's regulatory tightening is explicitly aimed at restoring cannabis use to medical purposes only, while strengthening controls against misuse. The Thai experience demonstrates that rapid liberalization without a strong regulatory framework produces a regulatory vacuum. The 2022 decriminalization occurred without adequate derivative regulations, enabling unrestrained exploitation of cannabis for recreational use regardless of the policy's original intent. Indonesia must ensure that medical cannabis legalization is preceded by detailed technical regulations on supply chains, oversight, and sanctions. Indonesia's policy should adopt Thailand's 2025 principle of strictly limiting non-medical commercial activities, such as banning sales for smoking. Indonesia's narcotics classification system must be revised so that medical cannabis is placed in a special controlled category regulated separately – not merely removed from Category I, but subject to strict limitations with possession permitted only through medical prescriptions. Thailand's tightening measures were driven by rising public health risks and increased misuse among vulnerable populations, including individuals under 20. For Indonesia, legalization mechanisms must rest on multilayered and intensive oversight, from cultivation permits and production licensing to pharmaceutical distribution and clinical monitoring. The primary focus must be public health protection and prevention of misuse, aligning with the precautionary principle and ensuring that medical benefits are accessible without compromising public safety.

CONCLUSION

This study demonstrates that the prospects for legalizing cannabis for medical use in Indonesia can be comprehensively assessed through a comparative framework using Thailand's experience. By adopting Thailand's lesson learned, Indonesia has the opportunity to "leapfrog" potential pitfalls by prioritizing regulations that explicitly

restrict cannabis use solely for medical and scientific purposes, supported by a centralized oversight system across the entire supply chain—from cultivation to patient access—to prevent misuse, including through the classification of cannabis as a controlled herb. In addition, adequate public education and strong collaboration among stakeholders are essential to advance valid scientific research as a foundation for evidence-based policymaking. This study contributes by highlighting the critical dilemma between enforcing strict narcotics regulations and fulfilling citizens' constitutional right to health, affirming that a tightly controlled model is key to expanding medical access while maintaining legal accountability.

REFERENCES

Books:

- Budhi H., I Gusti Kade. 2021. *Hukum Pidana Progresif: Konsep Dan Penerapan Dalam Perkara Pidana*. Jakarta: Rajawali.
https://books.google.co.id/books/about/Hukum_Pidana_Progresif.html?id=IDYD0AEACAAJ&redir_esc=y.
- Efendi Jonaedi, and Rijadi Prasetyo. 2022. *Metode Penelitian Hukum Normatif Dan Empiris: Edisi Kedua*. PrenadaMediaGroup.
- Lutfiyani Dini, Hamzani Irwan Achmad, and Rizkianto Kus. 2023. *Kontroversi Ganja Untuk Medis, Perbandingan Indonesia Dan Thailand - Google Play Books*.
https://play.google.com/books/reader?id=O-atEAAAQBAJ&pg=GBS.PA18&hl=en_GB.
- M. Peter Lily. n.d. *Medicinal Plants of East and Southeast Asia : Attributed Properties and Uses : Perry, Lily May, 1895-1992 : Free Download, Borrow, and Streaming : Internet Archive*. Accessed September 18, 2025.
https://archive.org/details/MedicinalP_00_Perr/mode/1up?view=theater.
- Renggong, Ruslan, Dyah Aulia Rachma Ruslan. 2021. *Hak Asasi Manusia Dalam Perspektif Hukum Nasional*. Jakarta: Google Buku.
<https://books.google.co.id/books?id=OC5EEAAAQBAJ&printsec=copyright&hl=id#v=onepage&q&f=false>.
- Konvensi Internasional/Peraturan Perundang-Undangan:
Undang-Undang Nomor 1 Tahun 2023 tentang Narkotika
Undang-Undang Nomor 35 Tahun 2009 tentang Narkotika
Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan
Mahkamah Konstitusi Nomor 13/PUU-XXII/2024
Narcotics Code B.E. 2564, Thailand.

Journals:

- Abdurrachman, Hamidah, Fajar Ari Sudewo, and Soesi Idayanti. 2023. "Prospek Legalisasi Ganja Untuk Kebutuhan Medis." *SALAM: Jurnal Sosial Dan Budaya Syar-i* 10 (4): 1324. <https://doi.org/10.15408/sjsbs.v10i4.33839>.
- Andini Hasnabila, Riska. 2023. "Urgensi Legalisasi Penggunaan Ganja Medis Dilihat Dari Perspektif Hukum Hak Asasi Manusia" 8 (11). <https://doi.org/10.36418/syntax-literate.v8i10>.
- Angkurawaranon, Chaisiri, Wichuda Jiraporncharoen, Surinporn Likhitsathian, Kanittha Thaikla, Manop Kanato, Usaneya Perngparn, Sawitri Assanangkornchai, and Apinun Aramrattana. 2018. "Trends in the Use of Illicit Substances in Thailand: Results from National Household Surveys." *Drug and Alcohol Review* 37 (5): 658–63. <https://doi.org/10.1111/dar.12689>.
- Assanangkornchai, Sawitri, Kanittha Thaikla, Muhammadfahmee Talek, and Darika Saingam. 2022. "Medical Cannabis Use in Thailand after Its Legalization: A Respondent-Driven Sample Survey." *PeerJ* 10 (January). <https://doi.org/10.7717/peerj.12809>.
- Dewi, Nevy Rusmarina, and Melina Nurul Khofifah. 2021. "Transisi Penggolongan Ganja Dalam Perjanjian Pengendalian Narkoba PBB: Langkah Legalisasi." *Khazanah Hukum* 3 (2): 59–69. <https://doi.org/10.15575/kh.v3i2.11801>.
- Fauzan, Akmal. n.d. "KRITIK DASAR ALIRAN POSITIVISME TEORI HANS Kelsen (Studi Kasus Terhadap Polemik Legalisasi Ganja Di Indonesia)." <https://www.hukumonline.com/berita/a/mencari-format-peradilan-yang-independen-dan-tak->.
- Fauziyah, Wiwin. 2020. *Perlunya Regulasi Terhadap Peraturan Penggunaan Ganja Di Indonesia Ditinjau Dari Kepentingan Medis*. <https://doi.org/10.21067/JPH.2.7702>.
- Gumilang, Singgih Tomi, Bambang Waluyo, Beniharmoni Harefa, Teguh Hartono, and Hilda Novyana. 2023. "Prospektif Ganja Indonesia Untuk Kepentingan Pelayanan Kesehatan" 5 (1). <https://journal.upnvj.ac.id/index.php/esensihukum/index>.
- Hermansyah, Agung, Alamsyah Alamsyah, Maryanto Maryanto, and Wicipto Setiadi. 2024. "Legalisasi Ganja Medis Di Indonesia: Potensi, Tantangan, Dan Pendekatan Melalui Penetapan Pengadilan." *Journal of Contemporary Law Studies* 2 (1): 85–100. <https://doi.org/10.47134/lawstudies.v2i1.3361>.
- Kartika, Arie, Tengku Keizerina, and Devi Azwar. n.d. "Hukum Dan Globalisasi Terhadap Legalitas Ganja Medis Law and Globalization on the Legality of Medical Marijuana." *JUNCTO* 5 (2): 187–200. <https://doi.org/10.31289/juncto.v5i2.3074>.

- Legalisasi, Dalam, Ganja Skripsi Diajukan, Memenuhi Persyaratan, Memperoleh Gelar, Sarjana Sosial, S Sos, Fay Cilla, and Tamara Alya. n.d. "Tuntutan Legalisasi Ganja Di Indonesia Dan Thailand: Studi Peran Lingkar Ganja Nusantara Dan Highland Thailand."
- Lokollo, Leonie, Kebijakan Formulasi....., Penggunaan Ganja, Sebagai Bahan, Pengobatan Di, Indonesia Oleh, Yonna Beatrix Salamor, and Erwin Ubwarin. n.d. "Kebijakan Formulasi Undang-Undang Narkotika Dalam Legalisasi."
- Malik, Syamsul, Luriana Manalu, and Rika Juniarti. n.d. "Legalisasi Ganja Dalam Sektor Medis Perspektif Hukum."
- Prasetyo, Erik Dwi. 2022. "Legalisasi Ganja Medis (Analisis Putusan MK Nomor 106/Puu-Xviii/2020)." *Jurnal Analisis Hukum* 5 (2): 147-62. <https://doi.org/10.38043/jah.v5i2.3735>.
- Putu Satya Kama, I, Anak Agung Ayu Intan Prameswari, Sukma Sushanti, and Fakultas Ilmu Sosial Dan. n.d. "Kepentingan Thailand Dalam Penerapan Kebijakan Legalisasi Ganja."
- Risky, Agung, Saputra Marpaung, and Frans Simangunsong. 2023. Urgensi Penggunaan Ganja Bagi Disabilitas Untuk Kepentingan Medis Ditinjau Dari Ius Constitutum. <https://doi.org/10.xxxxx/xxxxx>.
- Rizka, Rizka, Septiana Novita Sari, Nunik Nurhayati, and Vanka Lyandovy. 2023. "Drug Therapy For Mental Disorders In Psychotropic Law And Islamic Legal Perspectives." *JUSTISI* 10 (1): 80-93. <https://doi.org/10.33506/jurnaljustisi.v10i1.2819>.
- Spanagel, Rainer. 2020. "Cannabinoids and the Endocannabinoid System in Reward Processing and Addiction: From Mechanisms to Interventions." *Dialogues in Clinical Neuroscience* 22 (3): 241-50. <https://doi.org/10.31887/DCNS.2020.22.3/RSPANAGEL>.
- Triwulandari, Endah, Budi Santoso Irianto, Sinintha Sibarani, Fakultas Hukum Universitas Pancasila Jl Srengseng Sawah, and Jakarta Selatan. 2024. "POLITIK HUKUM MELEGALISASIKAN GANJA SEBAGAI ALTERNATIF PENGobatan SECARA MEDIS (Legal Politics Legalizing Marijuana As An Alternative To Medical Treatment)." *Jurnal Legal Reasoning* 6 (2): 150-68.
- Triyatna, Anak Agung Gede, Putu Eka Trisna Dewi, and Cokorde Istri Dian Laksmi Dewi. 2024a. "Juridical Analysis of the Regulations on the Use of Cannabis for Medical Purposes in Indonesia (A Comparative Study with Thailand)." *Jurnal Hukum Prasada* 11 (1): 31-36. <https://doi.org/10.22225/jhp.11.1.2024.31-36>.
- Wear, Elsa Amalia. 2024. "Kondisi Dan Dampak Perbedaan Regulasi Penanganan Narkoba Di Beberapa Negara ASEAN." *Balobe Law Journal* 4 (1): 1. <https://doi.org/10.47268/balobe.v4i1.1944>.

