Youth Risk Prevention After Thailand's 2022 Cannabis Policy Shift: Government Strategies in Phitsanulok Province

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Date Received: 2 October 2025 Revised: 2 March 2026 Accepted: 10 March 2026

Paper Type: Original Research

Abstract

Aim/Purpose: This study aimed to examine government policies and measures for preventing youth cannabis-related risks in Phitsanulok Province following Thailand's 2022 cannabis policy shift, as well as to identify policy gaps and implementation constraints in order to develop actionable recommendations for enhancing provincial-level prevention.

Introduction/Background: After Thailand's 2022 "Free Cannabis" policy promoted cannabis for medical and economic purposes, cannabis-related harms and youth exposure were reported more prominently. National hospital data indicated a six- to seven-fold increase in cannabis poisoning and psychosis cases, while youth cannabis treatment cases in Phitsanulok increased fivefold. As a province that also functions as a narcotics transit zone, Phitsanulok is facing heightened challenges for prevention and regulatory responses.

Methodology: A qualitative design was employed, combining documentary research (books, peer-reviewed articles, research reports, and official policy documents) with fieldwork. Semi-structured in-depth interviews were conducted with 11 purposively selected key informants (six government officials and five representatives from educational institutions) who were directly involved in drug prevention and education in Phitsanulok. Data were collected using interview guides, field notes, and audio recordings. The study received ethical approval from the Human Research Ethics Committee of Pibulsongkram Rajabhat University (PSRU-EC 2023/046) and applied methodological triangulation and thematic analysis.

Findings: Although cannabis is no longer classified under the 2021 Narcotic Drugs Act, it remains a significant youth-risk issue in Phitsanulok. The policy intention to support medical use and research has been accompanied by legal ambiguities and increased opportunities for youth access. Evidence from documents and local agencies indicates that adolescents encounter cannabis intentionally and unintentionally through smoking, food products, and online advertising, with implications for health, educational engagement, and family economics. Government responses align with national and provincial frameworks, including the 20-Year National Strategy (2018–2038), the National Drug Prevention and Suppression Plan (2023–2027), and the Phitsanulok Provincial Development Plan (2023–2027). However, gaps persist in translating these broad frameworks into cannabis-specific risk governance at the provincial level.

Contribution/Impact on Society: The study advances policy discussion by demonstrating that youth protection under cannabis liberalization requires targeted measures beyond general drug-prevention approaches: a) education and risk communication, b) enforceable controls on access and sales, and c) multi-sectoral coordination among state agencies, schools, families, and communities, alongside constructive youth alternatives (arts, sports, and vocational pathways).

Recommendations: The study proposes four priorities: a) establish cannabis-specific regulations (age limits, ID verification, and tighter online advertising controls); b) strengthen school- and

community-based prevention to correct misconceptions about legality; c) institutionalize a provincial multi-sector task force for monitoring and coordinated enforcement; and d) expand youth development programs to reduce vulnerability to cannabis use.

Research Limitations: This study had three key limitations. First, it relied on qualitative evidence from document review and 11 in-depth interviews, which may not have captured the full range of stakeholder perspectives in Phitsanulok Province. Second, the analysis focused primarily on government initiatives, with limited input from youth, parents, and community-based organizations, which may have yielded additional or contrasting perspectives. Third, because cannabis policy in Thailand is rapidly evolving, the findings reflect conditions during the time of data collection and may not reflect policy or legal developments that occurred after 2022.

Future Research: Future studies should include larger and more representative samples—especially youth, parents, and community groups—and should integrate quantitative surveys with qualitative methods. Comparative research across provinces would help identify regional variation and inform design of targeted, context-sensitive youth cannabis prevention policies in Thailand.

Keywords: *Youth risk prevention, Phitsanulok Province, cannabis liberalization*

Introduction

In 2022, Thailand introduced a policy shift widely referred to as the "Free Cannabis" policy, which stemmed from the Bhumjaithai Party's campaign commitments during the 2019 general election (Zinboonyahgoon et al., 2021). The policy positioned cannabis as an economic crop and promoted legal cultivation primarily for medicinal production and medical treatment, with the stated aim of improving farmers' income. While the policy attracted substantial public attention, it also faced criticism regarding feasibility and implementation challenges within the Thai context (Samasutthi & Anutariya, 2023). Following the March 24, 2019, election, the Bhumjaithai Party joined the coalition government led by Prime Minister General Prayuth Chan-o-cha. Party leader Anutin Charnvirakul became the Minister of Public Health and advanced the party's cannabis agenda, making medical cannabis and promoting cultivation key priorities for the administration and the Ministry of Public Health. Official communications emphasized that cannabis policy was intended for medical purposes and disease treatment, explicitly excluding recreational use.

