

International Journal of Judicial Law

Legal regulation of the use of cannabis sativa in rational medicine in Indonesia

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Article Info

ISSN (online): 2583-6536

Volume: 03

Issue: 02

March-April 2024

Received: 02-11-2024;

Accepted: 19-12-2024

Page No: 07-13

Abstract

Medical marijuana (*Cannabis sativa*) has been used since ancient time. Its use is written in medical books from china, india and even the Mesopotamian era. In these records, the use of marijuana (*Cannabis sativa*) is not only as a medicine, but also as a food ingredient and a ritual tool. A popular issue in Indonesia today is about legalization of medical marijuana. Marijuana is a class I narcotic which is written in the law. Cannabis has a very high potential to cause addicted and not used for therapy. However, several institutions have discussed that marijuana can be legalized in Indonesia. Cannabis can provide health benefits and has economic potential. Marijuana contains cannabinoids that are considered to have medical benefits. Several countries have developed marijuana into legal medicinal preparations. Economically, medical marijuana has great potential as an export commodity. The approach in this study uses a qualitative method by using data from books, regulations, expert opinions, as well as examining various scientific journal using Garuda, PubMed, Scencedirect, and Wiley. The result of data analysis is in the form of systematic information. This article can be a reference for development and legalization of medical marijuana in Indonesia.

DOI: <https://doi.org/10.54660/IJL.2024.3.2.07-13>

Keywords: Medical Marijuana, Rational Medication, Regulation

Introduction

In the history of world medicine, the use of mariyuana was first reported in Romania about 5000 years ago (Pierre-Arnaud Chouvy, 2019:4-8). The United States used mariyuana extensively as a patent drug for the first time in the early 19th and 20th centuries. Mariyuana was first recorded in the American pharmacopoeia in 1850. The use of mariyuana is then limited only for the sake of learning and research (American Herbal Pharmacopeia, 2020:18- 25). Mariyuana has the Latin name *Cannabis sativa* with subspecies *Cannabis sativa* and *Cannabis indica*. Mariyuana has hundreds of chemical compounds. There are about 104 different cannabinoids that have been identified in mariyuana. Cannabinoids compounds themselves can be produced naturally by the body. The main function of this compound in the body is as a regulator of motion, appetite, concentration, sensation in the senses to regulate pain. Other compounds identified include terpenoids, flavonoids, nitrogenous compounds, and common plant molecules (American Herbal Pharmacopeia, 2020:18-25).

The biggest psychoactive substance in marijuana is tetrahydrocannabinol THC. The structure of THC is similar to the body chemical anandamide. This similarity allows the body to recognize THC and alter normal brain communication. Endogenous cannabinoids such as anandamide function as neurotransmitters that can send messages between nerve cells. They affect areas of the brain that play a role in determining pleasure, thinking, concentration, movement, coordination, sensory, and time perception. This similarity causes THC to attach to cannabinoid receptors and activate them. The addictive nature of marijuana is also known due to an increase in dopamine in the brain. As in most people who consume addictive substances, THC can stimulate the release of dopamine in nerve pathways that control behavioral motivation and "reward". This high dopamine spike "teaches" the brain to repeat the behavior (Alison C Burggren *et al.*, 2019: 563–579) ^[14].

In marijuana, there is another THC derivative in the form of phytocannabinoids that have weak psychoactive effects, namely CBD. This CBD substance has promising potential to be used as an active ingredient in drugs. Unlike THC, CBD can produce pharmacological effects in the absence of significant intrinsic activity at the receptor. CBD provides good therapeutic potential in the treatment of epilepsy, anxiety, psychosis, inflammation and neuroprotectiveness.

In several European countries, trials have been studied using a combination of CBD and THC. Some States have even begun to pass laws allowing the use of this combination as a therapeutic agent. Early clinical trial research suggests that oral CBD at doses of 150-600 mg per day may provide therapeutic effects for epilepsy, insomnia, and social anxiety disorder. Nonetheless, there are results that show the effect of sedation on the use of CBD at these oral doses.

