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Factors Underlying Marijuana Use: A Case Study of a Criminal Court Decision

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Abstract

Law Number 35 of 2009 on Narcotics classifies marijuana as a Class I narcotic and prohibits its use absolutely, including for medical purposes, even though the United Nations Commission on Narcotic Drugs removed cannabis from Schedule IV of the 1961 Single Convention in 2020 and research increasingly recognises its therapeutic value. This article examines the factors underlying marijuana use in Decision Number 830/Pid.Sus/2020/PN Kpg and asks whether the absolute prohibition of Class I narcotics in Indonesia remains proportionate. The study uses normative legal research with statutory and case approaches; the court decision and the relevant legislation are analysed descriptively together with secondary legal materials. The study finds that the defendant's use of marijuana was motivated by therapeutic rather than recreational purposes, yet the classification of marijuana as a Class I narcotic left the court no room to take that motive into account. The article argues for a more proportionate and evidence-based narcotics policy that permits scientific research and controlled medical use while retaining strict safeguards against abuse and illicit distribution.

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1. Introduction

Everyone has the right to a standard of living adequate for the health and well-being of himself and his family. The right to health in Indonesia is regulated and outlined in the 1945 Constitution of the Republic of Indonesia in Article 28H paragraph (1). Recognition of the right to health as part of human rights was first discussed in the Universal Declaration of Human Rights document on December 10 1948.[1] This recognition further strengthened by the stipulation of the International Covenant on Economic, Social and Cultural Rights by General Assembly Resolution 2200 A (XXI) on 16 December 1966. The Indonesian state has ratified the Covenant on Economic, Social and Cultural Rights through Law Number 11 of 2005. Thus, Indonesia has become a country that has a responsibility to fulfill, protect and respect the Right to Health of its citizens.[2]

The development of the times and technological advances are currently developing very rapidly, one of the benefits is in the medical field. Apart from that, various methods of treatment have also developed, both in the form of developments from traditional treatments and the discovery of new treatment methods. This has a very good impact on public health.[3] However, this development not only has positive impacts, but also negative impacts. Likewise with the crime of using narcotics. The development of narcotics in Indonesia is also influenced by technological developments. We can observe the narcotics problem through print and electronic media regarding news of arrests for narcotics abuse by law enforcement officers. The increasing problem of narcotics abuse is very worrying for all communities.[4]

The problem of narcotics and other addictive substances is a problem for all countries in the world, especially countries that account for the market share of narcotics and addictive substances. Various methods have been used by countries to face the challenges of the transnational illicit trade in narcotics, both through international agreements, regional agreements and issuing special regulations on narcotics.[5]

In this case, the Indonesian government is committed to carrying out efforts to prevent and eradicate narcotics abuse and illicit narcotics trafficking in a comprehensive and

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[1] Ahmad et al., *Hukum Konstitusi (Menyongsong Fajar Perubahan Konstitusi Indonesia Melalui Pelibatan Mahkamah Konstitusi* (UII Press, 2020); Ahmad Ahmad dan Novendri M. Nggilu, *Constitutional dialogue : menguatkan intraksi menekan dominasi (konvergensi terhadap pengujian norma di Mahkamah Konstitusi)* (UII Press, 2023).

[2] Ahmad Ahmad, "Analysis of Abuse of Authority by Government Apparatus in the State Administrative Legal System," *International Journal of Constitutional and Administrative Law* 1, no. 1 (2025): 1; Ahmad Ahmad dan Kevin Rivera, "Analysis of Legal Protection of Human Rights in the Context of State Administrative Law," *International Journal of Constitutional and Administrative Law*, 11 Maret 2026, 40–53, https://doi.org/10.66502/ac6z6f55.

[3] Lisnawaty Wadju Badu dan Julisa Aprilia Kaluku, "Restoratif Justice In the Perspective of Customary Law: A Solution to the Settlement of Narcotics Crimes Commited by Children," *Jambura Law Review* 4, no. 2 (2022): 2, https://doi.org/10.33756/jlr.v4i2.11664.

[4] Faissal Malik dan Dewa Gede Sudika Mangku, *Implementation of the Ratification of United Nation Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substance for Indonesia*, 18, no. 4 (2019).

[5] M. Arief Hakim, *Bahaya Narkoba Alkohol: cara islam mencegah, mengatasi, and melawan* (Nuansa Cendekia, 2023),.

multidimensional manner with active community involvement. So international instruments are needed that can regulate drug trafficking so that it does not harm society.[6]

In line with developments in time and research, the Commission on Narcotic Drugs (CND), a functional commission under the UN, holds annual meetings. The meeting voted on several recommendations from the World Health Organization (WHO), one of which was related to changes in the classification of narcotics. The voting resulted in 27 countries accepting, 25 countries rejecting and 1 country abstaining. From this vote, it was decided that marijuana and marijuana resin were removed from group IV and changed to group I. With the removal of marijuana and its resin from group IV. As explained in the description of WHO recommendations. The Committee concluded that the inclusion of cannabis and cannabis resin in Schedule IV is not consistent with the criteria for a drug to be placed in Schedule IV.