Policy advocacy subsequently moved into legislative initiatives. On September 13, 2019, two draft laws were introduced—Draft Narcotic Drugs Act Amendment and Draft Thailand Narcotic Plant Institute Act—with the stated objective of expanding medical use and enabling public cultivation in line with the party's campaign commitments (Thai Post, 2022). A further regulatory turning point occurred on June 9, 2022, when the Ministry of Public Health announced the implementation of the classification of narcotic drugs under Category 5, 2022. This regulation excluded "all parts of the cannabis plant" from the narcotics list and excluded cannabis extracts with primary active compound (THC or CBD) levels not exceeding 0.2%. This direction was aligned with Parliament's approval of the draft Narcotic Drugs Code Act, 2021, and June 9, 2022, was popularly framed as the moment of "cannabis freedom" (Phankaew, 2022).

After the 2022 policy change, cannabis use became more commonly reported among teenagers and working adults, including its use for stress relief and recreational purposes. Reports indicated that recreational use increased substantially—up to tenfold (Zinboonyahgoon et al., 2021). At the same time, concerns increased regarding use beyond legal boundaries and associated physical and mental health harms. Hospital data from Ministry of Public Health facilities indicate a marked rise in treatment for cannabis poisoning after legalization. Outpatient cases increased from 52 cases per month in May 2022 to 342 cases per month in February 2023 (a 6.6-fold increase), while inpatient cases rose from 18 cases per month in May 2022 to 132 cases per month in February 2023 (a 7.3-fold increase) (Phufa Enterprise, 2024).

Similar patterns were evident in treatment for cannabis addiction and cannabis-related psychotic symptoms. Reported figures suggested that the number of patients receiving treatment

increased by approximately two to five times, while cases presenting psychotic symptoms attributed to cannabis rose by about three to five times. Outpatient treatment for cannabis addiction increased from 16,643 cases (2019) to 32,634 cases (2023), and inpatient treatment rose from 1,137 cases (2019) to 5,924 cases (2023). For cannabis-related psychotic symptoms, outpatient cases increased from 6,585 (2019) to 20,502 cases (2023), and inpatient cases rose from 742 (2019) to 3,989 cases (2023) (Phufa Enterprise, 2024).

At the provincial level, Phitsanulok provides an important case for examining the impacts on youth. In 2022, 20 individuals were receiving cannabis treatment (8.65% of total drug use), including 2 new patients (10%). In 2023, the number rose to 54 (14.23% of total drug use), with 32 new patients (59.26%). This pattern indicated a fivefold increase in new youth cannabis users since the implementation of the Narcotics Code Act 2021 (Provincial Chief Medical Officer of Phitsanulok, personal communication, March 11, 2024). Reported motivations included curiosity and the belief that cannabis was fully legal, which fostered perceptions of unrestricted use and socially reinforced, trend-following experimentation. Widespread accessibility of cannabis sales and related products may also have facilitated initiation among youth, alongside relapse among former users who had previously abstained due to illegality. In 2023, 72.31% of former users who had abstained for over a year reportedly returned to use after re-entering settings where cannabis was readily accessible. Moreover, the Office of the Narcotics Control Board, Region 6 (Phitsanulok) noted that the lower northern region is a key trafficking route for drugs from neighboring countries and within Thailand, suggesting that youth-related risks existed even before liberalization. Drug data from 2018 to 2022 further identified cannabis as the second most used substance after methamphetamines in the region (Director of the Office of the Narcotics Control Board, Region 6, personal communication, February 22, 2024).

Building on these post-2022 trends, this study highlights gaps in oversight and the limited fit of existing regulatory and prevention mechanisms under Thailand's new policy context. In Phitsanulok Province, the absence of cannabis-specific regulations appears to have increased adolescent accessibility, raising concerns for health, educational engagement, and longer-term social outcomes. The study contributes to policy and practice by advancing targeted, cannabis-responsive measures that extend beyond general drug-prevention frameworks through three core dimensions: (a) strengthening education and risk communication to improve youth awareness, (b) enforcing regulatory controls to reduce access and manage sales, and (c) promoting multi-sectoral collaboration among state agencies, schools, families, and communities. It also underscores the value of constructive youth development alternatives—such as arts, sports, and vocational training—as practical tools to reduce vulnerability. By integrating these strategies, policymakers can better balance the economic and medical potential of cannabis with the protection of public health and the well-being of younger generations.

Study Objective

The objectives were to study government policies and measures for preventing youth cannabis-related risks in Phitsanulok Province after Thailand's 2022 cannabis policy shift, and to identify policy gaps and implementation constraints to develop actionable recommendations for strengthening provincial-level prevention.

Literature Review

This review consolidates current research on cannabis liberalization, analyzing the effects of policy sequencing—the timing and spatial arrangement of reforms—and the variety of regulatory frameworks (including medical-only, decriminalization, recreational markets, and private-use models) on public health outcomes, social risks, governance capabilities, and youth exposure. Thailand exemplifies a unique case study, demonstrating a swift shift from prohibition to expanded cannabis use. This transition may have exceeded the development of effective systems for enforcement, monitoring, and risk communication.

Thailand's Cannabis Policy Has Experienced Notable Changes, moving from an integrated approach to a phase of prohibition, and later entering a period of swift liberalization.