Marijuana can be used for treatments such as opioid pain relievers and other classes of dangerous high-dose drugs. The term medical marijuana is applied by some countries whose doctors prescribe marijuana for anti-depressant drugs, seizure drugs, anti-anxiety drugs and anti-nausea drugs. There are several pharmaceutical preparations that have received approval from drug control agencies in several countries. Medicinal preparations derived from marijuana began to be found on the market. Epidiolex is one of the drugs with cannabis content (cannabidiol) that has received approval worthy of distribution by the American FDA. The drug is used as an antiepileptic. Nabiximols is also one of the drugs that contain marijuana. The drug is used as a mouth spray. Its function is to reduce neuropathic pain and symptoms of multiple sclerosis. Nabiximols has received distribution approval from the United Kingdom and began to be circulated in Japan, China, and Africa in 2019 (Bridgeman, M. B. et.al., 2017:180-188) ^[15]. Indonesian people began to recognize marijuana in the 19th century, after the Dutch deliberately brought cannabis plants from India to Aceh as a deterrent to coffee pests in Gayo,

Central Aceh. In Aceh, cannabis growing practices have become an integral part of efforts to protect key crops amid persistent pest challenges.

In an effort to maintain agricultural sustainability, all levels of farmers participate in forming a line as cannabis growers. Besides being considered an effective method in repelling pests that can harm the main crop, the use of marijuana in Aceh also involves some people who integrate cannabis seeds as a typical cooking spice in certain types of traditional cuisine. Based on this context, cannabis is not only considered as a useful plant for agriculture, but also as a multifunctional element that enriches culinary flavors in the culture of the Acehnese people. Based on this, this practice reflects the positive dependence of the community on cannabis plants, which not only play a role in maintaining agricultural sustainability, but also provide added value in local culinary diversity.

As for the relevance of the use of cannabis sativa to health law where, health is a human right and one of the elements of welfare that must be realized in accordance with the ideals of the Indonesian nation referred to in Pancasila and the Constitution of the Republic of Indonesia Year 1945 has been explained in Law Number 36 of 2009 concerning Health. Health is a state of health, whether physically, mentally, spiritually or socially that allows everyone to live a productive life socially and economically. Health is based on legal provisions, including the Health Law.

Health efforts (preventive, promotive, curative, and rehabilitative) require adequate legal tools. Adequate health law tools are intended to provide legal certainty and comprehensive protection for both health effort providers and health service recipient communities (Siswati, Sri. 2013:3) ^[11]. The law must have the duty to divide human rights and interests, divide authority, and regulate how to solve / solve problems in maintaining their rights and obligations (Zaeni

Asyhadie & Arief Rahman, 2019:118) ^[2]. Experts at Smith Kline and French Clinical pharmaceutical companies in the United States define drugs as substances or drugs that can cause unconsciousness or anesthesia because these substances work by affecting the central nervous system. Basically, drugs are legal as long as their use is based on medical needs with instructions or doctor's prescriptions and under supervision. This is because the effects caused in the use of these drugs are very complex, not only physical but also psychic.

Indonesia itself as a country producing cannabis plants which is arguably quite extensive and of the best quality actually eradicates it. This is proven by the enactment of Law No. 35 of 2009, and article 6 also states the specialization of marijuana plants as class I narcotics or in the sense of having the most severe punishment. This decision reflects the Indonesian government's firm stance in tackling the circulation and use of narcotics, including marijuana, which is considered a serious threat to public health and social stability. Although Indonesia has the potential to become a leading producer of cannabis of the highest quality, harsh regulations and strict law enforcement are major steps in suppressing the spread and use of this plant at the national level.

The problem that arises is when the use of these drugs is not based on medical purposes and becomes a business activity to obtain large profits. In Indonesia, drug abuse is a criminal offense that has been regulated in Law Number 35 of 2009 concerning Narcotics where the law also regulates the category of drug dealers and drug users. Furthermore, the thing that distinguishes criminal acts in narcotics from criminal acts in general, especially as users, is the term "mutual victimization", which according to Sellin and Wolfgang explained that the perpetrator who is the victim is the perpetrator himself (Lilik Mulyadi, 2007:156) ^[8]. But in other references there is a concept of criminology which states that drug addiction is a crime that occurs without victims (*Crime Without Victim*) (M. Kemal Darmawan, 2019:3.2) ^[3].

Regarding the problem of drugs that do not know the limits of age, economy, education, genre, and other things and continue to increase from time to time, of course, this is not an easy thing to handle. It's just that, if you look at how this happens from the side of criminology, then the motivation that arises in a person to use drugs is the starting point for the collapse of mental foundations and eventually falls into drug users and even dealers. For this reason, appropriate efforts are needed to overcome the drug problem.

