Legalising Marijuana for Medical Purposes: Is It as Bad as Society Thinks?

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Abstract: *Marijuana has been used extensively throughout the world for a multitude of purposes. Its history can be traced from Shen Nung, a Chinese Emperor, way back in 2727 B.C. Marijuana also was extensively known to the ancient Greeks and Romans, with usage extended throughout the Islamic empire in the Middle East and North Africa. Marijuana first appeared in the Western Hemisphere in 1545, when Spaniards brought it to Chile to use as fibre. Many plantations in North America grew hemp, or Cannabis, for use in paper, clothing, and rope manufacturing. With this, legislation comes into play as a form of societal order to mitigate the adverse effects that come along with Marijuana. Among the earliest legislation to regulate the application of Marijuana can be found in India where it introduces tax for Marijuana and the law on banning of marijuana only comes later in British India and Singapore. Since then, legislation regarding Marijuana has evolved to a point where it encourages discourse regarding the validity of said law. The inquiries still stand on why marijuana is legal and illegal in some jurisdictions, what the medicinal properties of marijuana are if it does have benefits, and whether it outweighs the disadvantages. This study will comparatively examine the existing laws and regulations as well as their implications from various jurisdictions on the usage of marijuana for medical and recreational purposes. Besides that, this study will identify the perception of law students and medical practitioners on the legalisation of marijuana especially for medical purposes by using a self-administered questionnaire distributed to 115 respondents. Data analysis was performed using Google Forms to obtain all the necessary data and figures. The results of this study can be used by policymakers to consider legalising marijuana with a proposed effective legal framework.*

Keywords: Marijuana, Legalising, Medical Purposes
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1. Introduction

For several centuries, the benefits and drawbacks of marijuana have become a bone of contention in society as many people are opinionated to believe that marijuana may bring a myriad of harm to society's mental and physical well-being. To illustrate the aforementioned statement, society believes there are many cases closely related to drug abuse, particularly marijuana. Marijuana goes by many names, namely *Ganja, Kanja,* Mary Jane, *and Devil's Lettuce*. According to Caulkins, Kilmer, and Kleiman, "Marijuana" is the common (and legal) American term for the dried flowers and leaves of the plant Cannabis *sativa*, and for the plant

itself. The earliest legislation was made by the Indian government where marijuana consumers will be taxed to reduce cannabis consumption.

About two centuries ago, the British considered prohibition of marijuana in India. The India authorities and the British governor-general of India decided to fully ban marijuana, fearing that marijuana might spark disharmony in society. However, the British Parliament thought otherwise as the government was strapped for funds, and found the marijuana sector to help generate some income. In 1790, the government imposed taxes on cannabis, and three years later, a legal system was created that allowed cultivators to get permits. To some extent, the tax and regulation strategy was successful. However, many farmers managed to avoid paying the tax in a large area where cannabis grows naturally. The decentralization of the regulatory system was promoted by the British, giving states and localities the freedom to test out various taxation models. The outcomes were not quite consistent. Due to the black market's strength, the British Parliament thought to enact prohibition in 1838, 1871, 1877, and 1892. However, in the long run, the measures were unsuccessful because it was impossible to ignore the tax revenues that were received. However, taxation is still enforced in India. Over time, as the marijuana farming industry in India became more advanced, the harvested product was separated into three grades, which are still accessible today.

Bhang is the least expensive, most widely available, and lowest quality strain of marijuana. It is made out of crushed leaves, seeds, or flowers and gives users the weakest high. On the other hand, the best and most expensive cannabis available in India is called Charas. It is marketed as a very strong hashish made from plants cultivated between 4,000 and 7,000 feet in the most renowned cannabis-producing farmlands of the Hindu Kush and Himalaya mountains. It is still regarded as one of the greatest cannabis products available today. Ganga is between Bhang and Charas. Grown from healthy female plants, Ganga is a medium-grade harvest with a combination of resin and cannabis flower as well as It is also cheap and high-potency.