Previous studies have consistently demonstrated that cannabis has been an integral part of Thai medicinal practices and daily life; however, the classification of cannabis as a narcotic in the mid-20th century established a prohibitionist framework that resulted in significant social and cultural consequences (Amarin Deva, 2022; Veilleux, 2024). Recent academic research has increasingly supported the view that Thailand's policy realignment was shaped by a combination of medical-scientific rationales and political-economic factors, including potential health benefits, industrial growth, and government revenue generation (Charoenwisedsil et al., 2023; Ritmontree et al., 2019; Sornpaisarn et al., 2019).

The analytical depth of the literature is particularly evident in its examination of internal contradictions inherent in Thailand's reform process. The 2019 medical legalization was characterized by significant limitations, with strict regulations overseeing cultivation, processing, and distribution, often justified as necessary to prevent misuse and the proliferation of narcotics (Kalayasiri & Boonthae, 2023; Kanjanasiripan, 2022; Samasutthi & Anutariya, 2023; Sommano et al., 2022). In contrast, subsequent policy changes, characterized by the reviewed sources as expanding cultivation, possession, and usage, were linked to economic recovery and research and development objectives, while simultaneously increasing concerns about enforcement capabilities and public health protections (Zinboonyahgoon et al., 2021; Brewster, 2022). In summary, Thailand's policy evolution should be viewed not merely as a straightforward progression towards "liberalization," but rather as a complex rebalancing effort between economic and medical opportunities, along with the necessary regulatory safeguards—a challenge intensified by the swift pace of implementation.

The research gap identified within this cluster indicates that existing literature on Thailand primarily discusses legal modifications and their expected impacts, so there remains a scarcity of evidence centered on implementation. Specifically, there is a need for insights into how regulatory ambiguity is addressed in practice—such as through inspection routines, product quality governance, and operational protections for vulnerable populations—and how these mechanisms vary across contexts (Charoenwisedsil et al., 2023; Office of the Narcotics Control Board, 2023).

Cross-national Regulatory Diversity as a Comparative Lens: Examining why "legalization" yields varying outcomes.

Comparative scholarship highlights that cannabis regulation exists along a spectrum, ranging from prohibition to medical-only access, regulated recreational markets, private-use regimes, and arrangements where possession is permitted but sales are prohibited. The examples provided, including Canada, Georgia, Mexico, South Africa, Spain, Uruguay, and the subnational variation in the United States, demonstrate that outcomes are influenced by institutional architecture. This includes factors such as the level of market formalization, the state's capacity for monitoring, and the clarity of regulations regarding sales, advertising, potency, and public consumption (Assanangkornchai et al., 2023; Martinos, 2023; Srisukchayakun, 2021).

Cross-national diversity is significant for Thailand, as it underscores a fundamental analytical point: policy design influences exposure pathways. In a regulated model, such as Uruguay's, the government plays a pivotal role. Conversely, the United States demonstrates a distinct approach, characterized by notable variations in how laws are applied at the state level; this may result in inconsistent access control and public messaging, leading to increased confusion and variability in enforcement. Private-use frameworks, as seen in Spain and South Africa, may reduce the visibility of public markets; however, they can also create ongoing uncertainties related to product standardization and youth access through informal channels. The landscape in Thailand following recent reforms, defined by sanctioned medical and research applications under the 2021 Narcotic Drugs Act and the Ministry of Public Health's 2022 announcement regarding controlled herbs, is marked by ambiguities in implementation, especially in relation to quality control measures and strategies for community communication (Office of the Narcotics Control Board, 2023).

This situation is similar to that of jurisdictions where formal regulations evolve more rapidly than administrative capabilities, resulting in a disparity between the "law on the books" and the "law in action." The comparative literature indicates a research gap: while cross-national studies elucidate potential regulatory frameworks, they do not inherently account for the outcomes observed in Thailand. There is an ongoing need for research that converts comparative insights into causal mechanisms specific to Thailand—especially regarding the relationship between regulatory uncertainty, enforcement capacity, and pathways of youth exposure.

Health, Social Impacts, and Governance Capacity: Benefits are contingent, while risks are reliant on the system.

The studies under review outline the possible advantages of liberalization, including increased medical access and economic revenue generation. However, they also highlight that these benefits depend on the regulatory capacity and the integrity of product and access controls (Ritmontree et al., 2019; Sommano et al., 2022). At the same time, Thai literary sources highlight concerns regarding substance use among youth, the frequency of impaired driving, and possible mental health challenges. It is suggested that liberalization may lead to the emergence of new risk environments, particularly when protective measures are inadequate or inconsistently implemented (Assanangkornchai et al., 2022; Kalayasiri & Boonthae, 2023).

The findings indicate that Thailand's primary challenge extends beyond merely permitting cannabis use. The government is tasked with developing a comprehensive governance system that encompasses: (a) ensuring product quality, (b) safeguarding vulnerable populations, (c) implementing dependable monitoring and inspection, and (d) delivering transparent public communication regarding risks. Current studies identify various constraints, including a shortage of qualified personnel, inadequate monitoring and inspection frameworks, and prevalent public misconceptions. The combination of these factors diminishes the effectiveness of enforcement and may inadvertently promote unsafe usage (Assanangkornchai et al., 2022; Charoenwisedsil et al., 2023; Sommano et al., 2022).

