

For the Sake of “People’s Health”: “Health Ideologies Amidst the  
Contemporary Cannabis Movement in Thai Society”

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**Abstract**

This study delves into the debates and movements surrounding the evolution of cannabis's status in Thai society, transitioning from a legally prohibited narcotic plant, as commonly perceived within contemporary public health frameworks, to being acknowledged as an alternative herb with potential for lawful application in alternative medicine, nutrition, and recreation. Despite being propelled by diverse ideologies and interests, participants in these discussions and actions, notably intensified during the period from 2019 to 2023, were unified by their shared claim of advancing the 'well-being' of the populace. While initiatives advocating for legal cannabis had been ongoing before 2019, primarily championed by alternative medicine advocates, it wasn't until a prominent political party made it a focal point of their 2019 election campaign that it gained significant societal traction. Subsequently,

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\*\* Received April 30, 2024; Revised October 23, 2024; Accepted December 27, 2024.

following the election, the Ministry of Public Health (MPH), under the governance of that political party from 2019 to 2023, consistently endeavored to legalize cannabis as a flagship policy.

This study suggests that the MPH's stance on cannabis legalization, as the principal body of modern public health in Thailand, diverged from other public health organizations and institutions, which consistently rejected cannabis. This divergence led to the formation of alliances amidst different actors—political parties, the MPH, traditional health institution and recreational cannabis users—each with different health-related objectives, yet working together toward the same goal of legalization. Ultimately, the push for cannabis legalization was achieved but it remained contingent upon the conditions set by modern medical practices.

**Key words:** cannabis, public health, well-being.

## Introduction

In contemporary Thai society, cannabis is recognized as a "drug," widely perceived as a serious illegal narcotic drug. However, the situation has changed since 2019, the meaning of cannabis has evolved significantly. From a plant that was once classified as a serious illegal narcotic drug, it has now transformed into a health-related plant. This shift in cannabis

status has not only altered its legal standing but has also been driven by various stakeholders who believe that affecting the classification of cannabis status that will serve their interests. Historically, cannabis was clearly categorized as a drug in the mid-20th century, but its definition as a narcotic is currently undergoing re-evaluation. Unlike the perception of cannabis in ancient times, which did not inherently categorize it as a drug, modern health institutions have redefined its status, leading to significant implications for Thai society. This study aims to explore the roles of various sectors within Thai society that reference the "well-being" of the population amid the ongoing cannabis debate. These claims reflect the complex interactions among different stakeholders. To comprehend the phenomenon of cannabis's resurgence and the intricacies of its meaning within the Thai public health institution, two key questions emerge: When did cannabis become classified as a drug, and how has its definition as a narcotic been reinterpreted in the current context?

Cannabis is a plant known to humanity since ancient times, dating back to ancient civilizations and encompassing a wide range of cultural applications across the globe. In Western societies, hemp (another species of cannabis) has been recognized for its uses; for instance, in ancient Greek society, hemp seeds were consumed as a snack, while its fibers were employed in the production of textiles and footwear (Butrica, 2002, p. 56). In Indian society, cannabis has been utilized for spiritual purposes, as well

as in the preparation of a traditional beverage known as bhang, which contains cannabis leaves. Furthermore, cannabis has been utilized in medicinal practices, notably in formulations like Jatiphaladya churna text, which is a classical remedy employed to treat gastrointestinal issues such as diarrhea (Touw, 1981, pp. 26-28). In Chinese society, cannabis has historically been used as an ingredient in anesthetic preparations prior to surgical procedures, inducing a state of numbness and unconsciousness to patients. (Abel, 1980, p. 12) In Thai society, there is an evidence of cannabis usage as well, particularly within traditional Thai medicine. Cannabis has been incorporated as an ingredient in various herbal formulations, as documented in texts such as the Wat Pho herbal manuscript and the Medicine texts of King Narai. In summary, it can be articulated that various societies globally have a longstanding history of cannabis utilization, wherein it has not conventionally been categorized as a drug or regarded as a negative entity. This perspective highlights the multifaceted roles cannabis has played across cultures, often serving beneficial purposes rather than being demonized.

If traditional societies do not perceive cannabis as a drug, then a critical question arises: On what grounds can cannabis be deemed a detrimental substance? In the late 19th century, negative perceptions of cannabis appeared in documents such as "The Indian Hemp Drugs Commission," published between 1893 and 1894. The report detailed the

effects of cannabis use, asserting that it could lead to hallucinations and altered mental states. This publication arose from observations made by the British colonial authorities governing Burma in the late 19th century, who noted instances of individuals displaying hallucinatory behavior while under the influence of cannabis (Hall, 2019, pp. 1679-1682). The issue of cannabis was revisited at the International Opium Conference in 1923, where Egyptian representative Dr. Mohamed Abdel Salam El Guindy asserted that cannabis posed dangers comparable to opium, causing madness, cognitive impairment, and addiction. This statement garnered significant global attention and contributed to the growing discourse on the regulation of cannabis (Kendell, 2003, p. 145).

The international conference's outcomes affected Thailand, as the country was a member of the League of Nations that participated in the discussions. Consequently, Thailand enacted the Ministerial Regulation on "Cannabis" in 1925. This regulation classified cannabis as a narcotic, while still allowing its use in medicinal preparations. Although the Ministerial Regulation did not impose strict controls on cannabis, an interesting observation by historian Chatchai Muksong indicates that the law specified only cannabis-derived preparations or ingredients, rather than the cannabis plant itself (Muksong, 2021, p. 78). The control of cannabis in Thai society during this period was primarily a response to

international policies and did not reflect a significant commitment to stringent regulation.

The intensity of cannabis regulation began to escalate in the early 20th century. At this stage, the frameworks for control were not yet firmly anchored in purely scientific evidence or medical contexts; instead, they were predominantly associated with concepts of "criminality," as reflected in the deliberations of the League of Nations. At the League of Nations conference, U.S. representative Harry Anslinger, then head of the Federal Bureau of Narcotics, expressed his views on cannabis,

the drug [marijuana] maintains its ancient, worldwide tradition of murder, assault, rape, physical and mental deterioration. The office's archives prove that its use is associated with dementia and crime. Thus, from the point of view of policing, it is a more dangerous drug than heroin or cocaine. (Jelsma et al., 2014, p. 18)

Another public figure, Pablo Wolf. In his book *Marijuana in Latin America*, published in 1949, He categorizes cannabis as a "drug" associated with criminal behavior. Notably, the book compiles data from individuals prosecuted for violent crimes in Panama, the majority of whom had previously consumed cannabis. However, it is important to recognize that the violence was primarily linked to alcohol consumption, rather than

cannabis use. Furthermore, Wolff provided additional insights in a subsequent report published in 1955, In The Physical and Mental Effects of Cannabis, the content remains consistent with Wolff's earlier work, but it includes additional claims suggesting that individuals who smoke cannabis may eventually resort to heroin use (Jelsma et al., 2014, pp. 24-25). This context and perspective further fueled negative perceptions of cannabis and reinforced its classification as a narcotic, contributing to the growing stigma surrounding its use. In 1961, the Single Convention on Narcotic Drugs was established, categorizing cannabis as a Schedule I dangerous narcotic substance.

The sustained negative framing of cannabis—linked to both its physical effects and its association with criminal activity—prompted a reevaluation in the mid-20th century. In 1971, the World Health Organization (WHO) and the International Narcotics Control Board (INCB) reached the conclusion that cannabis, due to its tetrahydrocannabinol (THC) content, is classified as a psychotropic substance. This classification aligned with the determinations made in the 1961 conference, wherein cannabis was designated as a Schedule I narcotic. The classification of such narcotics indicates that they pose a high risk to health and lack therapeutic value. Consequently, countries that are party to the agreement, including Thailand, were compelled to enforce regulations that penalized possession and use of cannabis, implementing immediate control

measures. Following this, in 1971, the U.S. government, led by President Richard Nixon, declared a "War on Drugs," which included cannabis as a target (Jelsma et al., 2014, p. 26). This marked a significant moment in modern history, as cannabis was systematically organized as a narcotic through both medical discourse and criminalization. The ramifications of this classification extended to Thailand, influencing its own drug policies and societal perceptions of cannabis.