2. Methodology

For the purpose of data collection, researchers collected responses by distributing two questionnaires. The first questionnaire was distributed to 100 Law students from Centre for Foundation Studies using Google Forms. This is due to the Law students' understanding of legal framework. For example, law students constantly study various areas of the legal system, including constitutional law, criminal law, administrative law, and public policy. This gives them a clear understanding of the legal principles and frameworks that underpin the regulation of substances like marijuana. In addition, as future lawyers, policymakers, and judges, law students represent the next generation of legal professionals who may shape and enforce marijuana-related laws. Their views can provide insight into the potential evolution of legal thinking on this issue as well as the knowledge they possess of the legal principles and frameworks can contribute to critically assessing the potential implications of legal changes regarding marijuana. Compared to other social sciences studies like Political Science students, even though they might learn few legal frameworks in the constitution, their field is only confined within administrative and political structure.

Moving on, the second questionnaire was distributed by researchers to 15 medical practitioners using Google Forms. This is due to the medical practitioner's expertise in understanding the advantages and drawbacks of the usage of drugs including marijuana in medical purposes as they need to consult their patients based on medical concern. Therefore, their medical opinions

are required in this research for a comprehensive understanding. The duration of the online survey lasted from 22 June 2024 to 30th June 2024 (9 days).

3. Results and Discussions

The first questionnaire discovered 65% of Respondents agree and strongly agree that marijuana has medical benefits, on the other hand, 7% strongly disagree. 36% of Respondents strongly agree that marijuana should be legalised for the purpose of medical purposes only, while the other 1% strongly disagree. 39% of respondents strongly agree that marijuana should be recommended for alternative medical treatment. 69% of respondents strongly agree and agree that the negative impacts of marijuana can be mitigated or lessened by using the law while the other 22% of respondents remained neutral.

Further, the second questionnaire is related to the medical practitioners' opinions. Based on the results of our survey, majority of them agree on the legalisation of marijuana for medical purposes. Among of the opinion from the medical practitioners are, "It has tremendous benefits for pain relief in chronic illnesses. Thus, it should be legalized for medical purposes." Other than that, "The usage must strictly for hospital use or patient discharge from hospital." and "Marijuana needs to be treated the same way as Opioids which is standardized and regulated and only active ingredients to be used as all the medicine that goes through tight regulations by FDA and NPRA." However, some of them disagree as its usage could lead to abuse when there's no proper guidelines and monitoring.

What Are the Common Types of Marijuana or Cannabis?
THC (tetrahydrocannabinol) and CBD (cannabidiol) are two of the most well-known cannabinoids found in the cannabis plant. The main difference between the two cannabinoids is that THC has strong psychoactive effects, meaning it makes a person 'high', whereas CBD is thought to have an anti-psychoactive effect that controls or moderates the 'high' caused by the THC. CBD is also thought to reduce some of the other negative effects that people can experience from THC, such as anxiety. The psychoactive effects of THC, such as euphoria and feeling relaxed or sleepy, are well known, but THC also has analgesic, anti-inflammatory and antioxidant properties, which can prevent and reduce vomiting. Research is currently being conducted into CBD for its potential in treating epilepsy, schizophrenia and other psychotic disorders.

In an article written by The Journal of the International Association for the Study of Pain or PAIN, discusses the aftermath after a year of legalisation for medicinal cannabis in Thailand. The medicinal cannabis is being studied at two perspectives which are its pharmacology and clinical efficacy. Cannabis contains more than 500 compounds, including 2 important cannabinoids; tetrahydrocannabinol (THC) and cannabidiol (CBD). Cannabis sativa, the species commonly grown in Thailand, has a quite high concentration of $\Delta 9$-tetrahydrocannabinol ($\Delta 9$-THC), which binds with high affinity to CB1 and CB2 receptors and provides analgesia, appetite stimulation, and antiemetic effects. These are only a few of the benefits cannabis is proven to provide.