Several concepts have been applied in dealing with drug problems, ranging from prefective to repressive, as the shoot-to-death policy has been imposed by certain countries. However, this does not have a significant impact on the problem of drug abuse. Many things need to be evaluated to ensure this problem can be handled appropriately. Drug abuse in Indonesia is categorized as a criminal offense where drug users are sentenced to rehabilitation to ensure that the therapy provided appropriately is able to eliminate dependence on drugs, while drug dealers can be sentenced to imprisonment and even the death penalty.

The regulation regarding the use of cannabis sativa for rational treatment is still a debate today. In normative legal research, the possibility of cannabis sativa regulation is the possibility that norms about marijuana already exist but there is an external conflict between lower statutory norms and

higher statutory norms, or with equivalent laws and regulations or internal conflicts between one norm and another norm in one statutory title. This is known as the norm in conflict conditions or “conflicten van normen”. Furthermore, the possibility of laws and regulations has been available but the formulation of words or sentences is not clear, causing a blur of understanding. Such a condition of norms is referred to as vagueness of norms or “vague van normen”. In addition, it is possible that legislation does not exist at all or there has been a vacuum of norms or “lacuna” or “leemten van normen” so that an order is needed. In connection with the three possibilities mentioned above, regarding the use of cannabis sativa as a rational treatment until now there are no laws and regulations governing it, this is because in Law Number 25 of 2009 concerning Narcotics still places marijuana as a class I narcotic.

While it provides legality, it is important to note that the regulation should also include restrictions set to prevent abuse. Overarching legislation needs to regulate aspects such as permitted dosages, permissible methods of administration, and specific medical conditions that can be treated with cannabis extracts. With these provisions, it is expected to ensure that the use of cannabis extracts is within safe limits and can provide real benefits in the treatment of cerebral palsy without causing negative impacts or abuse of the substance. Thus, a comprehensive and balanced setting is essential to optimize the therapeutic potential of cannabis extracts while maintaining strict control over their use.

Cannabis sativa extract for treatment until now has not been specifically regulated in laws, ministerial regulations, or government regulations. Most Indonesian laws still prohibit the use, production, and distribution of marijuana in general, without distinguishing between recreational and medical use. In essence, the urgency of regulating the legality of cannabis sativa, which includes policies on its formulation, marijuana extract, treatment, and use in cases of cerebral palsy, is critical to providing safe and effective therapeutic access for patients in need.

First of all, there needs to be clear regulations to ensure the quality and consistency of medical marijuana products. This regulation will later allow the government to ensure that the use of medical marijuana meets pharmaceutical standards and provides optimal therapeutic benefits. In addition, the regulation of marijuana extracts is crucial. A standardized extraction process can ensure that active compounds that have maximum therapeutic potential can be obtained from the cannabis plant. This arrangement can also help avoid the risk of contamination and ensure the safety of consumption.

The importance of setting treatment policies related to medical marijuana also cannot be ignored. Detailing the use of medical marijuana in medicine, including the proper dosage and necessary medical supervision, the government can ensure that patients receive maximum health benefits without incurring additional risks. Based on the context of cerebral palsy, the legality of medical marijuana can be a significant treatment option. Regulating the use of medical marijuana in cases of cerebral palsy, the government can provide safe and effective treatment alternatives for individuals facing this condition. It also opens the door to further research into the potential of medical marijuana in relieving symptoms of cerebral palsy or body motor disorders and improving patients' quality of life. Overall, regulating the legality of medical marijuana, involving policies on formulation, marijuana extract, treatment, and use in certain

medical conditions such as CP, can create a controlled and safe environment for maximum utilization of the therapeutic potential of medical marijuana.

The characteristics of a normative study examine norm problems whether there is a conflict between applicable norms, vagueness or vagueness of a norm and emptiness or unregulated a certain thing in the norm. In overcoming a norm vacuum, it is necessary to carry out a legal construction. The construction of the law can be done by revising existing laws or forming new laws, as long as it can be ensured that the law does not conflict with the rules above. This is because, it is based on the principle that lower laws and regulations should not conflict with higher laws and regulations (Astariyani, N. L. G., and Hermanto, B., 2019: 433- 447) ^[22].

