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MODIFICATION OF THE NARCOTICS LAW TO REGULATE CANNABIDIOL'S (CBD) MEDICAL USE

MODIFICAÇÃO DA LEI DE NARCÓTICOS PARA REGULAR O USO MEDICINAL DO CANABIDIOL (CBD)

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Abstract
The provisions in Law Number 35 of 2009 concerning Narcotics still classify all cannabis derivatives, including non-psychoactive CBD, as Group I narcotics, thus legally hindering their use despite their medical benefits. This research aims to analyse the urgency of reformulating CBD regulations in the Narcotics Law, assess the current provisions' suitability with medical developments and international standards, and examine alternative regulatory models to ensure safe and controlled medical access. The research findings indicate that a revision of the Narcotics Law is necessary to completely separate CBD from the overall cannabis classification, establish standards for monitoring medical use, set up licensing mechanisms for production and distribution based on patient safety, and ensure legal protection for healthcare workers and patients. This reformulation is expected to create a balance between drug control and fulfilling the right to health through the responsible use of CBD for therapeutic purposes.

Resumo
As disposições da Lei nº 35 de 2009, relativa a narcóticos, ainda classificam todos os derivados da cannabis, incluindo o CBD não psicoativo, como narcóticos do Grupo I, dificultando legalmente o seu uso, apesar dos seus benefícios medicinais. Esta pesquisa visa analisar a urgência da reformulação da regulamentação do CBD na Lei de Narcóticos, avaliar a adequação das disposições atuais aos desenvolvimentos médicos e às normas internacionais e examinar modelos regulatórios alternativos para garantir o acesso médico seguro e controlado. Os resultados da pesquisa indicam que é necessária uma revisão da Lei de Narcóticos para separar completamente o CBD da classificação geral da cannabis, estabelecer padrões para o monitoramento do uso medicinal, criar mecanismos de licenciamento para produção e distribuição com base na segurança do paciente e garantir a proteção legal dos profissionais de saúde e dos pacientes. Espera-se que essa reformulação crie um equilíbrio entre o controle de drogas e o

Keywords: Revision. Narcotics Regulation. Control. Use. Medical Cannabidiol (CBD).

Palavras-chave: *Revisão. Regulamentação de Narcóticos. Controle. Uso. Canabidiol Medicinal (CBD).*

1 INTRODUCTION

The development of science and technology in the field of health has opened up new opportunities for the utilisation of various natural compounds, including cannabidiol (CBD), as alternative medical therapies. CBD is one of the non-psychoactive compounds found in the Cannabis sativa L plant, which has been empirically and scientifically proven to have potential in treating a number of medical conditions, such as refractory epilepsy, chronic pain, multiple sclerosis, inflammatory disorders, and palliative care. In various countries, the use of CBD has been legalised and strictly regulated within a legal framework that prioritises patient safety and state oversight (PUTRA, 2022).

There are still very few regulations pertaining to CBD in Indonesia. Cannabis plants and all of its derivatives are classified as Group I Narcotics under Law Number 35 of 2009 concerning Narcotics, regardless of their chemical makeup or characteristics (Gunawan, 2022). Despite the fact that CBD has no addictive nor psychotropic effects, this classification immediately makes it a restricted substance. The development of medicinal treatments, pharmaceutical research, and innovation in the healthcare sector are hampered by regulations that do not differentiate between psychoactive THC (tetrahydrocannabinol) and non-psychoactive CBD.

The significance of modifying Narcotics Law Number 35 of 2009 to classify and separate plant elements that contain illegal chemicals from those that can be used in the medical or health fields. With stringent controls to avoid more serious issues, the goal is to categorize the usage of plants or herbs that can offer safety and aid in medical treatment as acceptable plants. In order to keep up with scientific advancements and current legal developments, criminal policy is crucial.