Why Marijuana Is Legal and Illegal in Some Jurisdictions?
Legal: Thailand
The usage of marijuana in the medical field has become a bone of contention with some believing it may bring benefits and others thinking it may cause drawbacks. As stated in (Nelan E. (1999)), "Medical marijuana can help patients with nausea, vomiting, anorexia, headache,

and pain." When people try community-acquired marijuana for its effects, they often realise there are other benefits, such as suppressed pain or relief from stress and anxiety. With the knowledge that cannabis works best when cannabidiol (CBD) and delta-9 tetrahydrocannabinol (THC) are used simultaneously, patients could experience its many benefits while avoiding the mind-altering and anxiety-stimulating effects at the same time. Other countries which have legalised marijuana for medical use are the United States, the United Kingdom, Japan, and Thailand. There is a deeper argument here as to why marijuana is constituted as illegal and legal in some jurisdictions. Firstly, the medical utilisation of marijuana is legal in Thailand.

The usage of marijuana has been broadening over time in Thailand. The locals use marijuana to grow, trade, make hemp products, use it for medical purposes, and incorporate marijuana-infused food and drinks in cafes and restaurants and celebrate festivals in Thailand's newly legal green industry. Before the legislative amendment regarding the usage of marijuana in Thailand, marijuana and hemp were deemed illegal as it is being categorized under Category 5 of the Narcotics Act of Thailand. Those who distribute, consume, possess, or produce will be subject to criminal penalties maximum of 15 years in prison and a fine up to THB1.5 million. Depending on the quantity involved, fewer penalties apply to individuals involved in manufacturing, importation, or exportation. On 18 February 2019, Thailand made a turning point in the legislation Narcotics Act by allowing the use of marijuana for medical purposes. This marked Thailand as the first country in Southeast Asia to legalise marijuana. Therefore, the Governmental and research organizations, medical practitioners, including doctors, dentists, pharmacists, veterinarians, traditional health practitioners and patients are granted licenses to either consume, possess, research, or produce and trade in cannabis according to particular guidelines (Government of Thailand, 2019).

Moreover, These are the medical conditions included in the list of indications for medical cannabis treatment by the Ministry of Public Health (MoPH), namely "(A) conditions with strong evidence of benefits from medical cannabis, i.e., chemotherapy-induced nausea and vomiting, intractable epilepsy, spasticity in patients with multiple sclerosis and neuropathic pain, (B) conditions with some evidence of benefits, i.e., patients in palliative care, patients with end-stage cancer, Parkinson disease, Alzheimer disease, generalized anxiety disorder and other demyelinating diseases, and (C) conditions which may be benefited from treatment with cannabis should there be more evidence in the future, e.g., cancers of some organs." (Assanangkornchai et al., 2022). This shows that Thailand is aware of the therapeutic properties of marijuana for treating patients with various conditions.

Legal: United Kingdom
The UK has legalised marijuana for medicinal purposes where medicinal cannabis was legalised in 2018 to provide patients with rare illnesses access to medicinal cannabis products and as pathways to accessing therapeutic products which can be challenging and tedious for doctors and patients. This was a significant step forward in recognising the potential use of medical cannabis and giving eligible patients access to a treatment option that was previously unavailable to them, allowing specialist doctors to prescribe cannabis-based medicinal products for patients with medical conditions that had failed to respond to first-line medications. Medical cannabis became legal in the UK on November 1, 2018. This followed a change in the law by the UK government, allowing specialist doctors to prescribe cannabis-based medicines covering THC, BCD and balanced cannabis profiles. Doctors are able to prescribe cannabis flower, oil, capsules and cartridges to support several conditions.