The Thai government enacted the Narcotic Drugs Act of 1979, which classified cannabis as a Schedule V narcotic. This legislation explicitly prohibited the possession, production, distribution, importation, and exportation of cannabis. Consequently, the societal perception of cannabis in Thailand increasingly aligned with the view of it as a narcotic, further entrenching its status as a controlled substance within the legal framework and public consciousness. For example, during the Vietnam War in 1964 the United States established significant military bases in provinces such as Udon Thani, Ubon Ratchathani, and Nakhon Phanom. The presence of these bases fostered a proliferation of entertainment venues in the surrounding areas, which facilitated the widespread recreational use of cannabis alongside other narcotics, including heroin and morphine (The Northern Narcotics Control Board, 2001, p. 4). This situation signifies the use of cannabis as a means of intoxication and entertainment among American soldiers. Additionally, in the realm of

literature, the novel *Pan mah baa* (Crazy Dog), published in 1988 written by Chat Kobchitti. In the literature depicts the theme of cannabis use among rebellious youth seeking to challenge societal norms through experimentation with drugs, including cannabis. This experimentation represents a transgression of taboos, indicating that drug use can lead to a life of failure. Concurrently, the Department of Medical Services has issued guidelines for treating individuals with cannabis use issues (Lakkhanaphichonchat, n.d.). This approach emphasizes therapeutic practices that incorporate the patient's environment, such as involving family or friends for support. Thus, it is evident that the atmosphere surrounding cannabis in Thai society has evolved significantly since 1979. It can be stated that since the 1980s, Thai society has conceptualized cannabis as a serious narcotic associated with intoxication and viewed as a gateway to other illicit substances. This prevailing perception underscores the necessity for clearly defined therapeutic interventions to address the challenges associated with cannabis use.

From the historical overview of cannabis regulation from the mid-20th century to the present, it is clear to say that cannabis has been redefined as a narcotic, closely associated with criminality, and perceived as a global menace. This understanding has influenced Thai society, reinforcing the notion of cannabis as a dangerous substance. Such interpretations have been supported by organizations such as the World

Health Organization (WHO), further legitimizing the stigma surrounding cannabis use. Cannabis has been entirely rejected due to its perceived health risks and classification as a prohibited substance. However, the question arises: how has cannabis, once considered taboo, transformed into a health-related entity in contemporary society? Moreover, in 2019, Thai society entered the era of cannabis, as the Ministry of Public Health, under the leadership of the Bhumjaithai Party, shifted its stance on cannabis following their electoral victory. In this era, The Ministry of Public Health has notably altered its position on cannabis, actively forming alliances to promote its advocacy on a national scale. Beyond health institutions aligned with the political agenda, diverse sectors have participated in this momentum, frequently invoking "health" in relation to cannabis to further their individual objectives. Consequently, this context underscores the need for academic inquiry into the phenomenon of cannabis advocacy within contemporary Thai society.

### **Objectives of the Research**

To understand the phenomenon of cannabis legalization through the political party's efforts and its relationships with various sectors, each with distinct objectives, in pursuing the common goal of cannabis legalization. This research aims to explore the inconsistencies among

modern health institutions through the debates and actions of various stakeholders.

### Method

The research employs a qualitative approach, focusing on the period from 2019 to 2023. This timeframe was chosen because it marks the year the Bhumjaithai Party assumed office, with Anutin Charnvirakul, the party leader, becoming the Minister of Public Health. Data collection will consist of two sets: 1) documentary data, including articles, interviews, and news related to cannabis advocacy, and 2) interviews with key stakeholders involved in the cannabis movement. Given the complexity of the current cannabis advocacy landscape, there are multiple "players" in both civil society and institutional levels contributing to this momentum. As previously noted, the shift in cannabis status is not solely driven by political parties. Thus, this study will gather data that aligns with the phenomenon of cannabis resurgence. The analytical units of this study will focus on the following areas:

1. Public health institutions that oppose cannabis use, including data from the Medical Council and other medical institutions.
2. Political parties, with a particular emphasis on the Bhumjaithai Party.

3. Civil society groups, divided into those who advocating for medical cannabis use and those who supporting recreational use.
4. Traditional medicine institutions.

### **Conceptual Framework**

From antiquity to the contemporary era, the state has emerged as the predominant institution wielding authority over individuals. The state's primary function is to govern its populace, exercising power in the regulation and management of social dynamics. This authority extends to the capacity to give and take life, thereby ensuring that the lives of individuals remain consistently subject to state power. The power that Michel Foucault discusses is not exerted through violence, but rather through the creation of "knowledge" that is utilized as a means of governance. According to Foucault's textbook, the transformations of the 17th century initiated a profound shift in the modalities of power. The direct exercise of power, traditionally manifested through violence, then, was reconfigured in response to the catastrophic consequences of the Thirty Years' War in Europe, which resulted in significant population declines. Consequently, Western states began to reassess their governance strategies, transitioning away from methods that involved the deprivation of life or the use of violence against citizens. Instead, governance strategies increasingly emphasized the investment in life, prioritizing the

enhancement of longevity and the overall well-being of the population.

Foucault defines this type of power as "biopower," describing it as

one would have to speak of *bio-power* to designate what brought life and its mechanisms into the realm of explicit calculations and made knowledge-power an agent of transformation of human life" (Foucault, 1978, p. 143). For Foucault, biopower represents "a technology of power centered on life" (Foucault, 1978, p. 144).

The primary aim of this type of power is for the state to actively intervene the lives of the population to foster positive changes, thereby promoting longevity and reducing mortality. Furthermore, the state is tasked with addressing the diverse needs and satisfactions of its population. Thus, the essence of biopower lies in its focus on the politics of the "body". Foucault conceptualizes biopower as functioning on two distinct levels: 1) anatomo-politics of the human body is concerned with optimizing the capabilities of the human body, ensuring that it can be utilized to its fullest potential. This involves various interventions that enhance physical health, productivity, and overall well-being. 2) a bio-politics of the population targets the collective demographic, aiming to improve life expectancy and health outcomes for the community as a whole. Consequently, biopower represents a form of governance that

seeks to regulate and oversee both the individual and the population simultaneously (Foucault, 1978, p. 139).

The application of biopower is operationalized through the production of knowledge, which is disseminated via various social institutions, including educational systems, public health organizations, military frameworks, and medical establishments. These institutions function as foundational structures of power, serving as mechanisms for the production of "knowledge" that is conveyed to both individuals and populations (Foucault, 1978, p. 141). Among the most critical forms of knowledge aimed at prolonging the lifespan of the populace is medical knowledge. Health is a paramount concern in the governance of populations, as it encompasses strategies for disease prevention, epidemic control, and other factors that directly impact human survivability. According to Foucault, the state's primary obligation is to intervene in the lives of its citizens in every conceivable aspect as the surrounding environment significantly influences the life and death of the population (Foucault, 2003, p. 245).

Every dimension of the populace's existence inherently becomes a necessary concern of the state. Foucault contends that governance extends to encompass all aspects of human life. The phrase "everything" originates from the term "things," deriving from the term "things," as noted in the English translation of the article titled "Governmentality." His

objective is to elucidate the paradigm shift of power during the classical era, which had a rather narrow meaning, as authority wielded by monarchs over their subjects was focusing solely on territory and the inhabitants within it. This form of governance typically served the monarch's own interests, frequently resulting in the demise of the populace. Foucault's conception of "everything" extends far beyond the classical period's limited understanding. He seeks to highlight the complex interrelations between individuals and their multifaceted environments, encompassing factors such as climate, poverty, famine, resources, ideologies, traditions, and family structures. In this regard, the concept of "everything" that Foucault invokes serves as a mechanism for assessing and optimizing the conditions necessary for enhancing both the longevity and overall quality of life of the population (Foucault, 1991, p. 93). As he metaphorically stated in an interesting manner,

What does it mean to govern a ship? It means clearly to take charge of the sailors, but also of the boat and its cargo; to take care of a ship means also to reckon with winds, rocks and storms; and it consists in that activity of establishing a relation between the sailors who are to be taken care of an the ship which is to be taken care of, and the cargo which is to be brought safely, and all those eventualities like wind, rocks, storms and so on; this is what

characterizes the government of a ship. (Foucault, 1991, pp. 93-94)

In this framework, medical knowledge emerges not only as a tool for governance but also as a pivotal mechanism of biopower, exerting control over both individuals and populations. Foucault emphasizes the inextricable relationship between knowledge and power, one must consider discursive practices. This entails comprehending the context, the expert groups, institutions, and the prevailing thoughts and ideologies of a given era. By engaging with these operational dimensions, one must understand the fact that even those bodies of knowledge regarded as scientifically rigorous are not self-contained entities; rather, they are influenced by a myriad of external factors. In essence, Foucault questions the extent to which scientific knowledge is intertwined with political, economic, and social factors. He aims to illustrate that no body of knowledge exists in isolation; rather, all knowledge, thoughts, or ideologies that emerge in society are fundamentally connected to broader ideological frameworks.