This mismatch between scientific development and legal regulation raises a number of issues (Busroh, 2017). First, people with certain diseases no longer have access to treatments that have been shown to be highly beneficial worldwide. Second, there is not enough legal room for academics and medical professionals to thoroughly investigate

the possibilities of CBD as a component of contemporary therapy. Third, when it comes to the use of cannabis-based biopharmaceuticals, which are highly valuable both economically and medically, Indonesia falls behind other nations.

The Constitutional Court, in its decision regarding the material review of the Narcotics Law (2022–2023), has sent an important signal about the need for the government to open up space for the use of medical marijuana through a comprehensive study (Imelda Hasibuan et al., 2025). Additionally, the Ministry of Health has begun draughting guidelines for medical cannabis research, signalling the need for regulatory reform to align with scientific advancements and societal needs (Wala et al., 2025). Based on these conditions, the reformulation of the Narcotics Law becomes a strategic urgency, and regulatory updates must be able to (Wahyudi & Manfaluthi, 2025):

1. Distinguishing CBD from THC based on their pharmacological properties;
2. Providing a legal framework that allows for the safe and controlled research and medical use of CBD; and
3. Ensuring state oversight so that the use of CBD is not misused outside of medical interests.

This legal reformulation is part of an effort to harmonise national policies with scientific evidence and international regulatory standards (Manurung et al., 2025), sehingga hak atas kesehatan masyarakat dapat terpenuhi tanpa mengabaikan aspek keamanan dan ketertiban umum. Pemutakhiran pengaturan CBD dalam UU Narkotika merupakan langkah penting menuju sistem hukum yang adaptif, responsif, dan berbasis sains. Kebutuhan CBD sebagai bagian dari pengobatan harus menjadi konsen pemerintah untuk dapat meberikan paying hukum atas penggunaannya secara ketat dan terbatas (Karunianingsih et al., 2025). Pengembangan pengetahuan dalam bidang pengobatan akan banyak memberikan dampak yang sangat luas bagi negara, dan masyarakat, antara lain peningkatan ekonomi masyarakat, dan murahnya bianya pengobatan (Andriati & Wahjudi, 2016).

2 METHOD

This research uses a normative legal approach, which is research that focusses on a systematic study of legal norms, including legislation, court decisions, doctrine, and international standards. This approach was chosen because the issue of regulating CBD

in the Narcotics Law is a normative study that requires analysis of consistency, gaps, and the need for legal updates. This research uses a legal approach to examine Law Number 35 of 2009 concerning Narcotics, Government Regulations, Ministry of Health Regulations, and their proposed revisions, as well as a case study approach by analysing Constitutional Court decisions regarding medical marijuana (judicial review of the Narcotics Law). As for the technique in analysing legal materials, it involves conducting a legal gap analysis to identify: regulatory gaps in the CBD, the ambiguity of the CBD's legal status in the Narcotics Law, and the need for updates based on medical scientific findings.

3 DISCUSSION

3.1 Regulation of Cannabidiol (CBD) in Law Number 35 of 2009 Concerning Narcotics, and What are the Legal Obstacles that Arise Regarding Its Use for Medical Purposes

Law Number 35 of 2009 concerning Narcotics classifies marijuana and all its derivatives as Group I Narcotics (Burmawi, 2024), that is, a group of narcotics that can only be used for the advancement of science and not for therapeutic purposes. Appendix I of the Narcotics Law explicitly lists Cannabis sativa, Cannabis indica, and all their processed products as substances that are prohibited without exception. (KEBUDAYAAN, n.d.). CBD, as one of the non-psychoactive compounds derived from the cannabis plant, automatically falls into this classification because the Narcotics Law does not differentiate between the psychoactive component (tetrahydrocannabinol/THC) and the non-psychoactive component (CBD). This places CBD legally on par with high-risk addictive substances, even though scientifically CBD has no psychoactive effects and its medical benefits have been recognised by various international organisations such as the WHO (Arfiani & Utami, 2022).