In 1971, cannabis was classified as a Class B substance under the Dangerous Drugs Act. Aside from a brief period at the turn of the century when it became a Class C drug, it remains a Class B substance today which remains a serious offence in the UK to possess, supply, produce, import or export cannabis without a legal prescription or licence. Due to cannabis' status as a Class B substance, there were very few scientific studies that explored the benefits of using cannabis as a medicine to help people with certain conditions. This is slowly changing with the help of studies conducted by different groups and organisations, such as Twenty21, which aims to gather UK data on cannabis studies to understand its efficacy in treating patients. In November 2018, the UK amended the Misuse of Drugs Regulations to move cannabis from Schedule 1, meaning it had no therapeutic value and researchers needed a Home Office licence to obtain and store it, to Schedule 2, a category for drugs which are still tightly controlled, but have a recognised medical use and can be prescribed in certain circumstances.

Illegal: Malaysia

The use of marijuana is still predominant in society, often for drug abuse such as for self-enjoyment rather than for medical purposes. Based on (Syamimi, 2021), the "drug frequently abused by drug users in Malaysia are Opiates by 75.07%, Methamphetamines by 13.58%, Marijuana by 8.82%, Amphetamine Type Substances (ATS) by 2.23% and Psychoactive/Psychopharmaceutical pills (0.22%)." As stated by Nawawi et al. (2024), according to the latest statistics provided by NADA, a total of 103,760 drug abusers have been registered in Malaysia between January and March 2023 (NADA, 2023). From the total number given, youth (19 to 39 years) was the population group that mostly abused drugs (59.6%), followed by adults (40 years and above) (39.9%), and teenagers (13 to 18 years) (0.4%). One of the famous cases in Malaysia related to marijuana was in 2022, Malaysian singer, Yasin Sulaiman was acquitted of drug charges of harvesting 17 marijuana plants at his house in Kota Damansara for the treatment of his bipolar disorder, possessing marijuana weighing 193.7 grams and was charged with self-administration of the drug 11-nor-delta-9 tetrahydrocannabinol-9-carboxylic acid. This reopens a discussion about the potential medical marijuana and its legislation as some believe marijuana has many therapeutic properties and others voice the drawbacks of marijuana.

Thus, laws and enforcement came into play where as early as 1952, Malaysia imposed restrictions on the use of marijuana through the Dangerous Drugs Ordinance 1952 to fight against drug abuse. On the other hand, the Ministry of Health Malaysia plays a big role as they are responsible and hold the highest authority regarding laws, policies and guidelines related to public health including medical research. The most recent version of the Dangerous Drugs Ordinance 1952 was amended on 1 January 2006 under The Dangerous Drugs Act 1952. It outlines the rules and regulations governing the control of raw opium, coca leaves, poppy straw and cannabis as well as trafficking, importing, exporting and general penalty. To date, marijuana and medical marijuana remain illegal in Malaysia. As stipulated in Section 39 of the Dangerous Drugs Act 1952, the general penalty that will be punished to those who commit an offence under this Act for which no penalty is specifically provided shall, in respect of each offence, be liable to a fine not exceeding five thousand ringgit or to imprisonment for a term not exceeding two years or to both. Furthermore, the Dangerous Drugs (Special Preventive Measures) Act 1985 was also enacted to enable individuals associated with any activity relating to or involving the trafficking of dangerous drugs. This indicates that Malaysia's law has strict enforcement and laws to control the use of marijuana effectively. In the case of Muhammad Lukman bin Mohamad v Public Prosecutor [2021] MLJU 1015; [2021] 4 MLJ 494, he was charged due to the possessing, processing and distributing Cannabis Oil which primarily being use for its potential therapeutic effects. He was sentenced to death by High Court but later he

makes an appeal to the Court of Appeal. The court held that after considering the mitigating factors advanced by learned counsel and the aggravating factors submitted by learned deputy public prosecutor, they sentenced the appellant imprisonment for five years with effect from the date of his arrest (7 December 2015) for each of the charges. Both sentences to run concurrently. Although the punishment has been lessened, it still constitutes as a crime in the eye of law even though it is for the medicinal properties. Thus, this research intends to dive deeper on the perception of the legality and illegality of Marijuana from multiple perspectives.