In the field of anthropology, Jonathan Xavier Inda's study explores the application of the concept of biopower to the case of Bidil. in his work titled “Racial Prescriptions” The subtitle of the study is “Pharmaceuticals, Difference, and the Politics of Life”, published in 2014. Inda's study draws on Michel Foucault's concept of biopower to examine NitroMed's

production of Bidil, a drug specifically developed for African Americans. The central focus of Inda's research is to investigate the interplay among Bidil, the state, and African Americans, particularly in the context of heart failure, a condition claimed to be more prevalent and genetically inherited among African Americans than other racial groups. While Foucault's concept of biopower elucidates the strategies and techniques of governance, emphasizing the significance of life as a primary objective, the application of this framework to Inda's case study on African Americans and heart failure in the United States reveals a complex interplay among three players.

1. NitroMed – The pharmaceutical company aiming to produce a drug called Bidil, which can help dilate blood vessels and reduce the risk of heart disease.

2. African Americans – This demographic faces significant health disparities, with African Americans exhibiting a higher prevalence of heart disease compared to other racial groups and encountering barriers to accessing effective treatments. Within the biopolitical framework articulated by Foucault, one would expect the state to prioritize investments in the health and lives of marginalized populations; however, this expectation is not reflected in reality.

3. The State – The government has refused to provide welfare and healthcare support to African Americans. Crucially, it has denied the

inclusion of Bidil as a covered medication in welfare programs, making it more difficult for African Americans to afford treatment for their health conditions compared to other racial groups.

The disparities faced by African Americans have prompted them to unite in advocating for their rights and justice. Inda seeks to expand the concept of biopower into the notion of biosociality, a framework he draws from Paul Rabinow. While Foucault's concept of biopower focuses on the state's exercise of power to promote the well-being and longevity of its population, the notion of biosociality arises from the awareness that individuals have of the health risks threatening their communities. This heightened consciousness compels individuals to alter their health behaviors and practices, thereby striving for positive transformation in their lives. With this framework, Inda attempts to expand the understanding of the phenomena surrounding African Americans and Bidil in a chapter titled "Biosocial Citizenship." In this chapter, Inda discusses the lifestyles of African Americans suffering from heart disease within the context of poverty and systemic inequality. These individuals often lack financial resources, yet their shared health struggles lead them to form cohesive social groups. This gathering of African Americans reflects a cultural identity rooted in their racial experiences, while simultaneously allowing them to share the pain they endure—whether from heart disease, the experience of facing a serious illness, or the search for remedies. Ultimately, they unite

as a collective to advocate for their rights as citizens, hence the chapter's title, "Citizenship." However, the journey for African Americans in asserting their rights is fraught with challenges. They must provide compelling evidence to emphasize that heart disease disproportionately affects their population compared to other racial groups in the United States. They mobilize knowledge from cardiology scholars, many of whom are also African American, to advocate for access to medical and social welfare programs that should be available to impoverished Black individuals. This endeavor transforms into a legitimate call for social support and justice.

In summary, the concept of biopower focuses on the creation of knowledge aimed at enhancing the quality of life for individuals and the population as a whole. The goal of biopower is to actively intervene in the lives of the population to ensure longevity. The notion of biosociality, on the other hand, refers to individuals and populations becoming aware of the existential threats to their own lives, leading them to form collective groups. These groups use such threats as a common ground to demand that the state recognize health issues and take on these threats as part of its mission to improve the well-being of the population.

### **The Application of Biopower Concepts in Research**

In this study on the phenomenon of legalizing cannabis, the concepts of biopower and biosociality, derived from a literature review,

will be applied to explore the actions of the state and the various players involved in this phenomenon. The primary focus is on the Thai government's stance on managing cannabis as a controlled substance. As perceptions of cannabis have evolved, it has transitioned into an alternative health herb. This study intends to present the actions of the Thai government in disseminating knowledge about cannabis, including its associated dangers and the measures taken to combat its misuse. Ultimately, the state's actions are aimed at promoting the well-being and quality of life of its citizens. The strategies implemented by the state to disseminate health knowledge involve key stakeholders, primarily the Ministry of Public Health, which serves as the principal health institution. Regarding enforcement, the Office of the Narcotics Control Board (ONCB) plays a significant role in the suppression of controlled substances. Historically, the Thai government has pursued a consistent policy of suppressing cannabis as a controlled substance until the year 2019. A significant political change occurred when the Bhumjaithai Party assumed control of the Ministry of Public Health and actively advocated for the legalization of cannabis. This pivotal event involved multiple stakeholders, rather than being limited to a single political party. The Bhumjaithai Party leveraged support from civil society, citing it as a mandate to push for cannabis legalization. Participants in the movement to legalize cannabis included traditional healers, patients with chronic illnesses, academic

scholars, and institutions of traditional medicine. In summary, the key players in this phenomenon are the Bhumjaithai Party and its allies, both of whom have called on society to abandon the stigma surrounding cannabis as a narcotic and to recognize its potential medical benefits. This shift in perspective has contributed to the emergence of the movement advocating for cannabis legalization. Consequently, this study aims to understand the transformation of health-related meanings as shaped by these diverse stakeholders.

In summary, this study will employ the framework of biopower to examine the operations of the Thai state in its management of cannabis, with a particular focus on health-related discourses. Following the emergence of the cannabis legalization phenomenon, the study will transition to utilizing the concept of biosociality to analyze the actions of the Bhumjaithai Party and its allies in constructing the narrative of cannabis as a medicinal herb for health benefits.

### **Thailand and Cannabis: From the Past to the Present - The Operation of Meaning-Making Surrounding Cannabis in Thai Society**

In Thai society, cannabis has historically been recognized as a familiar herbal remedy since ancient times. Evidence of its use can be traced back to the Ayutthaya period, where texts such as Phra Narai's Medicine reference Suk Saiyad, a traditional remedy that includes cannabis

as one of its twelve components, known for promoting better sleep and enhancing appetite. Additionally, the Wat Pho Pharmacopoeia describes the remedy Naowanarivayo Medicine, which incorporates one part of cannabis to alleviate stiffness in the body, particularly in the neck and extremities. There is also mention of Lombok Phueang Suang Medicine, a remedy using four parts of cannabis to relieve headaches, red eyes, ear ringing, and fatigue (Notification of the Ministry of Public Health, 2019). Beyond its medical applications, cannabis appears in Thai literature, notably in Sunthorn Phu's Niras Mueang Klaeng, where he recounts an encounter with his father in Bang Phli, describing friends who were intoxicated by cannabis during their journey (Chokevivat, 2019, p. 553). In this historical context, cannabis was primarily perceived as an intoxicating plant and a medicinal herb rather than a narcotic. During this era, the state had not yet taken a systematic role in regulating and controlling cannabis.

The transformation in the perception of cannabis became particularly evident during the transitional period between the reigns of King Rama VI and King Rama VII, specifically in the year 1925 (B.E. 2468). At this time, the Ministerial Regulation on Cannabis was enacted, which stipulated that the preparation of medicines containing cannabis would be classified as a narcotic. Subsequently, the Cannabis Act of 1934 (B.E. 2477) was introduced, expanding the definition of cannabis to include all parts of the cannabis plant as a controlled substance. This legislation

revised the earlier 1925 regulation, which had only prohibited the use of cannabis for medicinal purposes. The 1934 Act established that the entire cannabis plant, including its stem, flowers, buds, seeds, resin, and leaves, would be categorized as a narcotic, thereby significantly altering the legal and social status of cannabis in Thailand. The classification of cannabis as a narcotic led to a prohibition on the use, sale, and distribution of cannabis among the public. This marked a significant shift in the Thai government's approach, demonstrating a serious commitment to regulating cannabis consumption. Despite these restrictions, the practice of cannabis use did not cease in a systematic manner within Thai society. In essence, there remained cultivation, sale, and use of cannabis as a source of entertainment and leisure. Notably, during the Vietnam War (1955-1975), reports from the Office of the Narcotics Control Board indicated that cannabis was being supplied to American soldiers in the northeastern region of Thailand, particularly in provinces such as Udon Thani and Nakhon Phanom. Additionally, cannabis was cultivated in the northern and central regions of Thailand, often intercropped with other plants. Promotion of cannabis cultivation persisted even after the withdrawal of U.S. forces, as investors encouraged Thai farmers to grow cannabis for sale in the United States (Office of The Narcotics Control Board North Region, 2001, pp. 3-4). Therefore, it can be concluded that despite the existence of laws regulating cannabis, stemming from international opium

conference regulations in 1923, the enforcement of these laws was not particularly stringent.