Method

This research is a normative legal research (juridical normative) or literature law research (Soerjono Soekanto and Sri Mamuji, 2004: 23-24) ^[12]. This research uses literature data in the form of books, regulations, expert opinions, and reviewing various scientific journals. The article used is an original article about the benefits and side effects of medical marijuana (Cannabis sativa) in rational medicine that is English language and accessible. The approach used in a normative research will allow a researcher to utilize the results of his scientific findings for benefit and explanation. This research is in the form of research on legal products (Bahder Johan, 2008: 92) ^[10] and also a conceptual approach because there is no positive legal rule for the problems raised (Peter Mahmud Marzuki, 2019) ^[9]. The qualitative approach descriptively uses primary data to obtain a systematic, factual and accurate picture of the facts, properties and relationships between the phenomena investigated. In analyzing study data related to research, qualitative analysis is used. Qualitative analysis is intended so that researchers get clarity from the problem under study by referring to applicable provisions by adjusting to literature studies and facts and data obtained in the field. The form of research data analysis results is in the form of sentences.

Results and Discussion

The Use of Medical Marijuana in Rational Medicine in Indonesia

Cannabis Sativa is a plant that was once widely used as traditional medicine and a mixture of food ingredients. Although it is often associated with recreational use and its negative effects, a number of studies have begun to highlight the potential uses of medical marijuana for health and scientific research. The debate about whether marijuana can provide significant benefits or should remain illicit continues to grow. Therefore, it is imperative to carefully investigate how the use of medical marijuana may impact health and its contribution to scientific understanding. The use of medical marijuana has a potential complex impact on human health. On the one hand, some studies have shown that the active compounds in marijuana, such as tetrahydrocannabinol (THC) and cannabidiol (CBD), can have positive effects on several health conditions. CBD, for example, has been identified as an anti-inflammatory and analgesic agent, and has been used in the treatment of cerebral palsy. In addition, marijuana has also been linked to relieving symptoms of cancer and certain chronic diseases.

THC as the main ingredient of marijuana has been shown to

provide medical benefits in certain formulations. The Food and Drug Administration (FDA) in America has approved THC-based drugs dronabiol (marinol) and nabilone (cesamet), which can be prescribed in pill form in the treatment of nausea vomiting in post-chemotherapy patients. The drug also helps stimulate the appetite of patients with wasting syndrome due to AIDS. The FDA has also approved the liquid drug epidiolex as an epilepsy drug, dravet syndrome and lennox gastaut syndrome. This drug has an active substance CBD obtained from marijuana. The UK is also a country that has issued cannabis-based mouth spray preparations, namely nabiximols (sativex). This preparation has been approved and is undergoing clinical trials. Some European countries and Canada have also begun treating neuropathic pain by combining THC and CBD (EMCDDA, 2018; Christopher A. Legare. et.al., 2022:131-149) ^[16]. The following literature review explains the benefits of medical marijuana in rational medicine.

Several systematic review studies and randomized controlled trials conducted on noncancer patients treated with marijuana showed significant effects. This study used CBD in the treatment of chronic noncancer pain. The preparations tested were the use of smoked marijuana, oromucosal extract, nabilone, dronabiol and new THC analogues. Cannabis preparations are given to a wide variety of pain conditions including neuropathic pain, fibromyalgia, rheumatoid arthritis, and a variety of mixed chronic pains. Of the 18 trials, 15 trials showed significant analgesic effects of CBD compared to placebo. Use of CBD is well tolerated with mild to moderate side effects. This proves CBD is safe and moderately effective in neuropathic pain with early evidence of efficacy in fibromyalgia and rheumatoid arthritis (Herman Johal. et.al., 2020:1-13). ^[18]

Marijuana besides being used as an analgesic is also widely used in diseases with neurological disorders. In a study published by Cochrane, four clinical trials have been conducted on 48 epilepsy patients who use CBD as an adjunct treatment for epilepsy drugs. This study concluded that there were no serious side effects associated with CBD use (Emily Stockings. et.al., 2018:7) ^[17]. Oral cannabis extract is effective for reducing muscle spasms in epilepsy patients. THC in marijuana is considered effective for reducing muscle spasm scores but is considered less effective when measured the objectivity value of muscle spasms themselves. Although there are trial results of potential cannabinoids for anorexia nervosa, PTSD (anxiety disorders), agitation of psychotic symptoms in alzheimer, Huntington's disease, and tic in taourette syndrome, the quality of these results is low so that it is inadequate to prove the benefits of cannabinoids in marijuana. Research on the mechanisms of cannabinoids at the cellular level can be developed to provide knowledge of their use in the development of psychiatric and neurodegenerative disease treatment (Keane Lim, et.al., 2017: 301-312) ^[19].