Illegal: Singapore

Singapore is also one of the countries that have not yet legalised marijuana. MDA or Misuse of Drugs Act 1973 is the main legislation for drug offences in Malaysia. The MDA is responsible for providing the enforcement powers of the Central Narcotics Bureau and the penalties for multiple drug offences alongside the trafficking, manufacturing, importation or exportation, possession and consumption of controlled drugs. It is still a very controversial topic to bring out to the public regarding the legalisation of marijuana for various reasons in Singapore such as the surfacing public health concerns which the Singapore government views marijuana as a harmful drug with potential adverse effects on physical and mental health. Referring to the studies referenced by the authorities, marijuana use can lead to addiction, impaired cognitive function, and mental health issues such as anxiety and depression.

Other than that, Singapore has one of the strictest anti-drug policies in the world, which is stated as the Misuse of Drugs Act 1973 (MDA) in the previous paragraph. The MDA classifies marijuana as a Class A drug, which is among the most dangerous and heavily penalised substances in the country. This Act reflects the government's commitment and effort in maintaining a drug-free society. The Part II of the Act further elaborates the Possession and Consumption of Controlled Drugs, under section 5(1) states that any person who has in his possession a controlled drug shall be guilty of an offence and section 5(2) states any person who consumes a controlled drug shall be guilty of an offence. Furthermore, section 8(1) focuses more on restrictions on the supply of controlled drugs, that no person shall except as authorised by this Act, supply or offer to supply a controlled drug to another. To maintain a drug-free society, the Act also stated, in Part V, under treatment and rehabilitation. Section 33(1) stated that any person who is a drug addict may, with the approval of the Director of the Central Narcotics Bureau, voluntarily submit himself for treatment and rehabilitation at an approved institution.

The social and cultural factors in Singapore also affect how marijuana is perceived in society's eyes. Singapore practises a conservative society which places a high value on public order and safety. The government's anti-drug policies are supported by a significant portion of the population, which views drug use as a threat to social stability and family values.

What Are the Medicinal Properties of Marijuana?
Medicinal Properties: Autism

Marijuana has been found to offer potential benefits for various medical conditions such as autism, treating anxiety disorder, lowering blood pressure and more. One of the highlights of medical applications of marijuana is in treating Autism Spectrum Disorder (ASD). According to (the National Institute of Mental Health, 2024) Autism Spectrum Disorder generally known as autism can be defined as "a neurological and developmental disorder that affects how people interact with others, communicate, learn, and behave." Autism can be detected during early childhood and it may be influenced by various factors (Joon et al., 2021) including adverse environment, mitochondrial dysfunction, parents' age, genetics, heavy metal toxicity, co-

morbidities and many more which can impact the functional capacity of the brain. Thus, in treating autism spectrum disorder, marijuana comes into its role.

As stated by (Fusar-Poli et al., 2020), there is an "imbalance in the endocannabinoid (eCB) system which regulates some functions typically impaired in ASD." The marijuana non-intoxicating component is cannabinoids. Cannabinoids can be classified into Phytocannabinoids, endocannabinoids, and synthetic cannabinoids. Phytocannabinoids are the cannabinoids that are found naturally in the cannabis plant, of which cannabidiol (CBD) is the 2nd most naturally abundant in the plant (Gu, 2017) which helps in treatment-resistant epilepsy to regulate emotional responses and social interaction. In (Saito et al., 2010), Cannabidiol will interact with the endocannabinoid system, the enzymes responsible for their synthesis and metabolism. The endocannabinoid system consists of two G-protein coupled receptors: CB1 and CB2. Endocannabinoids represent a class of neuromessengers that are synthesized on demand and released from post-synaptic neurons to inhibit the release of classical neurotransmitters from pre-synaptic terminals. This retrogressive signalling regulates a myriad of brain functions, including anxiety, fear and mood, whereby the activation of CB(1) receptors was shown to make use of anxiolytic and antidepressant-like effects in preclinical studies.