The effects caused by the psychoactive component (tetrahydrocannabinol/THC) and the non-psychoactive component (CBD) are very different, as generalised in Law Number 35 of 2009 concerning Narcotics (Gonçalves et al., 2019). The psychoactive component (tetrahydrocannabinol/THC) has a "high" or euphoric effect associated with cannabis use. It directly binds to CB1 receptors in the brain and central nervous system,

altering mental function and perception. The effects can include mood swings, short-term memory and cognitive impairment, increased appetite, and, in some individuals, anxiety or paranoia. In medicine, THC is used to manage nausea and vomiting caused by chemotherapy, chronic pain, and to stimulate appetite in certain patients. Unlike the effects produced by the non-psychoactive component (CBD), which: CBD does not cause a "high" or euphoria. It doesn't bind directly to CB1 receptors like THC does, but rather indirectly modulates the way the receptors and the endocannabinoid system work. CBD is generally well-tolerated. Its impact is more related to its calming, anti-inflammatory, and anti-seizure effects. CBD has been approved for the treatment of severe forms of epilepsy and is also being explored for its potential to help with anxiety, insomnia, and certain types of pain.

The lack of a definition and distinction of substance in the regulations makes CBD unsuitable for treatment as a potential medicinal ingredient (Gusna, 2023). The Narcotics Law also does not provide a specific mechanism for clinical trials, production, distribution, or prescription of CBD-based medical products. Therefore, normatively, any use of CBD, whether raw material or pharmaceutical product, is considered a legal violation unless it is within the context of research with very limited permission.

The legal construction in the Narcotics Law creates a number of legal obstacles that hinder the safe and legal use of CBD for both patients and healthcare professionals (Wulandari, 2023). These obstacles include: a) Lack of distinction between CBD and THC in regulations, b) Limited use of CBD only for research, c) High threat of criminal sanctions, d) Absence of registration or licensing mechanisms for CBD-based drugs, e) Normative conflict between the Health Law and the Narcotics Law, f) Scarcity of up-to-date national and international policy references. The current regulatory conditions are unable to accommodate the developments of modern science and the needs of public health services (Widjaja, 2025).

Table 1

Data on countries that have legalised cannabis for medical purposes

No	Country	Year	Derivative Form	Treatment
1	United States	2023	Liquid or Capsule	Medical and Research
2	Thailand	2022	Liquid or Capsule	Medical and Research
3	South Korea	2018	Sativex and Epidiolex	Medical and Research
4	Argentina	2017 s/d 2022	Liquid or Capsule	Medical and Research
5	Belize	2021	Liquid or Capsule	Medical and Research
6	Kroasia	2015	Liquid or Capsule	Cancer, HIV/AIDS, and multiple sclerosis patients
7	Finlandia	2023 (decriminalized)	Sativex and Bedrocan	Medical and Research
8	Makedonia	2016	Cannabis Oil	Medical and Research
9	New Zealand	2018	Sativex and Spray	Medical and Research
10	Inggris	2018	Liquid or Capsule	Medical and Research
11	Zimbabwe	2018	Liquid or Capsule	Medical and Research
12	Siprus	2019	Cannabis Oil	End-stage cancer patients

Source: Antara News 2025

The majority of countries that permit the cultivation of cannabis and the production of cannabis plants do so with limited regulation, solely for medical purposes. The needs of cannabis plants should be viewed objectively as a development of scientific knowledge in the medical world. Changes in the legal system related to Narcotics are not concerning as long as the formulation of legal norms and their enforcement must be transparent and accountable. Strict supervision in granting permits for the production of cannabis plants and the processing of cannabis plants that meet production and distribution standards is crucial in formulating norms to legalise cannabis for production.

3.2 Revising the Narcotics Law is necessary to regulate the medical use of CBD, and what factors underlie the urgency to reformulate its regulations

Revising Law Number 35 of 2009 is crucial because the current regulations do not differentiate between the psychoactive substance in cannabis (THC) and the non-psychoactive substance Cannabidiol (CBD), which has significant medical potential (Sobirin & Mukhlas, 2023). The Narcotics Law classifies all derivatives of the cannabis plant, including CBD, as Category I Narcotics with the strictest restrictions and no room for medical use.