In general, research on medical marijuana in the world has covered various diseases. Medical conditions reviewed in various research journals include chronic pain, cancer, nausea vomiting due to chemotherapy, anorexia and HIV related weight loss, irritable bowel syndrome, epilepsy, muscle cramps, Huntington's disease, dystonia, dementia, glaucoma, anxiety, depression, sleep disorders, post-traumatic disorder (PTSD), and schizophhrenia. Based on various systematic review journals and evidence reviews of the benefits of medical marijuana, substantial evidence is shown on its use

for the treatment of chronic pain, nausea vomiting due to chemotherapy, and symptoms of muscle spasms in multiple sclerosis patients. The main route in administering medical marijuana is the oral route, while the inhalation route or other routes are not enough evidence and still require further research. Other medical conditions mentioned above still do not provide strong evidence to be concluded that medical marijuana has therapeutic effects. The use of medical marijuana is most widely used in people with epilepsy and post-traumatic stress disorder (PTSD). However, there has not been much substantial evidence showing the efficacy of medical marijuana in the treatment of this condition. Thus, research on the use of medical marijuana in this condition needs to be prioritized (Aldino, Hanri. 2018: 13(2), 235) ^[25]. The use of medical marijuana is very dependent on increasing legal research. This challenge requires a legal umbrella so that it can protect researchers from criminal law. Medical marijuana research policies must include recommendations and indications for their use, dispensing, standardization of the quality of cannabis natural ingredients, labeling and packaging of medicinal preparations made from active marijuana and its derivatives. Other policies should also regulate the role of health workers who are in direct contact with the use of these preparations. Not only that, the rules for patients and service providers who are directly related to the use of this preparation also need to be considered.

There are several cases that occur in Indonesia regarding cannabis plants that can be used for medicinal purposes, namely Decision Number 111 / Pid.Sus / 2017 / Pn.Sag carried out by Fidelis Arie Sudewarto to extract his own marijuana to treat his wife's disease, Syringomyelia. Sanggau District Court Decision Number 111/Pid.Sus/2017/PN. SAG who found the defendant Fidelis Arie guilty of utilizing marijuana for the treatment of his wife, with a sentence of 8 months imprisonment and a fine of Rp. 1,000,000,000,- if not paid then replaced by confinement for 1 month. Meanwhile, the judge's decision contained irregularities in applying the sentence to Fidelis, because in carrying out Fidelis' actions in it there was no element of crime but absolute for positive things by treating his wife. Furthermore, in the judge's sentence, Fidelis was subject to criminal sanctions below the special minimum in the provisions of Article 116 paragraph (1) of the Narcotics Law. Furthermore, 21 year old Ardian Aldiano in September 2020 was tried for being involved in growing marijuana with hydroponic methods. Ardian Aldiano uses cannabis plants for prolonged epilepsy drugs. Both cases attracted public attention and sparked debate on the pros and cons of prohibiting the use of marijuana to cure a disease.

The development of Marijuana-based drugs has become the focus of increasing research, illustrating the enormous potential of the Cannabis sativa plant in the context of modern medicine. Marijuana contains more than 100 chemical compounds known as cannabinoids, with THC (tetrahydrocannabinol) and CBD (cannabidiol) being the two most studied. THC is known to have psychoactive properties that can relieve chronic pain and nausea, while CBD, producing no psychoactive effects, shows potential to relieve anxiety, inflammation, and a variety of other medical conditions.