The research gap highlighted by this governance-oriented evidence indicates that, while existing accounts recognize governance weaknesses, there is a scarcity of empirical studies that assess administrative capacity and enforcement practices. Furthermore, there is a need to evaluate how risk communication influences community understanding and behavior amid rapid regulatory changes.

Youth Implications: International evidence offers a complex overview, and the data from Thailand post-2021 remains in its preliminary phase.

International studies indicate that the effects of cannabis on youth are diverse and dependent on particular circumstances; while some regions demonstrate consistent youth prevalence, others report increases or earlier initiation ages (Bhatia, 2024). Research examining health outcomes associates ongoing cannabis use with increased risks of psychosis, depression, and suicidal ideation, alongside respiratory complications from smoking and an uptick in road accidents. Nevertheless, these risks are moderated by variables such as usage frequency, potency, and the particular circumstances surrounding use (Dilley, 2022). Social and educational studies have indicated that cannabis use is associated with outcomes including aggressive behavior, an increased likelihood of criminal involvement, and diminished academic achievement due to absenteeism and dropout (Thomasius, 2024). In these bodies of work, prevention and mitigation typically depend on minimum-age regulations, access limitations, and educational initiatives for youth (Ladegard & Bhatia, 2023).

The existing literature regarding Thailand indicates that data following policy changes are predominantly preliminary and often indirect. Observations suggest potential increases in youth consumption and the evolution of consumption habits, including concurrent use with other substances (Samorapoom et al., 2023). The Thai context appears to be marked by a transition from smoking to encompassing edibles, consumer products such as snacks and beverages, as well as

medicinal applications. These trends may require tailored monitoring strategies and risk communication methods, differing from those used for smoked cannabis (Sornpaisarn et al., 2023). Moreover, there are ongoing concerns about enhanced accessibility, lower prices, and continuous exposure to promotional materials that may lead to misunderstandings despite current regulations (Tianprasit, 2019).

The signals collectively suggest a probable change in the framework of opportunities for youth access; however, they do not conclusively establish strong causal assertions. The youth literature indicates a research gap in Thailand regarding the need for systematic, post-reform empirical evidence on (a) the prevalence and frequency of youth engagement, (b) the types of products and modes of use, (c) access channels including retail, household, and informal sources, and (d) the influence of public messaging and market visibility on risk perceptions.

An analysis of the existing literature identifies four interconnected deficiencies that require careful consideration within the Thai context.

1. The implementation gap: There is a lack of empirical data regarding the practical application of regulatory frameworks, such as inspection protocols, enforcement practices, and quality assurance measures. There is also a limited understanding of how these inconsistencies impact actual access and risk (Charoenwisedsil et al., 2023; Office of the Narcotics Control Board, 2023).

2. The connection between governance and behavior remains inadequately comprehended.

3. A notable gap in research about governance capacity influence and risk communication on community understanding and cannabis use (Charoenwisedsil et al., 2023; Sommano et al., 2022).

4. The current evidence regarding youth is constrained, as data gathered post-2021 remains in a preliminary stage.

Further comprehensive research is essential to gain insights into the initiation of substance use among young individuals, the evolution of their usage patterns, the various types of products they engage with (including edibles), the concurrent use of multiple substances, and the methods through which they obtain these substances (Samorapoom et al., 2023; Sornpaisarn et al., 2023). While cross-national models provide valuable insights into design choices, a more comprehensive analysis of Thailand's results is necessary. This should emphasize factors specific to Thailand, rather than merely applying findings from other countries (Assanangkornchai et al., 2023; Martinos, 2023; Srisukchayakun, 2021).

Methodology

This research applied a qualitative design, combining documentary research and fieldwork.

Documentary Research

Data were collected from books, research reports, peer-reviewed journal articles, and official government documents relevant to cannabis policy and youth prevention strategies.

Fieldwork and Participants

Data were obtained through in-depth semi-structured interviews with 11 key informants, consisting of six government officials and five representatives from educational institutions in Phitsanulok Province. Informants were selected using purposive sampling, based on their direct involvement in drug prevention and education.

Data Collection Tools

An interview guide with open-ended questions was developed and adjusted for each group of informants. Field notes and a data recording form were used to ensure systematic collection.

Ethics

The Human Research Ethics Committee of Pibulsongkram Rajabhat University approved the study on December 5, 2022 (Certificate No. PSRU-EC 2023/046).

Data Analysis

Methodological triangulation was conducted by synthesizing data from interviews, documents, and secondary sources. Thematic analysis was employed to identify patterns across categories, which were then compared against existing literature and national policies to generate descriptive and analytical findings.

Results

Cannabis is presently not categorized under the 2021 Narcotic Drugs Act. In light of Thailand's 2022 cannabis policy shift, commonly known as the "free cannabis" policy, state initiatives aimed at establishing cannabis as a medicinal plant and fostering research and development have encountered legal uncertainties regarding youth prevention measures and the forthcoming regulatory framework, notably the draft Cannabis and Hemp Act (Pounpunwong, 2024; Director of the Office of the Narcotics Control Board, Region 6, personal communication, February 22, 2024). This section presents findings from document reviews and interviews with relevant agencies regarding government initiatives aimed at preventing and mitigating youth risks in Phitsanulok Province, taking into account changes to drug-related policies and laws implemented in 2021.