The Committee then considered whether cannabis and cannabis resin were better placed in Schedule I or Schedule II of the 1961 Convention.[7] While the Committee did not consider that cannabis is associated with the same level of risk to health as most of the other drugs that have been placed in Schedule I, it noted the high rates of public health problems arising from cannabis use and the global extent of such problems, and for these reasons it is recommended that cannabis and cannabis resin continue to be included in Schedule I of the 1961.

"The committee concluded that the inclusion of marijuana and cannabis resin in Schedule IV is inconsistent with the criteria for a drug to be placed in Schedule IV. The Committee then considered whether cannabis and cannabis resin would be better placed in Schedule I or Schedule II of the 1961 Convention.[8] While the Committee did not consider that cannabis was associated with the same level of health risk as most other drugs placed in Schedule I, the Committee noted the high level of health problems society arising from the use of cannabis and the global extent of such problems, and for this reason it is recommended that cannabis and cannabis resin continue to be included in Schedule I to the 1961 Convention."

From the WHO recommendations, marijuana is no longer equated with heroin or opioids which have the highest risk of causing death. On the contrary, the health benefits that can

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[6] Diyan Kurniawan dan Taufan Fajar Riyanto, "Termination of Prosecution of Narcotics Crimes from the Pancasila Justice Perspective," *Ratio Legis Journal* 3, no. 4 (2024): 4, https://doi.org/10.30659/rlj.3.4.881-890.
[7] Ahmad Ahmad et al., "Antara Otoritas dan Otonomi : Pertautan Hak Asasi Manusia dalam Praktik Eksekusi Putusan PTUN: Perlindungan HAM dalam Eksekusi Upaya Paksa Terhadap Putusan Peradilan Tata Usaha Negara," *Jurnal Konstitusi* 21, no. 3 (2024): 3, https://doi.org/10.31078/jk2133.
[8] Naura Ardya Fabian, "Akibat Hukum Ratifikasi Optional Protocol on the Convention Against Torture (Opcat) Dan Pengaruhnya Pada Perlindungan Hak Atas Rasa Aman Dari Penyiksaan Di Indonesia," *ResearchGate* 9, no. 1 (2023): 1, https://doi.org/10.55809/tora.v9i1.167; Rahayu Repindowaty, "Perlindungan Hukum Terhadap Penyandang Disabilitas Menurut Convention on The Rights of Persons With Disabilities (CRPD)," *INOVATIF | Jurnal Ilmu Hukum* 8, no. 1 (2015): 1, https://online-journal.unja.ac.id/jimih/article/view/2191; Hazardous Waste and Hazardous Substances Management Ministry of Environment and Forestry Republic of Indonesia, *National Action Plan for Artisanal and Small-Scale Gold Mining in Indonesia in Accordance with the Minamata Convention on Mercury* (Ministry of Environment and Forestry, Republic of Indonesia, 2022).

be obtained from the cannabis plant are increasingly being recognized as proven by the results of research and medical cannabis treatment practices in various countries, both in the form of therapy, treatment of epilepsy symptoms, and so on. This step taken by the UN has had quite an impact on the position of marijuana in international narcotics policy so that it is no longer an obstacle to the development of science or its use in the medical world.

In the development of science and its use in the medical world, much research has been carried out regarding the use of marijuana for medical needs such as:[9]

1. Epilepsy

The main findings demonstrate the age range (2–48 years) and different, previously incurable epilepsy conditions for which CBMP has been shown to be effective in reducing seizure frequency. Five patients had undiagnosed epilepsy, three patients had a diagnosis of LGS, one had CFC syndrome and one had Doose syndrome.

2. Cancer

Both THC and CBD have been shown to inhibit several processes associated with cancer development (e.g., inhibition of cancer cell proliferation, invasion, metastasis, and angiogenesis). In addition, both cannabinoids induce apoptosis and inhibit cancer stem cell maintenance and self-renewal

3. Parkinson's and chronic pain

Reporting from Harvard Health Publishing, marijuana is also considered an effective muscle relaxant and reduces tremors in Parkinson's disease. The use of medical marijuana is also known to have the potential to treat diseases that cause conditions with chronic pain

However, Indonesia still prohibits the use of marijuana. According to the National Narcotics Agency (BNN), the content of marijuana plants in Indonesia is different from those grown abroad. The cannabidiol (CBD) content in it is lower than tetrahydrocannabinol (THC) and of course makes it difficult for medical use.[10]