A recent study has shown that altered endocannabinoid signalling and neuroinflammation were possible contributors to autistic behaviour. In the study, mice programmed with a special syndrome, meant to replicate autistic behaviour, were treated with a compound to increase circulating levels of 2-AG, a naturally occurring endocannabinoid, which our bodies produce when needed. Remarkably, researchers observed a drastic improvement in behaviour in maze tests that measure anxiety and comfort levels in open spaces. On the contrary, mice naturally prefer small spaces as well as crevices. Endocannabinoids have also proven results on humans as well. According to a study, the researchers had tested endocannabinoids on a boy with ASD. On the fourth day of therapy, the boy had shown a change in behaviour, at the six-month follow up visit, the boy was reported to be calmer, and surprisingly better at handling frustrations and anxiety without any violent tantrums. Furthermore, a 2010 Austrian case study recorded the behavioural improvements in a six-year-old with autism who was treated with an artificial or synthetic form of THC, dronabinol. The child had not been on any other medication and had shown significant improvements in lethargy, irritability, hyperactivity, inappropriate speech and other stereotypic behaviours related to ASD.

Medicinal Properties: Anxiety
Marijuana, particularly containing cannabidiol (CBD) and tetrahydrocannabinol (THC), as stated, has been increasingly studied and used for the management of anxiety. First, the cannabidiol (CBD) in marijuana helps with anxiety reduction by interacting with Serotonin Receptors, specifically the 5-HT1A receptor, a subtype of serotonin receptor, which is believed to play a significant role in regulating mood and anxiety. This interaction directly helps increase serotonin levels, which can reduce anxiety and improve the mood of a patient. This can be proven by the clinical evidence by a study published in the journal *Neurotherapeutics* found that CBD has a broad spectrum of actions, including anxiolytic effects that highlights CBD is effective in reducing anxiety in both animal models and human studies, suggesting its potential as a treatment for generalised anxiety disorder or GAD. Social Anxiety Disorder (SAD) could also benefit from the CBD in marijuana, further evidence is shown by a randomised controlled trial, showing that participants with SAD, who were given CBD experienced a significant reduction in anxiety, cognitive impairment, and discomfort in their speech performance compared to the placebo group.

For tetrahydrocannabinol (THC), it focuses more on managing anxiety, compared to CBD which focuses on reducing anxiety. When THC interacts with the CB1 receptors in the brain's endocannabinoid system, it can help in regulating mood, fear, and stress responses. By modulating these receptors, THC can produce calming effects and reduce anxiety. Clinical evidence can be shown by the dose-dependent effects. THC's effect on anxiety is dose dependent. Low doses of THC can produce anxiolytic effects, reducing anxiety, whereas high doses might have the opposite effect, potentially increasing anxiety or causing paranoia. Therefore, careful dosing and monitoring are very essential in using THC for anxiety treatment to make sure that the doses are used moderately.

Now what happens if we combine CBD and THC? A study published in the *Journal of Psychopharmacology* suggests that when combining CBD and THC, they can have a synergistic effect, enhancing the therapeutic benefits while minimising any potential side effects. Anxiety management could therefore be particularly benefited from this balanced approach.

Whether The Advantages Outweigh the Disadvantages
The next question that may arise from the legalisation of marijuana is whether the advantages it provides outweighs the disadvantages. In the effort of us proposing this idea, we are also not neglecting any of its negative effects and are taking into very careful consideration to ensure that the success of this idea would decrease harm and increase benefits, instead of the other way around. The positive impacts focus on the impact of the legalisation of marijuana on economic, social and public health.