- Woro, Indah, U Dan, Nur A 56, Jurnal Hukum, Etika Kesehatan, Indah Woro Utami, and Nur Arfiani. 2022. "Penggunaan Ganja Medis Dalam Pengobatan Rasional Dan Pengaturannya Di Indonesia." Jurnal Hukum Dan Etika Kesehatan. Vol. 2.
- Yudha Pratama, Akbar, and Lalu Saepuddin. n.d. "Studi Komparasi Antara Indonesia Dengan Thailand Terkait Kebijakan Legalisasi Ganja."
- Zulfikri, Agung, and Ujang Badru Jaman. n.d. "Urgensi Legalitas Ganja Untuk Kepentingan Medis." Jurnal Hukum Dan HAM West Science. Vol. 01.
- Internet/Website:
- Adrianto Wahyu. 2022. "Penggunaan Ganja Di Bidang Medis Dari Perspektif Kepastian Dan Kemanfaatan Hukum Oleh Wahyu Andrianto, S.H., M.H. - Fakultas Hukum Universitas Indonesia." July 7. <https://law.ui.ac.id/penggunaan-ganja-di-bidang-medis-dari-perspektif-kepastian-dan-kemanfaatan-hukum-oleh-wahyu-andrianto-s-h-m-h/>.
- CNN. 2025. Legalisasi Ganja Medis Di RI: Harapan Keluarga Pasien Dan UU Narkotika. April 17. <https://www.cnnindonesia.com/nasional/20250417064724-20-1219639/legalisasi-ganja-medis-di-ri-harapan-keluarga-pasien-dan-uu-narkotika>.
- CNN. 2025a. "Kepala BNN & Menteri HAM Bahas Legalisasi Ganja Hingga Kratom." <https://www.cnnindonesia.com/nasional/20250415151108-12-1219038/kepala-bnn-menteri-ham-bahas-legalisasi-ganja-hingga-kratom>.
- Humas BNN. 2025. "BNN Tegaskan Peluang Penelitian Ganja Bukan Upaya Legalisasi." June 15, 2025. <https://bnn.go.id/bnn-tegaskan-peluang-penelitian-ganja-bukan-upaya-legalisasi/>.
- Nailufar Nada Nibras. 2020. "Sejarah Ganja Di Indonesia: Dilarang Belanda Hingga Diusulkan Diekspor." February 2, 2020. <https://www.kompas.com/skola/read/2020/02/02/193000069/sejarah-ganja-di-indonesia-dilarang-belanda-hingga-diusulkan-diekspor?page=all>.
- "PBB Ubah Sistem Penggolongan Narkotika Yang Memperkuat Posisi Ganja Medis - IJRS." 2020. December 3. <https://ijrs.or.id/2020/12/03/pbb-ubah-sistem-penggolongan-narkotika-yang-memperkuat-posisi-ganja-medis/>.
- Putri, Dania, and Tom Blickman. n.d. "Ganja Di Indonesia."
- Rahmawati. 2020. "Amicus Curiae (Sahabat Pengadilan) Untuk Majelis Hakim Dalam Perkara No 1285/Pid.Sus/2020/PN Sby Atas Nama Terdakwa Ardian Aldiano." October 20. <https://icjr.or.id/amicus-curiae-sahabat-pengadilan-untuk-majelis-hakim-dalam-perkara-no-1285-pid-sus-2020-pn-sby-atas-nama-terdakwa-ardian-aldiano/>.
- Visapra Phontham. 2025. "Thailand Classifies Cannabis Flowers as Controlled Substance for Medical Use Only - Laotian Times." June 25, 2025.

<https://laotiantimes.com/2025/06/25/thailand-classifies-cannabis-flowers-as-controlled-substance-for-medical-use-only/>.

Yustina, Endang Wahyati, Marcella Elwina Simandjuntak, Mohamad Nasser, John D Blum, and Sheilla M Trajera. n.d. "Legalization of Medical Marijuana in Indonesia from the Human Rights Perspectives: Lessons Learned from Three ASEAN Countries." <https://www.bbc.com/indonesia/indonesia-40799686>.