In Indonesia, medical research that utilizes marijuana or marijuana extracts faces many obstacles. As stated by Prof. Musri Musman as an expert at the follow-up hearing of Case Number 106/PUU-XVIII/ 2020, according to Prof. Musri:

"We don't do research from upstream to downstream, we don't do research to the end because it depends, first, on regulation. Then, how to obtain permission also still depends on other institutions. Sorry, let me give you an example in 2015, I was the first Indonesian researcher to apply for permission to the Ministry of Health to obtain permission to use CBD to treat diabetes mellitus. However, the Ministry of Health gave permission in principle. However, the principle permit states that you must coordinate with BNN. Until

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[9] Nur Arfiani dan Indah Woro Utami, "Penggunaan Marijuana Medis Dalam Pengobatan Rasional Dan Pengaturannya Di Indonesia," *Jurnal Hukum Dan Etika Kesehatan*, 2022, 56–68.

[10] Oleh Humas BNN, "Putus Polemik Legalisasi Marijuana Dengan Informasi Akurat," 27 Juni 2021, https://bnn.go.id/putus-polemik-legalisasi-ganja-informasi-akurat/.

now, the BNN has not responded to the letter requesting us to coordinate. "This is what is not the reason why they are not applied, but that we cannot penetrate these regulations."[11]

The long journey of narcotics regulation which was surrounded by polar views between the criminal approach and the health approach culminated in changes to Law Number 22 of 1997 concerning Narcotics. Law Number 35 of 2009 on Narcotics was enacted on 12 October 2009. In principle, the Narcotics Law was formed with four main objectives, namely:

1. Ensure the availability of narcotics for the purposes of health services and/or the development of science and technology.
2. Prevent, protect and save the Indonesian people from narcotics abuse;
3. Eradicating the illicit circulation of narcotics and narcotic precursors; And
4. Ensure the arrangement of medical and social rehabilitation efforts for narcotics abusers and addicts.

Narcotics crimes starting from cases and suspects can be seen as shown in the table below:

Table 1. Narcotics offences by type, case and suspect[12]

No	Type	Case	Suspect
1	Sabu	33,442	43,637
2	Marijuana	3,552	4,571
3	Ecstasy	1,068	1,412
4	Potent drug	701	796
5	List G	521	618
6	Liquor	492	498
7	Hard Drugs Limited	242	262
8	Group IV	181	211
9	Synthetic Marijuana	154	195
10	Gorilla Tobacco	153	185

There are many narcotics cases in Indonesia, one of the cases of conviction for the use of class 1 narcotics, namely marijuana used for medicinal purposes, was experienced by Reyndhart Rossy N. Siahaan. Reyndhardt suffers from a neurological disorder that often

[11] DIAJENG AYU PUSPITANINGTYAS, "URGENSI NARKOTIKA JENIS GANJA UNTUK KEPENTINGAN MEDIS DALAM PERSPEKTIF HUKUM PIDANA" (PhD Thesis, Universitas Islam Sultan Agung Semarang, 2023), http://repository.unissula.ac.id/31829/.
[12] "Indonesia Drugs Report 2020 (PUSLITDATIN BNN).".

causes his body to feel pain. Reyndhardt's neurological disorder can be proven by the results of the CT Scan CT Scan Registration Number RJ1508100084 from OMNI Hospital. Reyndhart looked for alternative medicine and found out that marijuana boiled water could help relieve pain. This alternative method continued to be used until on November 17 2019 he was arrested and prosecuted under Case No. 83/Pid.Sus/2020/PN Kpg.

Reyndhart Rossy was charged with alternative charges, firstly Article 114 paragraph (1) of Law no. 35 of 2009 concerning Narcotics I regarding acts without rights or against the law of offering for sale, selling, buying, receiving, becoming an intermediary in buying and selling, exchanging or handing over Narcotics of Category I, secondly, Article 111 paragraph (1) of Law no. 35 of 2009 concerning Narcotics regarding acts without rights or against the law of planting, maintaining, possessing, storing, controlling or providing Class I Narcotics in the form of plants, third Article 127 paragraph (1) of Law no. 35 of 2009 concerning Narcotics regarding narcotics abuse. The judge decided that Reyndhart was proven guilty of committing the crime as in the third alternative indictment and sentenced Reyndhart to 10 months in prison.

Reyndhart's case is not the first case of narcotics abuse intended for medical or healing reasons. Reporting from the BBC Indonesia page, in 2017 Fidelis Ari Sudarwoto, a civil servant in Sanggau Regency, West Kalimantan, was found guilty and imprisoned for 8 months for his actions in growing marijuana to treat his wife who suffered from syringomyelia.