However, in 1961 (B.E. 2504), the United Nations issued the Single Convention on Narcotic Drugs, followed by the 1972 Protocol Amending the Single Convention on Narcotic Drugs. These documents defined cannabis as a Schedule I narcotic drug, leading Thailand to take legislative action by enacting the Narcotic Drugs Act in 1979 (B.E. 2522). This legislation contained two key provisions: 1) It provided a clear and comprehensive definition of narcotic drugs, establishing the legal framework for the classification and regulation of such substances. It defined narcotic drugs as follows:

This definition includes any chemical substance or object that, when consumed by the body—whether through ingestion, inhalation, smoking, injection, or any other means—produces significant effects on the body and mind. These effects may include a need to continuously increase the dosage, withdrawal symptoms upon cessation, a persistent and intense craving for the substance both physically and psychologically, and a general deterioration of health. It also encompasses plants or parts of plants that are considered narcotic drugs or can potentially be used as

narcotic drugs, as well as chemicals utilized in the production of narcotic drugs.

2) The second key aspect is that cannabis is classified as a narcotic drug of category 5. This classification is outlined in the Ministry of Public Health's Announcement No. 2 in 1979 regarding the identification and categorization of narcotic drugs under the Narcotic Drugs Act of 1979, which defines cannabis as:

Cannabis (Cannabis sativa L. and Cannabis indica Auth.) encompasses all parts of the cannabis plant, including leaves, flowers, buds, seeds, resin, and stems.

The legislative and public health announcements have led Thailand into a more pronounced era of cannabis suppression as a controlled substance, distinguishing it from previous periods. The Thai government's approach to managing cannabis as a narcotic can be divided into two main components as:

### **1. The suppression of cannabis by the Thai government**

Despite the existence of drug control laws since 1925, Thailand lacked a dedicated agency for effectively combating drug-related threats. The influence of the U.S. War on Drugs during the Richard Nixon administration, combined with Thailand's status as a member of the United Nations, prompted the adoption of drug control policies within the Thai social framework. Ultimately, the Thai government recognized the

urgent need for a systematic approach to managing cannabis as a controlled substance, particularly during the tenure of Prime Minister Thanom Kittikachorn. In response, the government allocated a budget of approximately 18 million baht to address drug-related issues as part of the Second National Economic and Social Development Plan (1970-1974) (Aieorattanawadee, 2019, p. 98). This effort coincided with the enactment of the Narcotic Drug Prevention and Suppression Act of 1976, specifically Article 11, which established the Office of the Narcotics Control Board (ONCB). The ONCB was tasked with overseeing all governmental operations related to narcotics control in Thailand.

Even with the establishment of a dedicated agency for drug management, it can be stated that the Thai government has never achieved definitive success in eradicating cannabis. This is evidenced by ongoing suppression efforts over the years. For instance, between 1979 and 1984, the state destroyed a total of 4,061 tons of cannabis plantations. (Office of The Narcotics Control Board North Region, 2001, pp. 3-4) During the era of Thailand's drug war under Prime Minister Thaksin Shinawatra, beginning in 2001, a comprehensive strategy for combating drug-related issues was implemented. This policy emphasized the dual approach of punishing traffickers while providing treatment for users. The suppression strategy included the seizure of narcotics, with significant statistics indicating that since 2001, authorities confiscated 10,921 kilograms of

cannabis and arrested over 20,525 individuals in cannabis-related cases. In 2002, seizures increased to over 20,525 kilograms, accompanied by approximately 12,380 arrests related to cannabis offenses. Similarly, in 2003, authorities seized over 15,452 kilograms of cannabis and apprehended around 13,722 individuals for cannabis-related crimes. These figures illustrate that, despite the high volume of confiscations and arrests, the overall number of cases and seized cannabis did not significantly decline (Sukpum, 2004, p. 20).

## **2. Dissemination of the Dangers of Cannabis**

Following the formal classification of cannabis as a Type 5 narcotic by the Thai government, there was a notable increase in scholarly and public health efforts aimed at raising awareness about its dangers. As previously mentioned, historically, cannabis in Thai society had not been officially recognized as a narcotic; its use was culturally framed either as an intoxicating substance or as a component of traditional medicine.

The redefinition of cannabis as a narcotic began primarily through the work of public health scholars. They identified tetrahydrocannabinol (THC), the psychoactive compound in cannabis, as the source of its intoxicating effects. When consumed, it can lead to various symptoms, including restlessness, paranoia, excitement, hallucinations, impaired driving ability, red eyes, dry mouth, and muscle weakness. (Chatikwanit, 1974, pp. 46-47)

Thaveeporn Wisutthimak discusses the health risks associated with cannabis use on human physiology. The consumption of cannabis impacts various bodily systems, particularly the central nervous system, resulting in feelings of intoxication, relaxation, euphoria, and a diminished ability to maintain self-control. In terms of cardiovascular health, cannabis is noted to increase heart rate. Regarding the respiratory system, it can cause irritation to the airways, along with symptoms such as reddening of the eyes, muscle weakness, and lethargy (Wisutthimak, 2005, p. 112). In addition to impairing cognitive functions and affecting both internal and external bodily systems, cannabis use also has significant societal repercussions. Somwang Somjai has documented the social consequences of cannabis in a health journal, noting that its use can lead to various societal issues, including accidents, falls, and traffic collisions due to impaired judgment. Furthermore, it can contribute to aggressive behavior, resulting in harm to others, as well as an increased likelihood of engaging in drug-related activities (Somjai, 1974, p. 42).

In the realm of psychology, Prorapa Kaewkla (1991) conducted a study on cannabis users by surveying adolescents through questionnaires and interviews. The findings revealed that many cannabis users lack self-worth and do not receive acceptance from those around them. These individuals tend to deny the reality of their situations and seek to escape their problems. The study suggests that cannabis use serves as a means of

evading the realities they face, providing them with a temporary sense of relaxation and comfort. Consequently, these users struggle with feelings of worthlessness and urgently seek solutions to their issues.

### **3. The Turning Point of Cannabis: Thai Society and the Understanding of Cannabis in Medical Dimensions**

Thailand's cannabis management policy has consistently involved actions such as seizing and destroying evidence of illicit cannabis use, while also disseminating information about the dangers of cannabis as a narcotic, both to individuals and society at large. The Thai government has made significant efforts to address drug-related issues, particularly since 1979, when laws prohibiting the use, sale, and possession of cannabis were enacted. This marks a period of nearly 40 years (up to 2019) of stringent anti-cannabis legislation. However, recent developments have led Thai society to reevaluate its understanding of cannabis, particularly in the medical context.

The event in question pertains to the patent applications submitted by two foreign companies, GW Pharma and Otsuka, starting in 2009. These companies sought patents for cannabinoid substances in conjunction with treatments for psychiatric disorders, epilepsy, and other conditions. Two main issues arise from this situation: first, cannabinoids (CBD) are naturally occurring substances that are not man-made, and therefore cannot be patented; second, the Ministry of Commerce

accepted the patent applications, even though they were not officially registered in Thailand (Mgronline, 2019a). If the Ministry of Commerce permits the patenting of substances that occur naturally, it implies that any drug production requiring cannabinoid (CBD) substances would necessitate prior approval from foreign companies. This development has led to societal concerns regarding whether Thailand is at risk of losing its rights to produce medicines derived from its own cannabis. In other words, if Thai citizens wish to use CBD, they would need to obtain permission from the foreign companies that hold the patents. This situation sparked significant criticism from both the public and independent organizations, with some voices expressing that the actualization of these patents would be tantamount to selling the nation. Such a move would facilitate the monopolization of cannabis use by foreign entities, thereby depriving Thai citizens of the opportunity to benefit from their own cannabis resources (Puapongpan, 2018). Ultimately, the application process for these patents was halted through the exercise of power under Article 44, derived from the provisional constitution of 2014, which was enacted by the National Council for Peace and Order (NCPO) and conferred extensive executive, judicial, and legislative authority, allowing for sweeping actions during General Prayuth Chan-o-cha's tenure as Prime Minister.