Analyzed effects prior to and following the 2022 policy change **as shown in Table 1 below.**

Table 1 *Effects Prior to/Following 2022 Policy Change (Comparison Based on Existing Evidence)*

Dimension	Prior to 2022 Policy Shift as Evidenced in Reviewed Documents	Following 2022 Policy Shift as Evidenced by Interviews and Subsequent Plans
Framing Policies Regarding Drugs and Cannabis	The 20-Year National Strategy (2018–2038) positions drugs as a matter of national security, emphasizing both prevention and suppression. Notably, the strategy does not specifically mention cannabis (Office of the National Economic and Social Development Council [NESDC], 2017).	Provincial officials indicated a common understanding that cannabis has become increasingly accessible to youth following the liberalization measures (Director of the Office of the Narcotics Control Board, Region 6, personal communication, February 22, 2024).
Pathways of Youth Exposure	The 2018–2038 strategy document (Office of the National Economic and Social Development Council [NESDC], 2017) did not explicitly identify pathways for youth exposure to cannabis.	Respondents indicated that youth exposure occurred both deliberately and unintentionally, including inhalation and consumption through food and beverages (Director of Office of Narcotics Control Board, Region 6, personal communication, February 22, 2024).
Documented Effects on Young Individuals and Families	The 2018–2038 strategy document (Office of the National Economic and Social Development Council [NESDC], 2017) did not explicitly outline the impacts of cannabis on youth.	Respondents associated reported exposure pathways with implications for health, educational engagement, and economic burdens on households (Director of Office of Narcotics Control Board, Region 6, personal comm., Feb. 22, 2024).
Provincial Response Strategy	The emphasis on prevention and suppression is highlighted as a fundamental aspect of the national strategy framework (Office of the National Economic and Social Development Council [NESDC], 2017).	Provincial responses were in accordance with national plans conveyed to the provincial level, which include the National Policy and Plan for Drug Prevention, Suppression, and Resolution (2023–2027), the Comprehensive Plan for the Treatment and Rehabilitation of Substance Use Disorders (2023–2027), and Phitsanulok Provincial Development Plan (2023–2027) (District Secretary of Mueang Phitsanulok, personal communication, March 15, 2024).

Provincial measures detailed in official documents and interviews

Provincial government responses were noted to be in accordance with national plans and strategies for drug prevention and control, as communicated from the national to the provincial level. Respondents reported several key guiding documents, including: (1) the National Two-Decade Strategy (2018–2038), (2) the National Policy and Plan for Drug Prevention, Suppression, and Resolution (2023–2027), (3) the Comprehensive Plan for the Treatment and Rehabilitation of Substance Use Disorders (2023–2027), and (4) the Phitsanulok Provincial Development Plan (2023–2027) (District Secretary of Mueang Phitsanulok, personal communication, March 15, 2024). The analysis of the reviewed documents and interviews indicated that provincial measures predominantly focused on three key dimensions: education and risk communication, regulatory and enforcement controls, and monitoring and referral networks.

1) Education and Risk Communication

The 20-Year National Strategy (2018–2038) positions drugs as a matter of national security and emphasizes the importance of prevention in conjunction with suppression. It highlights the need to enhance social awareness and broaden access to treatment, although it does not specifically mention cannabis (Office of the National Economic and Social Development Council [NESDC], 2017). In the legal landscape post-2021, respondents and reviewed materials indicated that prevention efforts aimed at youth were developed to improve understanding of health and social consequences. These initiatives were executed via campaigns and educational programs carried out in schools, communities, and through public media (Bakal, 2023). The National Policy and Plan for Drug Prevention, Suppression, and Resolution (2023–2024) emphasized prevention by implementing educational guidelines for youth, which were disseminated through curricula and digital platforms (Mahidol University, 2021).

Additionally, at the provincial level, agencies provided reports on awareness programs and curriculum-based initiatives implemented in schools and youth centers, which specifically focused on cannabis-related harms, including mental health concerns and the impact on adolescent brain development (Leejayasom, 2023; Director of a school, personal communication, February 29, 2024). Additionally, the Phitsanulok Provincial Development Plan (2023–2027) encompasses provisions for training programs and seminars in educational institutions and local communities. This initiative included educational efforts aimed at parents, with the goal of enhancing preventive measures established at the household level (Phitsanulok Provincial Office, 2022; Director of a school, personal communication, February 29, 2024).

2) Mechanisms for Regulation and Enforcement

Following the removal of cannabis from the Type 5 narcotics classification in the Narcotic Drugs Code Act of 2021, the sources analyzed for this study revealed that recreational use continues to be prohibited. Efforts to prevent issues required the implementation of access control, particularly through restrictions on sales and distribution in regions identified as high-risk for youth, along with legal enforcement and deterrent penalties (Bakal, 2023). Additionally, the National Policy and Plan for Drug Prevention, Suppression, and Resolution (2023–2024) focuses on suppression strategies and the regulation of distribution networks, including those associated with cannabis (Mahidol University, 2021). The reviewed sources highlighted policy discussions that raised concerns about the potential implications for young individuals under the Narcotic Drugs Act (No. 7) 2019 (Henprasert, 2022).