Apart from that, Dwi Pertiwi, a resident of Sleman, Yogyakarta, is currently struggling to get treatment for her son, Musa, who suffers from cerebral palsy. Dwi has to constantly buy anti-seizure medicines for Musa, who is now completely dependent on other people 24 hours a day. Musa's muscles were so stiff that therapy was difficult. He also has difficulty expelling phlegm and has seizures almost once a week. In 2016, Dwi took Musa to the State of Victoria, Australia, to receive treatment with cannabis oil. However, this treatment cannot be continued because in Indonesia there is still a prohibition on the use of marijuana, including for treatment.

In article 1 number 15 of Law Number 35 of 2009 concerning Narcotics, it states "A drug abuser is a person who uses narcotics without rights or against the law". The consequence of the elements "without rights" and "against the law" is that narcotics users are still seen as people who are against the law or criminals.

2. Method

The type of research used is normative legal research,[13] which is legal research that examines laws that are conceptualized as norms or rules that apply in society, and become a reference for everyone's behavior.[14]

3. Factors Underlying Marijuana Use in Decision Number 830/Pid.Sus/2020/PN Kpg

3.1. Chronology of the Case

In the Kupang District Court Decision Number 83/Pid.Sus/2020/PN Kpg, the defendant in the case was Reyndhart Rossy N. Siahaan. Based on the identity stated in the court decision, Reyndhart was born in Jakarta on 3 October 1982, was male, an Indonesian citizen, and adhered to Protestant Christianity. At the time relevant to the proceedings, he was described as self-employed and resided in the Cibubur area. The identification of the defendant constitutes an important preliminary element of the criminal proceedings because it establishes the individual against whom criminal responsibility was sought by the public prosecutor. More importantly, the case subsequently developed into a legal issue concerning the possession and use of marijuana, particularly in circumstances where the defendant claimed that marijuana had been used for purposes related to the treatment of his medical condition.

The circumstances underlying the case can be traced back to approximately mid-2015, when Reyndhart began experiencing health problems associated with a pinched nerve. According to the facts presented in the proceedings, the condition caused considerable pain and discomfort throughout his body and interfered with his physical well-being. Reyndhart did not merely assume that he was suffering from such a condition, but had previously undergone a medical examination at OMNI Hospital. The medical examination was supported by the results of a radiological examination or CT scan recorded under Registration Number RJ1508100084. These medical records became relevant to the factual background of the case because they demonstrated that the defendant's complaints regarding his physical condition were associated with a health problem that had previously been medically examined.

According to the defendant's account, the health problem was related to the nature of the activities he frequently performed, particularly heavy physical work that required considerable strength and energy. Such activities allegedly contributed to the pain associated with the pinched nerve and affected his ability to carry out his daily activities comfortably. Although Reyndhart had sought medical treatment for his condition, the pain did not completely disappear. The condition subsequently recurred toward the end of 2018, causing him once again to experience significant physical discomfort. At that

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[13] Mukti Fajar dan Yulianto Achmad, *Dualisme penelitian hukum : normatif & empiris* (Pustaka Pelajar, 2010); Irwansyah Irwansyah, *Penelitian Hukum; Pilihan Metode & Praktik Penulisan Artikel* (Mirra Buana Media, 2020).

[14] Budi Juliardi et al., *Metode penelitian hukum* (CV. Gita Lentera, 2023), https://books.google.com/books?hl=id&lr=&id=vyXbEAAAQBAJ&oi=fnd&pg=PA107&dq=metode+penelitian+hukum+2023&ots=URsVKN1YD1&sig=QzJh2fORIs3Ga8_DExUkt_YWOYY.

stage, Reyndhart had undergone various forms of medical treatment in an attempt to alleviate the symptoms. Nevertheless, according to his account, those treatments had not provided the degree of relief he expected, and he continued to experience pain arising from the condition.

The persistence of the pain eventually encouraged Reyndhart to seek alternative information regarding possible methods of treating or alleviating his condition. In addition to conventional medical treatment, he began searching for information through the internet concerning substances that might potentially reduce the symptoms of a pinched nerve. During this process, Reyndhart encountered information suggesting that certain substances contained in marijuana could potentially provide therapeutic effects, particularly in reducing pain and symptoms associated with neurological disorders. The information he obtained from online sources subsequently influenced his decision to explore marijuana as an alternative means of dealing with the pain he had experienced for several years. Thus, according to the factual narrative presented in the case, his interest in marijuana arose within the context of his efforts to find relief from an ongoing medical problem rather than being entirely detached from his health condition.

After obtaining such information, Reyndhart proceeded to search for further information concerning how marijuana could be obtained and used. He eventually acquired marijuana and processed the leaves by boiling them in water. After the boiling process, he filtered the liquid and consumed the resulting marijuana-infused water. According to Reyndhart's testimony, this method of consumption produced a noticeable effect on his physical condition. He claimed that after consuming the boiled marijuana water, the symptoms associated with his nerve disorder diminished and his overall physical condition improved. From Reyndhart's perspective, therefore, the use of marijuana was connected to an attempt to alleviate the pain caused by his medical condition. Nevertheless, this subjective therapeutic purpose did not automatically eliminate the legal consequences arising from the possession and use of marijuana under the narcotics legislation applicable in Indonesia.