Pengaturan yang sangat restriktif tersebut tidak lagi relevan dengan perkembangan ilmu farmasi dan kedokteran, yang telah membuktikan bahwa CBD aman,

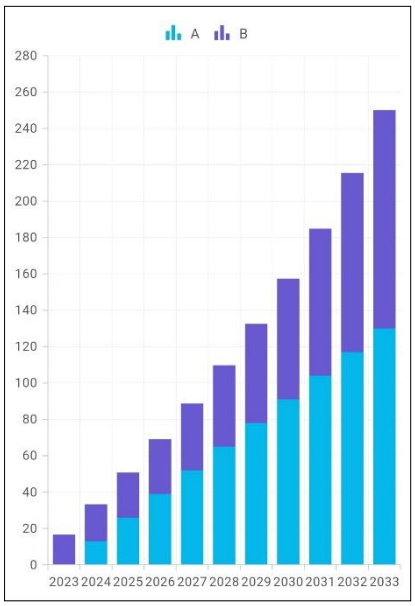
tidak menimbulkan ketergantungan (Caniago et al., 2023), and effective in treating certain diseases such as refractory epilepsy, neurological disorders, chronic pain, and some psychiatric conditions. In the absence of legal space in the law for the medical use of CBD, the national legal system becomes rigid and unresponsive to developments in public health and patients' right to access innovative treatments. Therefore, a revision of the Narcotics Law is needed to provide a clear legal basis so that CBD can be used safely (RIDHO NOVRIANDINATA, 2020), controlled, and in accordance with medical standards, without disregarding the principle of strict narcotics control.

Some factors driving the need for regulatory reformulation in the Narcotics Law include (Raustiala, 1999): a) Developments in Science and Recent Medical Evidence, the World Health Organisation (WHO) has also issued recommendations to remove pure CBD from the list of controlled substances. This scientific development demands regulatory adjustments so that the law does not become an obstacle to medical therapy innovation. b) The Need for Treatment Accessibility for Patients: A reformulation of the law is needed so that the state can guarantee access to safe, standardised, and affordable medicines for patients in need. c) Normative Conflict between Medical Needs and Narcotics Regulations, this inconsistency creates legal uncertainty for doctors, researchers, and patients. Revisions are needed to align the basis of the lex specialis on narcotics with the principle of public health protection. d) International Practices and World Recommendations, e) Barriers to Medical Implementation and Research within Existing Legal Systems, f) The Need for a More Modern Supervisory and Regulatory Framework.

The medical need for cannabis plants has significantly increased, as evidenced by the growing demand for cannabis in the global medical market. In Graph 1 below, it can be explained that there is an increase in the demand for cannabis plants in the global market for medical purposes, and this figure is expected to continue to increase until 2033.

Figure 1

Increase in the Demand for Cannabis in the Global Medical Market Size 2023 to 2033 (USD NILLION)



Source: Presedence Research 2025

The global medical cannabis market reached USD 16.68 billion in 2023, is projected to reach USD 20.32 billion in 2024, and is estimated to be around USD 120.15 billion by 2033. The market is projected to grow at a steady CAGR of 21.83% from 2024 to 2033. The medical cannabis market is expanding due to the legalisation of cannabis in many countries. The US market surpassed USD 9.63 billion in 2023 and is expected to reach USD 70.30 billion by 2033, with a potential growth of 21.99% from 2024 to 2033.

In 2023, North America dominated the medical cannabis market, generating the highest revenue that year. Its dominance is due to the fact that the United States was the first country to legalise cannabis. Approximately 37 US states have legalised cannabis for medical use and production. They also legalised recreational marijuana. Opportunities for various research and development activities exist in North America due to the advanced healthcare infrastructure (da Silva, 2024).