Positive Impact: Economic, Social and Public Health
For economic impacts, tax revenue can be increased and be used for any upcoming public funds which can increase the rate of employment from the available job opportunities. For example, in Canada, legalisation of marijuana would increase the tax revenue that brings to the Canadian economy. Legalising marijuana provides an important advantage over prohibition because it allows the government to collect taxes from the legalised drug. Specifically, the high demand for recreational marijuana in Canada indicates that legalisation of the drug would yield significant tax revenue. The taxation revenue of legalised marijuana products has already been proven in Colorado, in the United States, where marijuana has been legalised since January 1, 2014. The results from Colorado's first two years of legalisation show significant monetary tax revenue. With recreational and medicinal sales reaching almost $1 billion in 2015, Colorado collected more than $135 million in taxation revenue and fees. The generated tax revenue is used for the state's public school capital construction assistance fund, and public programs such as substance abuse and regulation of marijuana use. This is to ensure that any adverse effects caused by the legalisation were paid for by its own generated tax revenue. The legalisation could result in the employment of more workers who can grow and package marijuana for sale in the government-approved grow-ops. It also could generate some other job opportunities for individuals who can work in educational sessions and health promotion initiatives to promote safe use of the drug. Legalisation of marijuana in Canada could substantially reduce the Government's spending on the enforcement of the federal marijuana laws.

In terms of social impacts, the demand for marijuana is at a high state, which automatically increases the supply of marijuana in the black market. Those who possess marijuana will be in the hands of illegal drug dealers which are the sole provider of the products. The legalisation of marijuana would reduce the activity of black market which is the cause for a large amount

of illegal activity such as in Canada as indicated by the rate of police-reported marijuana offences. The legalisation could also address the surfacing social problems of an unsafe environment created by the illegal distribution of marijuana and negative consequences of criminal labelling for possession of small amounts of marijuana. A recent report by the United Nations Children's Fund (UNICEF Office of Research, 2013) placed Canadian teens and children as the highest users of illegal marijuana among 29 of the world's developed economies which poses a major risk to the well-being of children. Legalisation could potentially minimise the children's direct contact with black market activity, reducing youth illegal activity rates, and diminishing the drug dealers' power over Canadian youth. Significant impacts are also shown in public health as stated in *Marijuana and Medicine Assessing the Science Base,* in which the patients reported their experience with marijuana at the public workshops, said that marijuana provided them with great relief from symptoms associated with disparate diseases and ailments, including AIDS wasting, spasticity from multiple sclerosis, depression, chronic pain, and nausea associated with chemotherapy.

Negative Impact
While marijuana has potential benefits, it is also hard to ignore several negative impacts, particularly when used improperly or excessively. The primary risks associated with medical cannabis include short-term side effects such as dizziness, impaired coordination, dry mouth, and impaired memory and attention. Long-term use may result in respiratory problems, dependence, and potential impacts on mental health. Additionally, cannabis may interact with other medications and increase the risk of adverse reactions.

In terms of mental health issues, high doses of THC can exacerbate anxiety which leads to paranoia. Some individuals may also experience panic attacks or severe anxiety as a result of marijuana use. If marijuana is also used in high doses or genetically predisposed individuals, it can also increase the risk of developing psychosis and schizophrenia. Chronic use of marijuana doses can trigger or worsen symptoms of these conditions. One of the most known effects is the addiction and dependency patients would have towards marijuana. For example, taken by "Adverse health effects of marijuana use" from the *New England Journal of Medicine,* approximately 9% of people who use marijuana will become dependent on it. The risk increases to about 17% for those who start using marijuana in adolescence and up to 25-50% for daily users. When an individual is trying to quit their usage, withdrawal symptoms could also occur such as such as irritability, sleep disturbances, loss of appetite, and cravings. Other than that, one who is under the influence of marijuana should also not be driving as marijuana impairs motor coordination and reaction times, which could increase the risk of motor vehicle accidents. Studies have shown an increase in traffic accidents and fatalities in areas where marijuana has been legalised.

Approaches That Can Be Taken
Our research is based on our strong stance to legalise marijuana, however, we are not turning a blind eye and ignoring all of the possible consequences which could arise from this legalisation. Therefore, we have provided approaches that could be taken to overcome the surfacing issues faced by other countries and provide alternatives to solve them.