The factual circumstances of the case changed significantly on 17 November 2019, when police officers arrested Reyndhart at his boarding house. During the arrest and subsequent search, law-enforcement officers discovered a package containing marijuana with a recorded weight of approximately 428.26 grams. In addition to the package, officers also discovered marijuana weighing approximately 2.528 grams in the pocket of Reyndhart's trousers. According to the facts described in the case, the marijuana discovered at the time of the arrest had not yet been entirely used or consumed. The discovery and seizure of these narcotics subsequently became central pieces of evidence for the prosecution and formed the factual basis for initiating criminal proceedings against Reyndhart.

On the basis of the marijuana discovered and seized by law-enforcement officers, Reyndhart was subsequently prosecuted for conduct associated with the unlawful

possession and control of narcotics.[15] The prosecution therefore placed his conduct within the framework of Indonesia's narcotics law, under which marijuana is categorized as a prohibited narcotic substance and its possession or use is subject to strict legal restrictions. At the same time, the factual background of the case presented a more complex issue because Reyndhart maintained that his use of marijuana was motivated by his continuing medical condition and the relief he allegedly experienced after consuming marijuana-infused water. Consequently, the case did not concern merely the physical possession of marijuana, but also raised a broader legal question concerning the extent to which an asserted medical or therapeutic motivation could be considered in assessing conduct that remained prohibited under the prevailing narcotics regulatory framework.

Accordingly, Decision Number 83/Pid.Sus/2020/PN Kpg illustrates the tension between the formal prohibition of marijuana under Indonesian narcotics law and the circumstances of an individual who claims to have used the substance as an alternative means of alleviating a medically documented condition. The factual narrative demonstrates that Reyndhart's possession of marijuana cannot be separated from his history of a pinched nerve, the medical examinations and treatments he had previously undergone, his search for alternative therapeutic information, and his subsequent decision to consume marijuana in boiled form. These circumstances became particularly significant in examining the defendant's motivation and the context surrounding the prohibited conduct, although the existence of such motivation must ultimately be distinguished from the separate legal question of whether it could constitute a justification, excuse, mitigating circumstance, or otherwise affect criminal liability under Indonesian law.[16]

3.2. Analysis

As is generally understood, the medical use of Class I narcotics is subject to a strict prohibition under Article 8 paragraph (1) of Law Number 35 of 2009 concerning Narcotics (the Narcotics Law). This provision expressly stipulates that Class I narcotics are prohibited from being used for health-care services. Consequently, narcotic substances classified within this category, including opium, heroin, and cannabis or marijuana, cannot legally be administered as part of ordinary medical treatment in Indonesia. The prohibition reflects the restrictive approach adopted by Indonesian narcotics policy, particularly toward substances considered to possess a high potential for abuse and dependence. At the same time, this legal framework creates an important question concerning whether an absolute prohibition remains appropriate when scientific developments increasingly demonstrate that certain substances classified as narcotics may

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[15] Shivaraj Huchhanavar, "Judicial conduct regulation: do in-house mechanisms in India uphold judicial Independence and effectively enforce judicial accountability?," *Indian Law Review* 6, no. 3 (2022): 3, https://doi.org/10.1080/24730580.2022.2068887.

[16] Yozza Afandi et al., "Application Of Restorative Justice To Settlement Criminal Acts Of Persecution," *JURNAL HUKUM SEHASEN* 11, no. 1 (2025): 1, https://doi.org/10.37676/jhs.v11i1.7962; Alendra Alendra et al., "Reformulating Criminal Law Policy on Child Perpetrators of Human Trafficking in Indonesia: A Child Victim-Offender Approach," *IJCLS (Indonesian Journal of Criminal Law Studies)* 11, no. 1 (2026): 317–64, https://doi.org/10.15294/ijcls.v11i1.42124.

contain compounds capable of producing therapeutic benefits under controlled medical circumstances.

The prohibition contained in Article 8 paragraph (1) should therefore be understood within the broader regulatory structure established by the Narcotics Law. The classification of narcotics does not merely concern whether a particular substance has pharmacological effects, but also reflects an assessment of its potential for dependence, abuse, and its recognized utility in medical treatment. In the Indonesian legal framework, Class I narcotics occupy the most restrictive category. Their utilization is consequently subject to substantially greater limitations than narcotics classified in other categories. Such classification demonstrates that the legislature has adopted a precautionary approach in balancing the potential benefits of narcotics against the risks associated with their misuse.[17] Nevertheless, the existence of such a classification does not necessarily eliminate the possibility that scientific developments may subsequently reveal therapeutic characteristics that were not sufficiently recognized when the regulatory framework was originally formulated.