Exclusion of Cannabis from Narcotics Classification. Regulatory actions reported included restrictions on advertising and public relations initiatives targeting young individuals, as well as limitations on sales to individuals under the age of twenty, and regulations pertaining to cannabis access and usage in public spaces (Leejayasom, 2023). In Phitsanulok, enforcement strategies included inspections of cannabis retail outlets, limitations on public consumption in youth-populated areas, and collaborative initiatives among multiple agencies, such as administrative bodies, law enforcement, and public health departments (Director of a school, personal

communication, February 29, 2024; Provincial Chief Medical Officer of Phitsanulok, personal communication, March 11, 2024).

3) Monitoring and Referral Mechanisms

Monitoring and referral mechanisms were recognized as essential elements of provincial risk governance, supported by both documentary sources and interview data. The 20-Year National Strategy (2018–2038) highlights the significance of prevention and treatment, supported by public health systems and enhanced service accessibility (Office of the National Economic and Social Development Council [NESDC], 2017). Additionally, at the operational level, it was reported that monitoring and tracking networks were coordinated with educational institutions, families, and local administrative bodies to observe youth risk behaviors and strengthen "social immunity" (Bakal, 2023). Furthermore, the National Policy and Plan for Drug Prevention, Suppression, and Resolution (2023–2024) has been identified as emphasizing management systems that facilitate coordinated operations among relevant agencies and treatment interventions for youth facing substance-use challenges (Mahidol University, 2021). Respondents noted that provincial practices included monitoring youth behavior, steering cases with significant substance use towards treatment alternatives, and partnering with parents and educational institutions to mitigate risks (Director of a school, personal communication, February 29, 2024). Additionally, the Phitsanulok Provincial Development Plan (2023–2027) emphasizes the importance of collaboration among educational institutions, healthcare providers, and community organizations to enhance resilience and reduce youth vulnerability (Phitsanulok Provincial Office, 2022).

Respondents recognized the Phitsanulok Provincial Public Health Office as the key coordinating entity in prevention and control, citing its legal authority and the regulatory instruments of the Ministry of Public Health (Provincial Chief Medical Officer of Phitsanulok, personal communication, March 11, 2024). Participants indicated that successful risk mitigation requires collaboration among various sectors, including provincial agencies, hospitals, local administrative bodies, religious organizations, educational institutions, businesses, communities, and civil society. Respondents highlighted that there was a lack of clearly articulated cannabis-specific measures or guidelines aimed at youth risk prevention in Phitsanulok. Cannabis-related actions have been documented as part of comprehensive drug plans and strategies that integrate education, enforcement, and treatment (Office of the Narcotics Control Board, Ministry of Justice, 2023; Phitsanulok Provincial Office, 2022; Director of the Office of the Narcotics Control Board, Region 6, personal communication, February 22, 2024).

Discussion

This study advances understanding of government initiatives to prevent and mitigate youth risks in Phitsanulok Province in the wake of Thailand's post-2021 drug-policy changes and the 2022 cannabis liberalization. The findings suggest that provincial responses remain shaped primarily by broad national drug frameworks rather than cannabis-specific governance instruments. Prevention activities are in place—through surveillance, inspections, and school-based programs—yet interviewees report an absence of clear cannabis-specific measures, particularly for youth-facing social risks, with supervision relying largely on public health regulations.

In relation to prior studies, these findings challenge the community-centered prevention emphasis reported by Kammool & Daensikaew (2019), which identified long-standing patterns of daily use and adolescent use and proposed four community strategies (community awareness, strengthened screening and rehabilitation, school-based education, and a cannabis-free environment). This study found that "community participation" in Phitsanulok operates mainly as inter-sectoral coordination within state-led mechanisms rather than as a community-driven policy. Community involvement is most evident in operational functions—reporting, surveillance, and support for inspections—whereas interview evidence suggests limited engagement in shaping formal legal and policy structures related to cannabis. This divergence implies that participation

may strengthen monitoring capacity without translating into policy influence when regulatory authority remains centralized and cannabis-specific rules are underdeveloped.

At the same time, the findings partly confirmed and extended Noosorn & Petchpoom's (2016) account of participatory resilience, which highlighted multi-actor involvement (government agencies, public sector actors, and educational institutions) in reducing youth vulnerability to drugs. This study similarly observed integrated operations and decentralization-oriented practices in which provincial agencies distribute roles across state agencies, communities, and local administrative organizations. However, it extends Noosorn & Petchpoom (2016) by showing that collaboration alone is insufficient under cannabis liberalization when legal and regulatory guidance remains ambiguous. Even where coordination is functional, implementation is constrained by uncertainty over enforceable prevention standards and cannabis-specific risk management, particularly in relation to social impacts.