Regulation of Marijuana Use in Indonesia

Indonesia is considered a narcotics emergency with several facts, including the existence of narcotics crimes consisting

of groups of abusers as demand and groups of dealers as indiscriminate supply, both groups are thrown into custody and end up in prison, the number or prevalence of Indonesian abusers increases, the trend is up from year to year, the number of abusers is increasing resulting in a bustling narcotics business. In Article 4 points a and b of Law Number 35 of 2009 concerning Narcotics, it is stated that the purpose of the Narcotics Law is to ensure the availability of Narcotics for the benefit of health services and / or the development of science and technology and prevent, protect, and save the Indonesian nation from the abuse of Narcotics. Furthermore, the law classifies narcotics into 3 groups, namely group I, group II, and group III according to their level. As for marijuana, as in Appendix I point 8 of Law Number 35 of 2009 concerning Narcotics is included in group I, namely cannabis plants, all plants of the genus cannabis genus and all parts of plants including seeds, fruits, straw, processed cannabis plants or parts of cannabis plants including cannabis resin and hashish.

As a class I narcotic, marijuana is prohibited for medical use. However, for class II and group III narcotics in limited quantities can be given to patients with certain medical indications who require narcotics as a form of treatment therapy. The provision of narcotics may only use a doctor's prescription and in accordance with statutory provisions. Until now, as a class I narcotic, marijuana and its derivatives can only be used for science and technology and are only carried out by certain pharmaceutical wholesalers to certain scientific institutions.

However, even though it has been regulated as a class of narcotics that are prohibited for medical use, several times it is known that the Indonesian people illegally use marijuana and its derivatives as medicine. In 2017, Fidelis Arie Sudewarto, was sentenced to 8 (eight) months in prison and fined Rp.1,000,000,000.00 subsidiary 1 (one) month in prison for planting 39 marijuana sticks and using the extract for therapeutic treatment of his wife who suffered from Syringomyelia. He did this because he was looking for international references where based on these references cannabis extracts could be used to treat diseases suffered by his wife. Another case is a judicial review of Law Number 35 of 2009 concerning Narcotics through case number 106/PUU-XVIII/20201 petitioned by Dwi Pertiwi (Applicant I), Santi Warastuti (Applicant II), Nafiah Murhayanti (Applicant III), Rumah Cemara Association represented by the Chairman and Secretary of the Management Board (Applicant IV), Institute for Criminal Justice Reform represented by the Chairman and Secretary of the Management Board (Applicant V), and the Community Legal Aid Institute represented by the Chairman of the Governing Board (Applicant VI).

This application for judicial review was submitted because Applicant I had used marijuana therapy on his child who had cerebral palsy. While in Australia in 2016 Applicant I used Cannabis Oil for treatment therapy for his son and showed good development. Applicants II and III intend to use the therapy. So in this case, a material test is requested against Article 6 and Article 8 of Law Number 35 of 2009 concerning class I narcotics.

Indonesia is one of the countries that has not legalized marijuana. On the other hand, there are several countries that have legalized marijuana for medical needs, including: Chile, Canada, Italy, the Netherlands, Turkey, Thailand, the United States, Sri Lanka, South Korea, and several other countries.

This legalization policy has an impact on changing the provisions of the law with adjustments according to conditions in these countries. The increasing number of countries legalizing marijuana is due to WHO recommendations to reclassify marijuana and its derivatives. Marijuana which was originally included as the category of the most dangerous drugs then because of the reclassification became usable as a medical drug.

There is a Decree of the Minister of Agriculture of the Republic of Indonesia Number 104/KPTS/HK.140/M/2/2020 concerning Assisted Commodities of the Ministry of Agriculture which was finally revoked in the same year, where in point III regarding medicinal plant commodities, cannabis sativa is listed at number 12 which means it is a medicinal plant under the guidance of the Directorate General of Holtikulutra of the Ministry of Agriculture. One of the bases for the issuance of the decree is Article 67 paragraph (1) of Law Number 13 of 2020 concerning Horticulture, stating that the cultivation of horticultural crops that are detrimental to public health can be carried out for the benefit of health services and / or science unless otherwise stipulated by law.

The decision of the Minister of Agriculture has become a polemic, because until now Law Number 35 of 2009 still places marijuana as a class I narcotic. The process of legalizing marijuana is not just setting policies, but also must pay attention to various sectors comprehensively. As a sovereign state, the state has the authority to regulate internal or external matters. The internal aspect is to regulate everything that happens within its territorial boundaries and the external aspect is to relate to the state or other members of the international community, or regulate something outside its borders as long as it is related to the interests of the country (Setyo Widagdo, 2019: 152). When other countries have legalized the use of marijuana for medical needs, it does not necessarily mean that marijuana can be legalized as a medical drug in Indonesia. There are still many polemics that must be resolved before this policy is established, for example from the readiness of the community considering that in 2021 there were still 19,229 drug cases with 24,878 suspects. And the results of a drug abuse survey conducted by BNN together with LIPI in 2019 showed a prevalence rate of 1.80 percent or around 3,419,188 people abusing drugs.