This situation was compounded by the promotion of cannabis oil by Mr. Decha Siriphat, commonly known as "Ajarn Decha." He was among

the first to introduce the concept of cannabis oil extract in Thailand, distributing cannabis oil without charging any fees. As a result, he played a significant role in advocating for the use of cannabis, legislatively viewed as a narcotic, in the medical field, presenting it as a viable herbal alternative for treating various ailments. However, it is important to note that during this period, cannabis was still classified as a Type 5 narcotic. Therefore, Ajarn Decha's actions were illegal, leading to his subsequent arrest. The primary reason for his arrest was the possession of cannabis and the practice of using cannabis for medical purposes without a proper license, as he was not recognized as a certified medical professional by the state. An interesting point is that the presence of foreign entities attempting to patent cannabis, while the state remains indifferent, coupled with the arrest of Professor Decha in 2019, has prompted society to question the extent to which cannabis can be utilized for medical purposes. Patients are left wondering whether they will have access to such alternative plants, and why the state permits foreign entities to patent natural substances derived from cannabis, yet does not allow the general public to use cannabis (BBC, 2019). These two events have led to a growing awareness of cannabis in the context of medicine within Thai society, ultimately resulting in significant political changes during the period of this study, starting from 2019.

### **Bhumjaithai Party and Cannabis Advocacy**

In 2019, the National Council for Peace and Order (NCPO) stepped down from power and allowed for general elections. The NCPO transformed itself into the Palang Pracharat Party, led by Uttama Savanayana, and presented General Prayuth Chan-o-cha as the candidate for prime minister, who was also the head of the NCPO. In that year, significant political developments unfolded, leading to an atmosphere conducive to election campaigning. Various parties actively campaigned on cannabis-related issues, but the most noteworthy was the Bhumjaithai Party. The party presented a policy regarding cannabis, highlighted by their campaign slogan “Thai Cannabis, Free Cannabis Cultivation.” The content of the policy aimed to allow citizens to cultivate cannabis at home, utilize it for medical purposes, and promote cannabis as an economic crop to alleviate poverty. (Bhumjaithai, 2019) It can be stated that Bhumjaithai Party advocated for cannabis in a manner that fundamentally challenges the definition established by the Ministry of Public Health. While the Ministry has classified cannabis as a dangerous narcotic, the Bhumjaithai Party reframed the discourse by presenting cannabis as a versatile plant with multifaceted benefits.

The term "cannabis freedom" as proposed by the Bhumjaithai Party suggests adopting a model similar to that of California, United States, which allows households to cultivate up to six cannabis plants. The

proposal includes the imposition of a fee of 30 baht per plant, permitting the use of cannabis for both medical and recreational purposes (Bhumjaithai, 2019a). The Bhumjaithai Party's key mission involves advocating for cannabis with four specific objectives: 1) for conventional medical purposes, 2) for commercial use, 3) to allow citizens to cultivate up to six plants, and 4) to promote its use in traditional Thai medicine. It is evident that the party aims for cannabis to become an economic crop, as reflected in their campaign slogan: "A new economic crop to create wealth for the Thai people." The party believes that cultivating cannabis can be a lucrative venture, as it is feasible to grow and sell it commercially. According to Saksiam Chidchob, the party's spokesperson, the potential for economic development through cannabis cultivation is significant. He proposes that

The Bhumjaithai Party affirmed that the profit-sharing policy for agricultural products will increase farmers' income and that rice prices will not rise because rice is a price-controlled commodity. Meanwhile, the policy for cannabis legalization is modeled after California, with a draft law already prepared. If the public votes for the Bhumjaithai Party, results will be seen immediately (Bhumjaithai, 2019b).

In addition to supporting cannabis through policy, both the Bhumjaithai Party and its leader have clearly expressed their stance to the

public health sector regarding the meaning of cannabis and towards representatives of the health sector, The leader of the Bhumjaithai Party argued against Dr. Piyasakol Sakolsatayadorn, who was serving as the Minister of Public Health at that time, that

Cannabis is an herbal plant with medical value. The Ministry of Public Health has the duty to support, educate, and inform the public about using cannabis for medical benefits and treating diseases in accordance with medical principles, both in traditional medicine and modern medicine (Tnew, 2019).

The statements made by Mr. Anutin regarding the use of cannabis as a medicinal plant clearly reflect the goals of promoting cannabis. In the general election of 2019, the Palang Pracharat Party secured a majority in the House of Representatives, allowing General Prayuth Chan-o-cha to become Prime Minister. The Bhumjaithai Party also joined the government formed by the Palang Pracharat Party. Subsequently, the Bhumjaithai Party played a pivotal role in directing the Ministry of Public Health during its tenure in the ministry. With support from various sectors, the party sought to redefine cannabis as an “alternative medicinal plant.” Consequently, advocates for cannabis needed to compromise on its definition to gain acceptance within modern public health institutions.

## The Role of the Bhumjaithai Party in Changing the Stance of the Ministry of Public Health

The operations initiated by the Bhumjaithai Party in 2019, following their assumption of office in the Ministry of Public Health, began with an overhaul of the law as a priority. This included the issuance of the Narcotic Drugs Act Amendment No. 7, which allows for the medical use of cannabis. This authorization is directly related to medical practices and the application of cannabis. Subsequently, the party laid the groundwork for enabling prescriptions by doctors. On August 8 of the same year, the Ministry of Public Health issued an announcement titled “Designation of Traditional Thai Medical Practitioners and Folk Healers under the Law on Traditional Thai Medical Professions,” allowing them to formulate or prescribe medications that include cannabis as an ingredient (Amendment No. 2) of 2019. The key content of this regulation permits traditional Thai doctors and folk healers to prepare and prescribe cannabis-infused medications to patients as deemed appropriate. Additionally, there is a training program for physicians on the use of cannabis, aimed at providing certification to doctors so that they can legally prescribe cannabis as a medication.

The Bhumjaithai Party engaged with Ajarn Decha, who is well-known for distributing cannabis oil free of charge, despite not being officially registered as a traditional Thai medical practitioner. The

distribution of cannabis oil as a medicinal product was therefore illegal. However, the party took steps to address this by consulting with the Department of Thai Traditional and Alternative Medicine, ultimately granting him the status of a traditional Thai healer. Furthermore, Ajarn Decha's cannabis oil was included in the official medicinal formulary, alongside the registration of over 3,000 additional traditional Thai healers (Mgronline, 2019b). The recognition of these traditional healers is seen as an effort to expand the capacity of traditional practitioners to prescribe cannabis-based remedies for patients. The party also promoted the production of 100,000 bottles of cannabis oil (Mgronline, 2019c). Beyond this production, the party advanced the establishment of specialized cannabis clinics within hospitals nationwide (Thairath, 2020). In addition to Ajarn Decha's cannabis oil being added to the Ministry of Public Health's medicinal register, the party also sought to recover and register traditional medicinal formulas, such as the "Narai's Formula" and others found in the Wat Pho medicinal compendium. These traditional medicines contain cannabis as an ingredient and have now been officially recognized, including remedies such as "Akkhiniwakana," "Suk Saiyad," and "Naeo Nari Wayok" (Bhumjaithai, 2020). The party also partnered with local universities, such as Maejo University, to advance the production of medical-grade cannabis oil.

The significance of producing cannabis at a medical-grade level can be understood in two key aspects: 1) Historically, from ancient traditions to the period before the Bhumjaithai Party's push for cannabis reform, cannabis cultivation, whether for medicinal or recreational purposes, lacked any standardized practices. Consumers had no way of knowing how the cannabis was grown, whether it was contaminated with pesticides, or if the cultivation methods met agricultural standards. As a result, the use of cannabis in the past posed significant health risks. 2) This initiative raises the standard of cannabis to a medical level, aligning it with other types of pharmaceuticals, ensuring safety, and gaining acceptance within the medical community.

The legislative efforts to push for cannabis legalization by the Bhumjaithai Party have progressed gradually. In 2020, the Ministry of Public Health issued a notification regarding the classification of narcotics in Category 5, with a key provision allowing all parts of the cannabis and hemp plant—such as the bark, stems, fibers, branches, roots, leaves, extracts, and waste products with THC content of no more than 0.2% by weight—to be excluded from the narcotic classification. However, resin, oil, and flower-attached leaves remained classified as narcotics.

Ultimately, in 2022, cannabis legalization reached its peak with the Ministry of Public Health issuing a new notification that officially removed cannabis and hemp from the Category 5 narcotic list, retaining

only opium and psilocybin mushrooms in that category. Cannabis extracts with THC levels above 0.2% by weight remained under regulation. As a result, households were legally allowed to grow up to six cannabis plants, and the sale of cannabis flower products became legal. Recreational cannabis use also became legally permissible. In summary, the Bhumjaithai Party's legislative push for cannabis legalization has resulted in the legal cultivation and use of cannabis for both medicinal and recreational purposes. Additionally, all parts of the cannabis and hemp plant can now be sold commercially.