The findings also align with Kanjanasiripan (2022) by showing that the state recognizes youth-related implications of cannabis policy and organizes responses through strategic documents. Provincial measures were reported to align with overarching frameworks, including the National Two-Decade Strategy (2018–2038), the national drug prevention plan (2023–2027), and the Phitsanulok Provincial Development Plan (2023–2027). However, this analysis adds an implementation lens: these frameworks tend to address cannabis indirectly by embedding it within general drug-prevention missions rather than providing cannabis-responsive instruments. This helps explain why prevention activities exist but do not fully resolve cannabis-specific youth risks, especially where policy clarity and dedicated regulations remain limited.

In addition, its findings were consistent with Thongjan and Boonkumnerd (2017) in showing that the National Two-Decade Strategy largely frames drugs as security concerns and operates through two broad mechanisms—suppression/enforcement and prevention/control/treatment—without directly addressing cannabis. The absence of cannabis specificity at the strategic level appears to contribute to provincial reliance on generic plans and routine enforcement tools. This reinforces concerns raised by the Center for Addiction Studies (iLaw, 2022) and Thamjai (2022) that existing measures involving schools and community participation have not yet directly addressed cannabis; instead, cannabis prevention remains folded into broader drug-prevention strategies. This study extends these critiques by documenting how the gap is experienced locally: stakeholders emphasize that definitive cannabis-specific measures—particularly those addressing youth-related social issues—remain unclear, leaving provincial supervision primarily dependent on health-sector regulations.

The author contends that the unique contribution of this study is to elucidate that Phitsanulok's primary challenge lies not in a lack of preventive measures, but rather in the governance of prevention amidst legal ambiguity following the liberalization of cannabis. The findings reveal the limits of Kammool and Daensikaew's (2019) work by demonstrating that "community participation" in Phitsanulok operates mainly as a state-led, inter-sectoral operational mechanism—facilitating reporting, surveillance, and inspections—rather than serving as a platform for community-driven policy design or agenda-setting. The findings simultaneously affirm and expand upon Noosorn and Petchpoom's (2016) accounts of participatory resilience. The evidence of multi-actor collaboration among provincial agencies, schools, communities, and local administrative organizations is apparent in practice. However, this study enhances their argument by illustrating that mere coordination is inadequate in the context of cannabis liberalization, especially when enforceable standards and cannabis-specific regulatory guidance are ambiguous—particularly concerning social risks faced by youth.

The findings were consistent with the work of Kanjanasiripan (2022) and Thongjan and Boonkumnerd (2017), demonstrating that provincial action is shaped by overarching national drug frameworks and security-focused strategic logics that address cannabis in an indirect manner. In alignment with the concerns articulated by the Center for Addiction Studies (iLaw, 2022) and Thamjai (2022), cannabis prevention continues to be integrated within broader drug-prevention initiatives instead of being directed by specialized cannabis-responsive strategies. This study makes

a significant contribution by providing a local implementation perspective, illustrating how the gap is perceived in practice. Stakeholders indicate that youth access has increased following liberalization, yet provincial oversight predominantly depends on general plans and public health regulations, rather than well-defined cannabis-specific youth prevention strategies.

This synthesis serves as a foundation for the study's three distinct contributions. Initially, it highlights a discrepancy between policy and practice: the risks associated with youth are viewed as increasing due to liberalization, while provincial prevention frameworks continue to be general and only tangentially address cannabis-related issues. Secondly, it outlines the implementation constraints associated with decentralization: while provincial actors can coordinate budgets, projects, and multi-sector networks, their ability to manage youth cannabis risks is hindered by incomplete or ambiguous legal instruments and prevention standards specific to cannabis. Third, it posits that participation occurs without a policy voice: community involvement enhances monitoring capacity and operational collaboration, yet it seldom results in influence over formal regulations when regulatory authority is centralized and cannabis-specific governance tools are inadequately developed. Collectively, these contributions redefine youth cannabis prevention as a matter of governance capacity specific to cannabis—connecting national policy alignment with the realities of provincial implementation—and elucidate why proactive prevention initiatives can exist alongside ongoing local deficiencies in effectively mitigating youth risk.

Conclusion

Thailand's 2022 cannabis legalization has been associated with significant policy and social ramifications, particularly in relation to youth exposure. Although liberalization was initially framed around medical and economic benefits, concerns have intensified regarding increased accessibility among adolescents and potential health risks. Against this backdrop, this study analyzed government measures to prevent and respond to cannabis-related risks among youth in Phitsanulok Province, examining both national and provincial strategies—legal frameworks, education and risk communication, and enforcement—alongside implementation barriers that have constrained effectiveness. The findings indicated that youth-oriented cannabis prevention has largely been pursued through broader drug-prevention architecture. The 20-Year National Strategy (2018–2038) frames drug issues as a national security concern and emphasizes both suppression and prevention. The National Policy and Plan for Drug Prevention, Suppression, and Resolution (2023–2027) outlines measures relevant to cannabis, including controls on distribution and efforts to inform young people about associated risks. At the provincial level, the Phitsanulok Provincial Development Plan (2023–2027) incorporates cannabis prevention within comprehensive drug-control initiatives and promotes collaboration among educational institutions, public health agencies, and local authorities.