In determining whether marijuana will be legalized or not, you must consider many things. Complementary between substantive law and adjective law is needed related to marijuana regulation itself to ensure the rights and obligations of legal subjects that have been formulated can be enforced with clear instructions. In addition to the readiness of the community as mentioned above, the ability of resources in conducting drug supervision and handling must also be considered. This can be seen from the high rate of drug abuse and the number of drug cases that still occur in Indonesia. For this reason, the role of all Indonesian people from various elements is needed to overcome the drug problem. The marijuana legalization policy is a very sensitive issue for now, so consideration from various aspects is needed so that the policy does not become a boomerang for this country.

Based on Article 7 of Law Number 35 of 2009, narcotics can only be used for the benefit of health services and/or the development of science and technology. Explanation of Article 7 of Law Number 35 of 2009, explained that what is

meant by health services includes medical rehabilitation services. What is meant by the development of science and technology is the use of narcotics, especially for the purposes of treatment and rehabilitation, including for the benefit of education, training, research and development as well as skills carried out by government agencies whose duties and functions are to supervise, investigate, investigate, and eradicate illicit narcotics trafficking. The interests of education, training and skills include the benefit of training narcotics sniffer dogs from the National Police of the Republic of Indonesia, Customs and Excise and the National Narcotics Agency and other agencies (Sudanto, A., 2017: 8(1), 137-161) ^[24].

For the provisions of Article 7 of Law Number 35 of 2009, there is an exception, namely Article 8 paragraph (1) which states that Class I Narcotics are prohibited from being used for the benefit of health services. However, in paragraph (2) it is explained in limited quantities, Class I narcotics can be used for the purposes of developing science and technology and for diagnostic reagents, as well as laboratory reagents after obtaining the approval of the Minister on the recommendation of the Head of the Food and Drug Supervisory Agency.

Article 11 of the Narcotics Law states that the Minister grants special permission to produce narcotics to certain pharmaceutical industries that already have licenses in accordance with the provisions of laws and regulations after an audit by the Food and Drug Supervisory Agency. However, based on Article 12 paragraph (1) of the Narcotics Law, Class I Narcotics are prohibited from being produced and/or used in the production process, except in very limited quantities for the benefit of developing science and technology. This means that the use of Class I Narcotics is limited to certain things regulated in Law Number 35 of 2009 concerning Narcotics and must be with permission from the Minister. One of them is that it can be used for the benefit of the development of science and technology, among which is for the benefit of treatment and rehabilitation. This means that for the sake of knowledge in terms of medicine, Marijuana plants can be used, but with the permission of the Minister first.

The government as a regulatory maker needs special regulations regarding cannabis plants so that later it can facilitate the control of their use and misuse, which means that if there are special rules that handle marijuana plants as medicinal plants, later the sanctions given will also have special sanctions regarding the abuse of marijuana plants, so the sanctions given are different from the sanctions for abuse of Class I Narcotics. The difference here is due to specificity marijuana plants as medical commodities, and sanctions for misuse are expected to later adjust to the results of more in-depth research by the Ministry of Health if related to medical, but if non-medical abuse or abuse as euphoria will be given strict sanctions (Lokollo, L., Salamor, Y. B., and Ubwarin, E., 2020, 5(2), 1-20, 15). Therefore, there is a need for a reassessment of the benefits of Marijuana plants in the medical side, then for classification by considering medical interests, there needs to be a decrease in class and special arrangements in its management and use to facilitate its application and identify abuse that occurs.

Conclusion

Cannabis Sativa has a high potential in rational medicine. The limited research on medical marijuana in Indonesia is

motivated by the inadequate legal umbrella policy. Research and use of medical marijuana requires structured legal regulations to provide protection from researchers to related health devices. The legalization policy of medical marijuana will make an important contribution to health science. However, to establish *ius constituendum* the use of medical marijuana in rational medicine must consider many aspects thoroughly so that it does not backfire which actually harms the state and society.

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