Furthermore, it should be recognized that the potential to cause dependence is not exclusively associated with narcotics. Various pharmaceutical substances may also create physical or psychological dependence, particularly when they are consumed continuously, improperly, or for prolonged periods. This is one of the reasons why the administration of certain medicines requires professional medical supervision and, in appropriate circumstances, a prescription from a qualified physician. Medical supervision serves to ensure that the benefits expected from a medicine outweigh its potential adverse effects and that its dosage, duration, and method of administration correspond to the patient's medical condition. Therefore, the potential of a substance to cause dependence cannot, standing alone, provide a complete assessment of whether that substance possesses therapeutic value. Rather, such risks should be considered alongside dosage, clinical indications, medical supervision, patient characteristics, and available scientific evidence.

In prescribing medicines, physicians are also expected to observe the principle of the Rational Use of Medicines as developed by the World Health Organization. According to this principle, "Rational use of medicines requires that patients receive medications appropriate to their clinical needs, in doses that meet their individual requirements, for an adequate period of time, and at the lowest cost to them and their community." The principle emphasizes that medicine should not merely be available or capable of producing a particular pharmacological effect. Its use must correspond to a patient's clinical condition, be administered in an appropriate dosage, continue for an appropriate duration, and remain proportionate in terms of both benefits and costs. Rationality in

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[17] Yassar Aulia et al., "Fundamental Principles of the Legislation Process," *Petita: Jurnal Kajian Ilmu Hukum Dan Syariah* 6, no. 1 (2021): 1, https://doi.org/10.22373/petita.v6i1.109; O. V. Chesalina, "Novelties of the Legislation on Distance (Remote) Work: A Comparative Legal Analysis," LABOR RELATIONS AND SOCIAL SECURITY, *Actual Problems of Russian Law* 16, no. 9 (2021): 9, https://doi.org/10.17803/1994-1471.2021.130.9.099-113.

medical treatment therefore involves an evidence-based assessment of necessity, efficacy, safety, dosage, and available therapeutic alternatives.

The concept of rational medicine use is particularly relevant when discussing the possibility of using substances that simultaneously possess therapeutic potential and significant risks. From a medical perspective, the existence of risk does not automatically exclude a substance from therapeutic consideration. Instead, the relevant question is whether such risk can be scientifically assessed, medically controlled, and proportionately balanced against the expected therapeutic benefits. This principle can also provide an analytical framework for examining medical cannabis. If particular cannabis-derived compounds are scientifically demonstrated to have therapeutic effects for specific medical conditions, the legal discussion should not be confined solely to whether cannabis is categorized as a narcotic substance. It should also consider whether certain compounds, preparations, dosages, and methods of administration could potentially satisfy accepted standards of medical efficacy and safety under strict professional supervision.

In terms of drug selection, each disease or medical condition generally has a primary treatment or a treatment regarded as the most recommended option, commonly referred to as the drug of choice. Nevertheless, not every patient responds to the same treatment in an identical manner. Certain patients may experience adverse effects, inadequate therapeutic responses, contraindications, or other clinical circumstances that make the primary treatment ineffective or inappropriate. In such situations, alternative treatment may become medically relevant. However, the selection of an alternative treatment cannot be based solely on subjective preference or individual experience. It must, as far as possible, be supported by scientific evidence, clinical evaluation, professional medical judgment, and contemporary research concerning its efficacy and safety.

This perspective is particularly important when considered alongside the philosophical foundation of Law Number 35 of 2009 concerning Narcotics itself. Consideration letter c of the Narcotics Law acknowledges that narcotics, on the one hand, constitute drugs or substances that are useful in the fields of treatment or health services and for the development of science. On the other hand, narcotics may also cause dependence and serious harm when misused or used without strict and careful control and supervision. This formulation demonstrates an inherent duality within narcotics regulation. Narcotics are not perceived exclusively as dangerous substances; the law itself recognizes that they may possess scientific and therapeutic utility. The principal legal challenge, therefore, concerns how the state should reconcile these potential benefits with the obligation to prevent abuse, illicit circulation, dependence, and broader social harm.

This dual character becomes increasingly relevant in light of scientific developments concerning cannabis. In various jurisdictions, researchers have investigated the pharmacological properties of cannabis and cannabis-derived compounds in relation to certain medical conditions. These developments demonstrate the importance of distinguishing between the recreational consumption of cannabis and scientifically controlled research into particular cannabinoids for therapeutic purposes. Such a distinction is essential because the term “marijuana use” may encompass substantially different activities, ranging from uncontrolled recreational consumption to standardized

pharmaceutical preparations administered under professional medical supervision. Treating these different forms of utilization as conceptually identical may obscure the more complex scientific and regulatory questions involved.