In Phitsanulok, preventive measures cluster into three domains. First, education and awareness initiatives are delivered in schools and communities to strengthen youth knowledge of cannabis-related risks. Second, regulatory and enforcement actions focus on retail inspections to support compliance with age restrictions and on limiting cannabis use in public spaces. Third, monitoring and support networks involve families, schools, and local authorities in observing youth risk behaviors and facilitating timely responses and referrals. Together, these measures aim to strengthen protective environments and reduce youth vulnerability to cannabis misuse. Despite these efforts, the study identifies several implementation challenges. A key concern is the limited availability of cannabis-specific regulations targeting youth, as existing drug-prevention frameworks do not consistently address cannabis-related risks in a tailored manner. Community involvement in shaping preventive measures also remains constrained, weakening the potential contribution of grassroots interventions. Moreover, cannabis accessibility has increased—especially in urban areas within dense educational settings—where retail outlets expanded after legalization, potentially widening youth exposure and experimentation with longer-term health and social implications.

These findings underscore the need for a more coherent and cannabis-specific regulatory approach. Current responses tend to rely on general drug-prevention measures rather than targeted instruments designed for cannabis-related youth risks. The study therefore recommends strengthening community engagement in policy development, refining legal and regulatory tools to better control youth access, and integrating cannabis-specific content into prevention efforts within schools and communities.

Overall, addressing youth cannabis-related risks requires coordinated action across government agencies, educational institutions, law enforcement, and civil society. Strengthening regulatory clarity, expanding risk communication, and enabling meaningful community participation are critical to ensuring that cannabis liberalization does not generate avoidable harm among young people, while allowing policymakers to balance cannabis's economic and medical potential with public health protection.

Recommendations and Future Directions

The author has compiled suggestions and future directions concerning the issue of youth and cannabis legalization in Table 2 below.

Table 2 *Policy Brief Table: Recommendations and Future Directions*

Recommendation	Rationale	Practical Example (Phitsanulok Context)	Responsible Agencies
1. Establish Cannabis-Specific Regulations	Current drug control frameworks lack cannabis-focused provisions, creating loopholes that allow youth access.	Require cannabis shops in Phitsanulok to display *"No Sale Under 20"* signs, mandate ID verification systems, and prohibit online advertising targeting young people.	Ministry of Public Health, Office of the Narcotics Control Board (ONCB), Local Administrative Organizations (PAO, TAO, Municipalities), Provincial Police
2. Strengthen Education and Awareness Campaigns	Many young people mistakenly perceive legalization as safety, making continuous education essential.	Launch *"Cannabis Awareness Week"* in secondary schools with seminars, debates, and exhibitions; organize parent workshops on cannabis-related risks.	Ministry of Education, Schools and Universities, Ministry of Public Health, Provincial Cultural Office, Youth Organizations
3. Enhance Multi-Sectoral Collaboration	Effective enforcement and monitoring require cooperation across multiple sectors.	Establish a *Provincial Task Force* consisting of health officials, schools, police, and civil society groups to conduct inspections, track youth behavior, and design intervention programs.	Provincial Governor, Provincial Public Health Office, Provincial Education Office, Provincial Police, NGOs, Local Media
4. Promote Constructive Alternatives for Youth Development	Providing positive opportunities reduces vulnerability and risky behavior among youth.	Support community football tournaments, organize free art workshops, and establish vocational training centers offering digital skills or entrepreneurship courses.	Ministry of Tourism and Sports, Ministry of Labor, Ministry of Culture, Local Administrative Organizations (PAO, TAO, Municipalities), Community Organizations, Youth Councils

Establish Cannabis-Specific Regulations: Beyond general drug control frameworks, the government should adopt cannabis-specific laws that clearly define age restrictions, advertising rules, and retail licensing. For example, retail outlets in Phitsanulok could be required to display

"No Sale Under 20" signs and install ID verification systems, while online platforms should be legally prohibited from promoting cannabis products to young users.

Strengthen Education and Awareness Campaigns: Prevention must focus on equipping youth with accurate knowledge about the health and social risks of cannabis. Schools and universities could integrate cannabis education into health curricula, while local communities could organize youth forums and parent workshops. For instance, secondary schools in Phitsanulok might hold an annual "Cannabis Awareness Week" to engage students through seminars, debates, and interactive learning activities.

Enhance Multi-Sectoral Collaboration: Sustainable prevention requires cooperation among health authorities, educational institutions, law enforcement agencies, and civil society organizations. A provincial task force in Phitsanulok, for example, could be created to coordinate inspections of cannabis retailers, share real-time data on youth consumption trends, and jointly develop intervention programs. Such collaboration would ensure consistent enforcement and reduce policy fragmentation.

Promote Constructive Alternatives for Youth Development: Expanding creative and recreational opportunities is vital to reducing vulnerability. Investments in arts, sports, and vocational training can redirect youth energy toward positive outlets. For example, local governments could provide free art workshops, sponsor community football tournaments, or establish vocational training centers that offer courses in digital skills or entrepreneurship, practical options that empower young people and reduce their attraction to cannabis use.

Author Contributions

Wasan Pounpunwong: Conceptualization, methodology, investigation, data curation, formal analysis, visualization, writing—original draft, writing—review & editing, project administration.

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