### **1. The Legitimacy of Cannabis: Cannabis and Its Endorsement Through Research**

The longstanding association of cannabis with narcotics presents significant challenges to redefining its status in a short period. Mainstream medical institutions are not readily inclined to accept such a shift in perception. Therefore, cannabis must substantiate its therapeutic potential, demonstrating its safety and efficacy in medical applications, improving patients' lives rather than harming them. Consequently, the validation of cannabis as a legitimate medical resource represents a pivotal undertaking for the Bhumjaithai Party.

The mission to promote knowledge about the medical use of cannabis, under the auspices of the Ministry of Public Health, has been systematically established through institutions dedicated to this purpose.

Notably, the Medical Cannabis Institute and the Cannabis and Hemp Information Center serve as platforms for disseminating information on the medical applications of cannabis. These institutions aim to educate both modern and traditional medical practitioners on the benefits of cannabis in therapeutic contexts. For instance, the article "Cannabis in Modern Medicine" (Srisubut & Thanasittichai, 2019), published in the Ministry of Public Health's Journal of Medical Services, has been disseminated through the Medical Cannabis Institute. The content highlights the medicinal uses and effects of cannabis, acknowledging its psychoactive properties while emphasizing the therapeutic roles of THC and CBD, the two key compounds. These compounds are noted for their ability to alleviate pain, increase appetite, and improve sleep quality.

During the period when the Bhumjaithai Party oversaw the Ministry of Public Health, numerous health research studies on cannabis were conducted to showcase the medicinal potential of this plant. Several studies in traditional medicine highlighted the efficacy of cannabis when formulated into therapeutic treatments, such as Suk Saiyad (a traditional Thai herbal formula), Yatam Lai Phra Sumen, cannabis oil, and THC extracts from cannabis. (Tengtermwong, 2021; Tipratchadaporn et al., 2021; Boontham et al., 2022; Silarak, 2022; Uprikthatipong, 2023; Jirawatnaphaisan, 2023; Jamparngerthaweesri et al., 2023; Buamahakul & Buamahakul, 2024) The studies referenced above have examined the

effects of cannabis in treating conditions such as insomnia, joint pain, and HIV/AIDS. The findings across these studies consistently indicate that cannabis possesses medicinal properties, demonstrating its potential to effectively alleviate symptoms associated with these conditions. For instance, the study by Tipratchadaporn et al., which collected data from over 100 individuals suffering from insomnia, concluded that cannabis significantly improved the patients' ability to manage their symptoms and overall sleep quality. As the research reached an interesting point that:

Eighty percent of the patients reported that their sleep had improved, which may be attributed to the effects of Tetrahydrocannabinol, Cannabidiol, Dronabinol, and Nabilone found in cannabis. These compounds helped enhance sleep quality and reduce the time taken to sleep latency (Jamparngerthaweesri et al., 2023, p. 128).

The research concluded that the use of the Suk Saiyad medicine formulation effectively alleviated insomnia, thereby improving quality of life. Although there were some side effects associated with the medication, they were not severe (Jamparngerthaweesri et al., 2023, p. 129). For cancer patients, insomnia often stems from excruciating pain, loss of appetite, and deteriorating quality of life. The Metta Ohsod cannabis oil has shown potential in alleviating cancer-related symptoms, as demonstrated in a two-year study conducted by Ratchadaporn and

Thunwa, which followed up with 147 participants. The study involved sublingual administration, and its findings indicated that:

This study demonstrates that over a period of 2 years and 5 months, Metta Ohsod cannabis oil shows a tendency to alleviate various symptoms in terminally ill patients, particularly common symptoms such as insomnia, pain, loss of appetite, fatigue, discomfort, and nausea, resulting in an improvement in the quality of life for these patients (Buamahakul & Buamahakul, 2024, p. 8).

In the nutritional domain, the Ministry of Public Health published a book titled “Cannabis and Thai Recipes” in 2021 (Department of Thai Traditional and Alternative Medicine, 2021). This book describes 16 menu recipes that incorporate cannabis leaves, utilizing all parts of the cannabis plant. Additionally, there is another publication titled “Tamrub Yim,” compiled by Chao Pharaya Abhaibhubejhr Hospital, a Thai traditional medicine facility under the Ministry of Public Health (Chao Pharaya Abhaibhubejhr, 2021), also published in 2021. This book not only presents methods for preparing food using cannabis components but also discusses the health benefits of incorporating cannabis into meals. For instance, consuming fresh cannabis leaves is noted to help reduce brain inflammation, combat seizures, suppress nausea, and stimulate appetite. Under the initiative to promote cannabis during the era of the Bhumjaithai

Party, numerous studies on the properties of cannabis have emerged, including the application of cannabis within food culture, aligning with the party's efforts to highlight the medical benefits of cannabis.

## **2. Cannabis and Traditional Healers**

In addition to the efforts of the Bhumjaithai Party to promote the benefits of cannabis through research, there exists a patientss movement of cannabis supporters among the general public. This group includes patients suffering from chronic cancer pain who have sought every possible avenue of treatment within conventional medicine without experiencing any improvement in their conditions. These individuals have exhausted their financial resources on traditional medical treatments and perceive themselves as having no viable options left. Consequently, they seek ways to coexist with their cancer. The term "coexistence with cancer" implies that they cannot find a definitive cure for their illness but are instead focused on alleviating their pain and avoiding suffering from chemotherapy. In 2019, I had the opportunity to interview this group of traditional healers. To maintain the confidentiality of the interviewees, I will refer to one of them as "Mr. Tao" (interview, 2019).

Mr. Tao's younger sister was diagnosed with cancer in 2013, a period before the cannabis legalization movement gained traction. He recounted that, since the diagnosis, the family had exhausted their financial resources on cancer treatment, while also facing the distress of

seeing his sister suffer both from the side effects of treatment and the symptoms of the disease. This led him to seek alternative methods and he discovered that, in the United States, cannabis was beginning to be used in cancer treatment. Mr. Tao started researching cannabis oil extraction methods and became an advocate of the Rick Simpson Oil (RSO) method. He experimented with producing cannabis oil based on Rick Simpson's formula and administered it to his sister, resulting in a significant reduction in her chronic pain. Eventually, he founded his own cannabis oil network, providing education and distributing cannabis oil to patients suffering from various conditions, including cancer, insomnia, anxiety, Parkinson's disease, and seizures. His efforts have made him one of the advocates for cannabis legalization, particularly because of his free distribution of cannabis. Mr. Tao stated that his actions were driven by moral responsibility.

I studied and experimented with it both on myself and my sister, documenting everything throughout the process, and my sister's condition improved. That's when I began producing and distributing it to others. All the patients I care for are terminally ill. So, I started accepting donations and used them to provide cannabis oil to family and friends. In the end, some didn't survive, but what's important is that they lived more comfortably and didn't suffer from the harsh

effects of chemotherapy. Plus, it's much more affordable.

(Tao, interview, 2019)

However, prior to 2019, when cannabis advocacy gained momentum, Tao faced imprisonment and had his cannabis extracts confiscated numerous times. Consequently, he transitioned into political activism, advocating for the legalization of cannabis. His primary goal was to promote the use of cannabis for medical purposes, while also arguing that access to cannabis should not be restricted if it is sought by patients for their treatment.

In addition, Mr. Decha Siripat, commonly referred to as Ajarn Decha, is another prominent figure advocating for the legalization of medical cannabis. Considered a traditional healer, he, like Mr.Tao, began extracting cannabis oil following the methods of Rick Simpson. Ajarn Decha's motivation stemmed from his desire to treat both his own health condition—Alzheimer's disease—and the chronic pain of those around him suffering from cancer. He began producing cannabis oil and distributing it to his close acquaintances, strictly adhering to dietary restrictions (BBC, 2019). Like Mr.Tao, Ajarn Decha faced legal repercussions for distributing cannabis prior to its legalization. His cannabis extraction formula was eventually registered as part of Thai traditional medicine practices.

The self-healers mentioned earlier, though not representatives of scientific authority like medical institutions, have resorted to what they

perceive as a last resort, embodying "hope" and even "death." They employ moral reasoning, grounded in the assistance of terminally ill patients, as a form of health rationale. This reasoning has become a crucial driving force behind the cannabis movement, where the concept of health, as defined by these individuals, has been incorporated into the broader push for cannabis legalization.