One of the approaches that could be taken is for the government to raise the public's awareness through comprehensive actions. The Ministry of Health could collaborate with NGOs such as the Malaysia Mental Health Association to disseminate information about the medicinal properties of marijuana and its potential harms. Emphasis should be placed on the fact that marijuana can be beneficial when used as prescribed by medical professionals, but its misuse

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can lead to harm. To effectively disseminate information to the public, mass media channels serve as a crucial medium as they will be able to reach individuals of all ages, including people who live in urban and rural areas. To illustrate, by using commercial breaks, news segments and advertisement boards to expose information about marijuana to the public. Thus, society will have a better understanding relating to the legalisation of marijuana and how it reconciles with its medicinal properties.

In overcoming the problem of addiction by individuals, the government can give medical guidance to encourage users in consulting healthcare professionals for guidance on safe marijuana use, particularly for individuals with pre-existing conditions. For medical marijuana, it is very crucial for healthcare providers to monitor any prescriptions in order to minimise risks and manage all of the dosage effectively.

Driving is a very essential form of transportation for everyone; thus, the usage of marijuana should not endanger the user and the people around them whilst on the road and this problem can be overcome by the government enforcing a driving and workplace safety policy. Strict laws should be enforced against driving under the influence of marijuana and develop reliable roadside testing methods for any impairment to ensure road safety. A clear workplace policy regarding marijuana use should also be taught to the employees, especially those who work in safety-sensitive jobs.

Moreover, heavy taxation should be imposed on the production as well as consumption of marijuana-based products. Every nation must have an excise tax of some form, to discourage the production or consumption of a certain good. In Malaysia, excise tax is imposed on goods such as tobacco, gambling as well as alcohol. Excise tax over the years has done a great job at discouraging the consumption and production of these goods, so why not apply them to marijuana-based goods as well. For instance, in the US as mentioned in (Tax Policy Center, 2023), Washington State has the highest taxation rate in the whole country, a staggering 37 percent, the state of Missouri on the other hand being the lowest in the country, being only 6 percent.

A community support group could also be established by facilitating the creation of support groups for individuals and families affected by marijuana misuse, providing a platform for shared experiences and mutual support. Leaders and non-government (NGO) organisations could also partake in promoting responsible use and addressing local concerns related to marijuana. One of the government initiatives aimed at recovering drug addicts as it is a chronic relapsing disease is the Pusat Pemulihan Penagihan Narkotik program (SUSPEN) regulated by Agensi Antidadah Kebangsaan (AADK). This program is intended to provide full support for individuals even teenagers dealing with drug addiction.

4. Conclusion

In conclusion, the readers particularly policymakers are able to get an in-depth understanding to consider legalising marijuana with a proposed effective legal framework. The legalisation of Marijuana is widely supported by law students and medical practitioners, although a minority may oppose it due to concerns about the potential drawbacks of Marijuana, such as substance abuse and addiction, compared to its medical benefits. Studies have shown that cannabis can be effective in treating chronic pain and other illnesses. This suggests that legalizing medical marijuana could provide patients with alternative treatment options that might be more effective than traditional medications. Other than that, by legalising Marijuana

for medical purposes, it allows for regulation and quality control as well as ensuring that patients receive safe and consistent products. Furthermore, it significantly can reduce the dangers of consuming Marijuana associated with unregulated substances as choosing to use medical marijuana legally is far safer and can be used responsibly. Hence, the prescription by qualified doctors for legitimate medical reasons will help to prevent drug abuse and promote the well-being of patients. Therefore, to gain widespread support for the legalisation of Marijuana, it is essential for both the government and society to fully understand the therapeutic applications of marijuana in alleviating various medical conditions, such as Autism Spectrum Disorder, Anxiety as well as Depression. The government should allow trials to test the effectiveness of marijuana for medical purposes. From there on, the government could decide on whether to legalise marijuana for medical purposes. The impact of marijuana legalization would be huge, as it would give change to the field of medicine and law in Malaysia as well as Southeast Asia as a whole.

Acknowledgements

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