Research discussed by Peter Grinspoon, MD, for example, explains the relevance of the human endocannabinoid system in understanding the physiological effects of cannabinoids. The human body possesses an endogenous cannabinoid system involving naturally occurring molecules, receptors, and biological mechanisms that participate in regulating numerous physiological functions. The endocannabinoid system is associated with various processes involving the nervous system and neurotransmitter activity and has consequently become an important field of research concerning the potential therapeutic effects of cannabinoid-related compounds. The existence of this biological system provides an important scientific basis for further investigation into how cannabinoids interact with the human body and whether such interactions can be utilized for legitimate therapeutic purposes.

Furthermore, research concerning cannabinoids has examined their potential role in neuroprotective mechanisms. Certain studies have explored whether cannabinoid compounds may influence biological processes associated with chronic neurological conditions, neurodegeneration, traumatic injury, and ischemic conditions caused by insufficient blood supply to tissues. Research has also investigated cannabinoids in connection with neurological and neurodegenerative disorders, including Alzheimer's disease, Parkinson's disease, Huntington's disease, amyotrophic lateral sclerosis (ALS), and multiple sclerosis. However, the existence of such research should not automatically be interpreted as establishing cannabis as an effective treatment for all of these conditions. Rather, it demonstrates that cannabinoids constitute a legitimate field of biomedical investigation whose therapeutic efficacy, appropriate dosage, potential adverse effects, contraindications, and long-term consequences require continued scientific and clinical evaluation.

For this reason, an important conceptual distinction must be made between medical and recreational uses of cannabis. Recreational use generally refers to cannabis consumption primarily intended to obtain psychoactive effects without a specific therapeutic indication or medical supervision. Medical use, by contrast, refers to the utilization of cannabis-derived substances or particular cannabinoid compounds for an identified therapeutic purpose within a regulated medical framework. The distinction is important because the legal risks associated with unrestricted recreational consumption cannot automatically be equated with the controlled administration of standardized cannabinoid-based products for specific clinical indications.

Medical cannabis itself should not necessarily be understood as the unrestricted consumption of the cannabis plant in its raw form. Cannabis contains numerous chemical compounds, including cannabinoids such as cannabidiol (CBD) and tetrahydrocannabinol (THC), which possess different pharmacological characteristics and psychoactive effects. Consequently, a medical cannabis regulatory framework may focus on particular compounds, standardized concentrations, pharmaceutical preparations, dosage limitations, methods of administration, and specific clinical indications. Such

differentiation is essential because the therapeutic potential of a particular cannabinoid compound cannot automatically justify the unrestricted use of all forms of cannabis. Medical regulation therefore requires precision concerning which substances may be used, for what diseases or conditions, in what dosage, through which pharmaceutical preparations, and under whose professional supervision.

Within this framework, cannabis-derived products may potentially function as an alternative or adjunctive therapy rather than necessarily becoming a first-line treatment. The concept of alternative treatment is particularly relevant where conventional therapies have proven ineffective, have produced intolerable adverse effects, or are medically unsuitable for a particular patient. Similarly, cannabis-based treatment may potentially serve as an adjunct to existing therapies rather than replacing established medical treatment entirely. However, such utilization must be based on evidence-based medicine and should not rely solely upon individual testimony concerning perceived therapeutic benefits. The distinction between anecdotal experience and scientifically demonstrated clinical efficacy is therefore fundamental to the formulation of responsible narcotics policy.

When this perspective is applied to Reyndhart's case, the legal dilemma becomes particularly apparent. Reyndhart claimed that he used marijuana to alleviate the symptoms associated with his pinched nerve after previously undergoing medical examinations and various treatments. According to his account, consuming water obtained from boiled marijuana leaves reduced his symptoms and improved his physical condition. Nevertheless, his conduct remained confronted by the legal prohibition applicable to Class I narcotics. In other words, even where an individual subjectively believes that cannabis provides therapeutic benefits, the existing legal framework does not automatically recognize such individual therapeutic motivation as authorization to possess or use marijuana for medical treatment.

Reyndhart's case therefore demonstrates the tension between individual claims of therapeutic necessity and the principle of legality in criminal law. A person's medical motivation does not by itself eliminate the unlawfulness of conduct expressly prohibited by legislation. At the same time, however, such cases should encourage a broader evaluation of whether the existing legal framework provides adequate mechanisms for responding to scientific developments concerning narcotics with potential therapeutic properties. The fundamental issue is consequently not simply whether Reyndhart violated the applicable law, but whether Indonesian narcotics policy should provide a scientifically controlled pathway through which the therapeutic potential of Class I narcotics can be objectively examined and, where supported by sufficient evidence, utilized within strictly regulated medical circumstances.