Moreover, these self-healers and their networks of cannabis oil users occasionally confront modern medical practitioners. For instance, Tao shared with me that, "You know, when I showed my sister's doctor the results of her cannabis oil treatment, he was stunned. Thai doctors are all the same—they just push chemo and radiation. Why don't they try cannabis?" His words seemed to mock modern medicine's inability to treat his sister effectively. The intent here is not to suggest that traditional wisdom surpasses contemporary medical science, but rather to highlight that their narratives have become a political force that can be leveraged in the cannabis legalization movement.

### **3. Cannabis and Recreational Use**

The movement for cannabis legalization reached its peak when the state removed cannabis from the Narcotics Act, Category 5, and declared that "all parts of cannabis are not considered narcotics." This marked the beginning of a truly liberal era for cannabis, as the decriminalization not only legalized the possession and use of all parts of

the plant but also made smoking cannabis legal. However, the push for recreational cannabis did not emerge without context. Historically, cannabis has been used for both medicinal and recreational purposes, and these practices have persisted into the present.

In 2019, I interviewed an individual who used cannabis recreationally and was politically active in promoting cannabis reform. To protect her identity, I will refer to her as "Fon" (interview, 2019). Fon was not only a political activist but also a member of the legislative committee that helped draft the Cannabis Act. She shared that before becoming involved in political advocacy, she had already been using cannabis recreationally and was part of an underground community. When asked what she meant by the "underground community," Fon explained that she and her friends had been growing cannabis in closed systems, experimenting with different strains to suit their preferences. They had been smoking cannabis for over five years, and she reported that none of them had experienced any health problems as a result of their use.

When I asked her opinion on cannabis smoking and health safety, she responded, "From my experience, I've been using cannabis regularly, and I feel that my life has become happier. I used to have problems with eating and sleeping because of work stress. As for the claim that cannabis causes health issues, it's probably because people are using poor-quality cannabis, like compressed bricks. Good-quality cannabis shouldn't be like

that—it shouldn't include stems or roots, and it shouldn't contain pesticides. Proper cannabis use should involve only dried flower buds. If used correctly, it's safe and helps with appetite and sleep." When asked about hallucinations or whether she had ever harmed anyone while using cannabis, she said,

For me, after smoking many strains, I've never experienced hallucinations or seen anything strange like people say. And as for addiction, there have been months when I didn't smoke at all, so I wouldn't say I'm addicted. I smoke when I want to, but I don't feel the need to seek it out if I stop. Another thing is that smoking might make me feel a bit dazed, but it definitely doesn't give me the energy to hurt anyone. After I smoke, I usually just feel sleepy. Occasionally, I might feel energized and need to do something, but I've never felt the urge to harm anyone (Fon, interview, 2019).

The most important point from this interview is her belief that the danger to health doesn't come from cannabis itself, but from the cultivation process. This concern also became part of the discourse on cannabis cultivation regulation. In summary, from 2019 to 2023, during the period of this study, the perception of cannabis shifted from being a health

hazard to something consumable and usable for recreational purposes. At this point, cannabis has gained the status of a versatile medicinal herb.

### **Medical Institutions and Cannabis Regulation**

However, this does not mean that the atmosphere during this time was free from opposition or conflicts from other sectors. While there was an apparent movement toward cannabis liberalization and efforts to reintegrate cannabis into cultural spaces, it is evident that the push for legalization did not proceed without skepticism. In modern public health institutions, cannabis was still not widely viewed as a legitimate medical treatment. In 2019, during the first year of Anutin Charnvirakul's tenure as Minister of Public Health under the Bhumjaithai Party, the Medical Council of Thailand published an article titled "Guidelines for Physicians on the Medical Use of Cannabis." Released in October 2019, the article highlighted two key points.

Firstly, the Medical Council referred to the lack of sufficient academic evidence supporting the therapeutic benefits of cannabis. The use of unprocessed forms of cannabis, such as smoking through pipes or joints (where cannabis flowers are ground and rolled into cigarettes), was seen as harmful. The Medical Council stated that smoking cannabis could damage the brain and made clear that "recreational use is not recommended at all" (The Medical Council of Thailand, 2019, p. 9).

Furthermore, "a doctor must not recommend cannabis for recreational use" (The Medical Council of Thailand, 2019, p. 9).

Secondly, Regarding the use of cannabis extracts, such as oils derived from cannabis flowers, the Medical Council recognized some potential benefits in medical applications. These included the treatment of nausea and vomiting from chemotherapy, chronic pain, pediatric epilepsy, muscle spasms in patients with multiple sclerosis, and peripheral neuropathic pain when other treatments had failed (The Medical Council of Thailand, 2019, p. 5).

It can be stated that the article from the Medical Council indicates that, even in cases of severe illness, cannabis is not considered a primary treatment option. Cannabis may only be used as an alternative treatment if all previous methods have proven ineffective.

The Medical Council of Thailand indicated that cannabis use can have short-term side effects on the nervous system, such as loss of balance, nausea, vomiting, and depression. Long-term effects include impaired long-term memory, impaired decision-making, and increased risk of cardiovascular diseases (The Medical Council of Thailand, 2019, p.12). On June 9, 2022, cannabis was removed from the narcotics list and reclassified as a controlled herbal substance under Thai law. This change also legalized the recreational use of cannabis. That same year, the Medical Council made a clear statement on its website titled "Policy

Recommendations on Cannabis for Thailand” (The Medical Council of Thailand, n.d.). In this statement, the Medical Council emphasized that “In both medical and international legal terms, cannabis is a narcotic drug, and there must be legal controls to prevent misuse.” They also pointed out that the policy allowing each household to grow six cannabis plants was problematic because such cannabis is often of poor quality and prone to contamination. In the conclusion of the statement, the Medical Council declared, “We oppose the recreational use of cannabis and urge that every policy related to cannabis should include mechanisms to prevent its recreational use.” In summary, the Medical Council maintains that cannabis should not be the first-choice treatment in medical practice and should only be used as a last-resort option. Moreover, they clearly oppose the recreational use of cannabis.

Health institutions and medical groups that argue legalizing cannabis will bring negative consequences include the Royal College of Physicians of Thailand. They reason that “there is not yet sufficient evidence to support its use in treating cancer. Current evidence on using cannabis for cancer pain relief is only slightly to moderately strong—better than a placebo but not superior to opioid-based cancer painkillers” (hfocus, 2019a). In addition to the Royal College of Physicians, the Department of Mental Health also expressed concerns, stating that cannabis use poses increased long-term risks, particularly for psychiatric

conditions. The Department of Mental Health commented that “currently, there is only limited medical evidence in mental health research that requires further investigation, such as in the treatment of anxiety disorders. There is still no credible medical evidence confirming the benefits of cannabis or cannabis extracts in treating other psychiatric disorders” (hfocus, 2019b).

### **Cannabis Under the Conditions of Modern Medicine**

The proposals of modern medical institutions clearly indicate that their reluctance to use cannabis for treatment is based on medical reasoning, as there is no conclusive evidence supporting its efficacy in treating diseases. Additionally, a more intriguing issue arises: although modern medicine may hesitate to adopt cannabis, cannabis itself must adhere to the standards of modern medicine to justify its continued presence in various societal domains. Whether in the realms of healthcare, nutrition, or recreational use, cannabis is governed by the principles of modern medical science. This is evident in the comprehensive regulation of cannabis throughout its entire lifecycle—from the importation of seeds, cultivation, extraction, and processing. For instance, the cultivation of cannabis for traditional Thai medicine is notably demonstrated at Chao Phraya Abhaibhubejhr Hospital, which pioneered the "Cannabis Model."

This hospital is renowned for its traditional Thai medical practices and use of Thai herbs. Its cannabis model emphasizes the complete utilization of cannabis, from cultivation to production and distribution for medical purposes, all while strictly adhering to chemical composition standards. In the hospital's document titled Experience in Cannabis Oil Production by Kwankhao (2019), the process begins with selecting cannabis strains rich in the desired chemical compounds, particularly CBD. The cannabis is grown in a controlled environment, such as containers where temperature and humidity are regulated to optimize plant quality. The plants are tested for harmful substances to ensure safety for human use. Similarly, the active ingredients in cannabis-based medicines, like "Suk Saiyad" (a traditional Thai medicine), are precisely measured. For example, the recipe contains 15.38% cannabis, which amounts to approximately 300 mg of cannabis per 2 grams of powdered medicine, with a THC content of 9.21 mg and CBD content of 27.45 ng per gram of the powder (Office of Permanent Secretary, 2019). Thus, despite the variety of advocacy groups pushing for cannabis legalization, ultimately, all groups must align with the standards of modern medical practices.