Many large companies and healthcare organisations are driving sustainable growth. In the North, the number of chronic diseases has increased in recent years, increasing the demand for accessible and successful therapies. It is hoped that this legalisation will spread to other states, providing opportunities for many producers, farmers, healthcare professionals, and businesses. The emergence of advanced healthcare infrastructure, increased awareness of the benefits of medical cannabis, a growing number

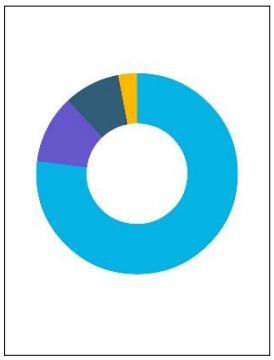
of pharmaceutical and biopharmaceutical companies, the development of new products, rising demand for life-saving treatments, the emergence of pharmaceutical cannabis applications, increased investment in new pharmaceutical drug development, increased investment in research and development, and growing demand for personalised medicine.

1. The CDC reports that six out of ten adults in the United States have a long-term illness, and four out of ten adults have two or more long-term illnesses. The use of cannabis has been legalised in Canada and the United States. Legalising cannabis in developed countries is expected to increase demand for cannabis pharmaceuticals and boost local revenue;
2. As of April 2023, the National Conference of State Legislatures allows the use of cannabis-based medical products in 38 states, three territories, and the District of Columbia. This is expected to drive the growth of the cannabis pharmaceutical market in these regions during the forecast period.

There is an increasing percentage of demand for cannabis plants in countries across Asia, Europe, the Americas, and Latin America (Leggett & Pietschmann, 2008). The growth in the number of people using cannabis as medicine will continue to expand in all countries that have legalised its use as a medical ingredient. This development could be an opportunity for Indonesia to reduce medical costs and for patients who can be cured with the use of cannabis plants produced to medical standards (Gumilang et al., 2024). This opportunity must also be driven by the government's seriousness in providing and formulating a policy to oversee and determine the classification of cannabis plants that can be produced in the free market for medical needs.

Figure 2

Percentage of Global Demand for Cannabis Plants



Source: Presedence Research 2025

In 2023, the second-largest market share for medical cannabis was in Europe. Growth in the European region is driven by increased research and development to find suitable treatments for various conditions. The region has seen a number of educational campaigns informing the public about the various benefits of cannabis products. Legalising cannabis products increases demand for various professions, which can boost business. The most influential North American companies are focussing on expanding their markets in European countries, potentially accelerating European growth.

In January 2025, SOMAÍ Pharmaceuticals, a leading vertically integrated multi-national operator meeting EU-GMP standards and possessing the most advanced portfolio of cannabinoid pharmaceutical extracts, will collaborate with Pacific Cannovation Company Limited (PACCAN) to transform Thailand into a global hub for high-quality medical cannabis. The medical cannabis market in Asia Pacific is expected to record the fastest growth during the projected period. Considered to be the cause of rapid growth are increased social acceptance of the community and disposable income levels. With the rapid increase in the legalisation of medical cannabis products, countries like China, Japan, and India have helped develop the market. Market growth is driven by the increasing number of people suffering from chronic diseases.[1]

4 CONCLUSION

The regulation of CBD in Law No. 35 of 2009 is still not aligned with the development of science and the needs of healthcare services. Classifying cannabis and all its derivatives, including non-psychoactive CBD, as a Schedule I Narcotic legally hinders the use of CBD for medical therapy. This provision no longer reflects the scientific differentiation between substances that produce psychoactive effects and those with proven medical benefits, creating a regulatory vacuum in the safe and legal use of CBD. Revising the Narcotics Law is necessary in response to medical urgency, global research developments, and the need for legal protection. Scientific evidence shows the effectiveness of CBD in treating epilepsy, neurological disorders, chronic pain, and several other medical conditions. The absence of specific regulations leads to legal uncertainty for patients, healthcare professionals, and researchers. The reformulation of

[1] Diakses pada Tgl 29 November 2025, pada website: https://www.precedenceresearch.com/medical-marijuana-market

the law aims to provide a clear legal basis, ensure the safety of CBD use, and align national standards with international practices that have already recognised the medical benefits of CBD.

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Authors' Contribution

All authors contributed equally to the development of this article.

Data availability

All datasets relevant to this study's findings are fully available within the article.

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