According to the author, Indonesia therefore needs more comprehensive and interdisciplinary research concerning the potential medical utilization of Class I narcotics, particularly cannabis and its constituent compounds. Such research should not be limited to literature reviews or comparisons with foreign jurisdictions. It should include pharmacological studies, toxicological evaluations, preclinical research, controlled clinical trials where ethically and legally permissible, assessments of dosage and methods of

administration, evaluation of short- and long-term adverse effects, and analysis of potential dependence and abuse. Legal research should accompany these scientific investigations in order to determine how an appropriate regulatory framework could be designed if certain therapeutic benefits are eventually demonstrated with adequate scientific certainty.

This need becomes even more important because legal regulation frequently develops more slowly than scientific and technological innovation. Legislation is formulated on the basis of knowledge, social conditions, and policy considerations existing at a particular period, whereas scientific research continues to evolve. Consequently, legal policy should possess mechanisms that enable the state to respond rationally to credible scientific developments without abandoning the principles of public safety and legal certainty. This does not mean that every new scientific claim should immediately result in legalization. Rather, scientific developments should periodically inform the evaluation of classifications, prohibitions, exceptions, research permissions, and mechanisms of medical supervision contained within narcotics legislation.

Within this context, the discourse concerning decriminalization of the medical use of Class I narcotics, including cannabis, should be distinguished from the legalization of unrestricted recreational use. Decriminalization for narrowly defined medical purposes could be constructed as a limited legal policy applicable only to conduct undertaken within an authorized medical and scientific framework. Such a framework could establish strict requirements concerning eligible medical conditions, authorized physicians and health facilities, pharmaceutical standards, dosage limits, patient registration, prescription procedures, distribution channels, monitoring systems, reporting obligations, and sanctions for diversion or misuse. Accordingly, decriminalization should not be interpreted as the removal of state control over narcotics but rather as a possible reconstruction of the manner in which criminal law intervenes in medically justified conduct.

Furthermore, criminal law should generally operate with careful consideration of proportionality, particularly where conduct occurs within a genuine medical context. The use of criminal sanctions against patients seeking treatment raises questions concerning the appropriate boundary between public-health regulation and penal intervention. Where a substance possesses both risks of abuse and potential therapeutic benefits, regulatory instruments involving medical authorization, administrative supervision, pharmaceutical controls, and professional accountability may, in certain circumstances, provide a more proportionate mechanism than an absolute reliance on criminal prohibition. Nevertheless, any movement toward such a model must be supported by robust scientific evidence and accompanied by safeguards capable of preventing the medical framework from becoming a channel for recreational or illicit distribution.

Therefore, reform of Indonesian narcotics policy should not be understood as simply choosing between total prohibition and unrestricted legalization. A more nuanced regulatory approach may be developed by separating recreational use, medical use, and scientific research into distinct legal categories. Recreational possession and distribution may remain subject to criminal restrictions, while scientific research can be facilitated

under controlled authorization and medical utilization can be considered only where sufficient evidence regarding safety and efficacy exists. Such differentiation would enable narcotics law to respond more proportionately to the different purposes, risks, and social consequences associated with each form of use.

Ultimately, the case of Reyndhart demonstrates the need to reconsider the relationship between criminal law, public-health policy, and scientific development in the regulation of narcotics. The prohibition of Class I narcotics undoubtedly serves the legitimate objective of preventing abuse, dependence, and illicit circulation. However, such objectives should not prevent scientific investigation into substances that may potentially possess therapeutic value. The more appropriate direction is therefore to establish a regulatory framework that simultaneously protects society from narcotics abuse and provides sufficient legal space for credible medical and scientific research.

On this basis, the decriminalization of narrowly defined medical utilization of Class I narcotics may become one regulatory option worth considering, provided that it is preceded by rigorous scientific research and accompanied by strict institutional supervision. The purpose of such reform would not be to normalize unrestricted marijuana consumption, but to ensure that criminal law does not unnecessarily obstruct legitimate scientific research and evidence-based medical treatment. Through a carefully designed framework involving medical prescriptions, pharmaceutical standards, licensing, patient monitoring, controlled distribution, and effective sanctions against misuse, Indonesia may be able to construct a narcotics policy that better balances legal certainty, public health, scientific progress, and the protection of individuals who genuinely require medical treatment.

4. Conclusion

In the case of Reyndhart, he used marijuana by taking approximately 15 grams of marijuana leaves, adding about 400 milliliters of water, boiling the mixture, straining it, cooling it until warm, and then consuming it all at once. This was Reyndhart's attempt to treat his pinched nerve condition. However, this action is contrary to Law Number 35 of 2009 concerning Narcotics, which prohibits the use of Class I Narcotics for health purposes. As a result, Reyndhart cannot use marijuana for treating his illness.

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