It can be stated that chemical compositions, cultivation controls, and technological interventions have all been integrated into the cultivation and regulation of traditional Thai medicine practices to align with modern medical standards.

### **Cannabis Under the Health Ideology**

Foucault's concept of power is not characterized by rigidity or coercion; instead, it operates through the regulation and management of life, as articulated in his theory of biopower. This form of power focuses on fostering and sustaining life, with the aim of extending it. When applied to the context of cannabis in Thai society, this concept becomes particularly relevant. The article identifies the year 1979 as a key moment, when Thailand enacted legislation categorizing cannabis as a Schedule 5 narcotic, influenced by international political dynamics. During this period, the state regarded cannabis as a threat to both individuals and society. Medical discourse of the time mirrored the workings of biopower, with the state assuming the role of protector, responsible for the health and security of its citizens. As a result, cannabis was framed within public health narratives as a highly dangerous substance. This led to state actions consistent with the prevailing methods of control, including public campaigns on the dangers of cannabis to individual health and social order, as well as the destruction of cannabis plants. These efforts were part of a broader ideology to safeguard the population from the perceived risks associated with narcotics.

In the period when Thai society gradually began to recognize cannabis in medical terms, from the 2010s onward, culminating in significant legal advocacy in 2019, the situation became increasingly

complex. By applying the concept of biopolitics to this phenomenon, it becomes evident that societal attitudes toward cannabis underwent a transformation, eventually leading to calls for the state to change its stance. Previously, the health ideology surrounding cannabis was straightforward, framing it as a dangerous narcotic. However, from the 2010s onwards, the narrative surrounding cannabis began to shift, not initiated by state intervention but rather by patients efforts, local healers, and public critiques of the government. One pivotal event was the controversy surrounding attempts by foreign companies to secretly patent cannabis-related products. The state's initial silence on this matter drew significant criticism from civil society, who recognized that foreign control over cannabis would deprive Thai citizens of its medical benefits.

During this period, traditional healers emerged, though they had not yet gained registered license from the state. These healers were influenced by the extraction of cannabis oil, using it initially to treat themselves and later distributing it to patients with chronic, untreatable illnesses. This practice marked the beginning of Thai society's recognition of cannabis in a medical context. Traditional healers and patients banded together, forming a biopolitical collective, united by their shared identity and need to use cannabis for self-treatment. This transformation was driven by nationalist sentiment opposing foreign companies' attempts to patent cannabis and a collective desire to preserve their own well-being.

It also reflected a growing dissatisfaction with the legal and health barriers imposed by the state. As a result, this movement ultimately pressured the government to reconsider its stance on cannabis and led to increasing calls for legal reform to recognize cannabis as a legitimate medical treatment.

This push for change, when considered in the context of political shifts, originated from the health demands of chronic patients and traditional healers, serving as the initial catalyst. Alliances followed, with the Bhumjaithai Party leveraging these public demands to advocate for the legalization of cannabis. This public pressure prompted a redefinition of cannabis in terms of health. However, a key institutional health question arises: why did modern medical institutions approach the use of cannabis with such caution? The answer lies in cannabis's entrenched status as a narcotic. Despite the push for legalization, the lingering stigma of cannabis as a drug remains, making it an anomaly in the realm of modern medicine. Ultimately, this institutional perspective has shaped the way cannabis is regulated within the health sector, reinforcing its association with illicit substances. Consequently, the modern medical establishment continues to exert control over the discourse surrounding cannabis, maintaining its stance within the boundaries of conventional health frameworks.

Each sector mentioned is intertwined through distinct health ideologies, especially in the context of cannabis legalization. The objectives of these sectors are not always aligned. In modern medical

institutions, such as the Medical Council, strict regulations have been established regarding cannabis use. While the Medical Council does not explicitly reject the use of cannabis in official documents, it does impose restrictions, citing reasons such as its use being limited to a last resort or contingent upon supporting research. This approach highlights structural issues within the medical system, where cannabis is not yet seen as a primary or standard treatment option. Furthermore, cannabis continues to carry the connotation of being a controlled substance, and thus, remains stigmatized. From the perspective of mainstream health institutions, cannabis treatments are viewed as potentially more harmful than beneficial, largely due to the lack of sufficient research. Consequently, the Medical Council has implemented measures to regulate its use, aiming both to restrict cannabis use where it is not widely accepted and to prevent medical practitioners from prescribing cannabis without robust scientific evidence.

During the period when the Ministry of Public Health operated under the governance of the Bhumjaithai Party, there was a concerted effort to advance research that demonstrated the potential medical benefits of cannabis. This initiative laid the foundation for the broader promotion of cannabis, including the establishment of cannabis clinics and the registration of traditional healers. Ultimately, legislation was introduced permitting citizens to cultivate up to six cannabis plants at

home for medicinal purposes. The campaign emphasized the numerous applications of cannabis, ranging from nutritional and medical uses to commercial opportunities.

In addition to these advancements, there emerged a recreational advocacy group arguing that cannabis posed no harm, directly challenging the claims of modern public health institutions that classified cannabis as a dangerous narcotic. These advocates claimed that cannabis improved health outcomes, often citing their personal experiences as evidence that recreational use was without adverse effects. They also invoked the right to bodily autonomy in much the same way as traditional healers and medical cannabis users, asserting that individuals have the right to use cannabis for self-care and personal benefit. Recreational users, in particular, framed their argument around the right to use cannabis for relaxation and stress relief. Collectively, these groups' actions reinforce the notion of cannabis as having diverse benefits, further fueling the debate surrounding its legalization and broader acceptance.

The groups comprising traditional Thai medicine practitioners, folk healers, and recreational cannabis users can be identified as key forces behind the political push for cannabis legalization by the Bhumjaithai Party. This party has garnered support from these groups by advocating for the effective use of cannabis among the population. However, the party remains under the regulatory framework of medical institutions. Thus, the

initiative to promote cannabis by the party is still contingent upon adhering to established medical standards to successfully integrate cannabis into policy. Similarly, these supporting groups must also operate within the constraints imposed by conventional medical practices.

The groups comprising traditional Thai medicine practitioners, folk healers, and recreational cannabis users can be identified as key forces behind the political push for cannabis legalization by the Bhumjaithai Party. This party has garnered support from these groups by advocating for the effective use of cannabis among the population. However, the party remains under the regulatory framework of medical institutions. Thus, The party's initiatives to advocate for cannabis continue to depend on adherence to established medical standards to facilitate the promotion of cannabis as a legitimate policy. Similarly, these supporting groups must also operate within the constraints imposed by conventional medical practices.

Foucault's proposition that all factors are calculated for the well-being and longevity of the population highlights that the advocacy for cannabis operates within the framework of modern medical standards prioritizing safety. According to Foucault's concept of biopower, the state exercises authority through institutions—in this case, through medical institutions—to safeguard the population from the perils of narcotics. However, I contend that when applying Foucault's concept in the context

of the phenomenon of legalizing cannabis, complexities within the phenomenon emerge, indicating that power is not solely centralized in the state. This situation originated from patients movements led by traditional healers and patients advocating for the right to use cannabis for medical purposes. While it is true that the Bhumjaithai Party's governance facilitates this advocacy, an examination of the underlying health ideologies reveals that calls for the legalization of cannabis—especially for medical use—must be channeled through traditional medicine. This is largely due to the modern medical institutions' refusal to recognize cannabis as a legitimate therapeutic agent, viewing it instead as a narcotic. The ideology promoting cannabis freedom is fraught with the demands of specific interest groups, particularly those of patients with chronic illnesses. It embodies a quest for alternative medical rights and a broader, holistic understanding of cannabis that necessitates substantiation through its various benefits in medical applications, commercial uses, and supporting research. This movement must contend with modern medical institutions that also serve as embodiments of authority.

The conclusion regarding the phenomenon of advocating for the legalization of cannabis reveals that the power relationships involved in the production of knowledge are not monopolized by any single institution. Rather, each institution seeks support from others, including

the necessity to reference the health claims of opposing parties in their advocacy efforts. The meaning of the term "health" within the contemporary resurgence of cannabis is marked by differences and variations that depend on who is defining it. However, these distinctions do not exist in isolation; instead, the differing rationales for cannabis use among various groups rely on each other's criteria to achieve their respective objectives. While it can be said that all parties encounter issues related to each other's interpretations of health, they simultaneously depend on a collective understanding of health to further their push for cannabis legalization.

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