CHAPTER I : INTRODUCTION

This chapter provides a brief overview of the context of the research associated with marijuana, beginning with its early history in human society, when it was cultivated as a medicine and growing as a commodity plant until the material was made illegal in Malaya in subtopic the background of the study. This section also addresses the statement of the problem related to the proposal of decriminalization in Malaysia, the study's objectives, the significance of the study for Malaysia, and the research question that developed as a result of the initial investigation into the subject. In addition, the scope of the research done specifically for this article and the definitions of crucial terminology were outlined in this section.

1.0 BACKGROUND OF THE STUDY

Marijuana, which is also widely referred to as cannabis, is a controlled substance that is made by drying the leaves and flowers of the Cannabis plant. (Mohammad Hajizadeh, 2016). In the book Encyclopedia of Substance Abuse Prevention, Treatment, and Recovery written by Fisher et al. (2009), marijuana is classed as cannabinol. However, this chemical compound can be discovered in cannabis in a number of different forms, depending on the strain. The chemical compound known as delta-9-tetrahydrocannabinol (THC) is the one that's accountable for the effects. Marijuana is known by a variety of other names as well, some of which are grass, cannabis, pot, tea, hashish, Charas, Bhang, ganja, and some people also call it sinsemilla. The typical preparation involves drying, crushing, and then utilising the finished product in pipes, cigarettes, or as an ingredient in food and beverages. It is most commonly referred to as

"Ganja" in Malaysia, where it is widely utilized, and it is one of the illegal substances that is used the most frequently in the country (Mohamad Hashim Othman et al., 2018). The most common ways to smoke marijuana are in the form of cigarettes or pipes. It is also possible to consume it, and the most common way to do so is by baking it into treats like brownies or cookies.

According to studies conducted by experts in the field of botany, marijuana plants were already thriving in Central Asia close to the Altai Mountains approximately 12,000 years ago. It has been suggested that South-East Asia was an additional potential place for the first marijuana crop to be domesticated, and this interpretation is being offered as an alternative. In accordance with the findings of Crocq (2020) and Mohammad Hajizadeh (2016) investigation, human beings have been utilizing marijuana for a very protracted amount of time. Despite this, the vast majority of ancient cultures grew the plant not for the euphoric sensations it produces, but rather for the therapeutic benefits it offers. To put it another way, they didn't give a damn about how it affected how they felt. Svrakic D et al, (2012) state that marijuana has a long history of use as a treatment for a wide variety of illnesses and symptoms, such as but not limited to fever, sleeplessness, cachexia, headache, constipation, and rheumatic pain, marijuana has been used as a traditional remedy by indigenous people for a very long time. Additionally, marijuana has been used in the treatment of conditions like malaria and venereal disease.

Despite the research conducted by the University of Sydney (2023), marijuana has been used to treat a wide range of medical conditions ever since the beginning of recorded history. This is demonstrated by the sacred writings of various ancient civilizations, including the Assyrians, Greeks, and Romans. Among these conditions were asthma, arthritis, depression, amenorrhea, inflammation, pain, and anorexia. A

loss of appetite was one of the other symptoms. Around the year 2800 B.C., Emperor Shen Nung, who is generally known as the "Father of Chinese Medicine," made the discovery that the cannabis plant offers medical properties; however, he did not name the plant at the time. This event is considered to be the commencement of the marijuana business in China. During that time period, it was utilised in the treatment of a wide number of different medical conditions. During the Han period, certain surgical procedures were performed under the influence of marijuana, which was also utilised as a form of anaesthesia for patients. During this time period, a surgeon by the name of Hua Tuo performed surgery on a patient using a concoction of wine and herbal extracts, which may have included marijuana. The patient was put under general anaesthesia to ensure that they remained comfortable throughout the procedure.

In addition to its use in medicine, marijuana can be a source of fibres that can be used to make ropes and nets, food, and oil that is derived from the seeds of the plant. Because of this diversity of uses, marijuana started to spread to other places as a result of human migration and the changes that occurred as a result of the human revolution. For example, the production of marijuana for personal use began to transition into the cultivation of marijuana for commercial exchange. In the year 1606, a French apothecary named Louis Hebert was the first colonist to start growing hemp in Acadia, which is located in North America (Crocq, 2020). When marijuana first arrived in Africa and then made its way to the United States, it seemed safe to say that the drug had successfully made its way across the world.

According to historians, from the time of the ancient Kedah Kingdom until the Kingdom of Johor Riau, the Strait of Melaka has been one of the most significant east-west routes in the globe. Diverse merchants worldwide come to Malay territory to buy and sell their wares. Since ancient times, marijuana may have been sold in Malay

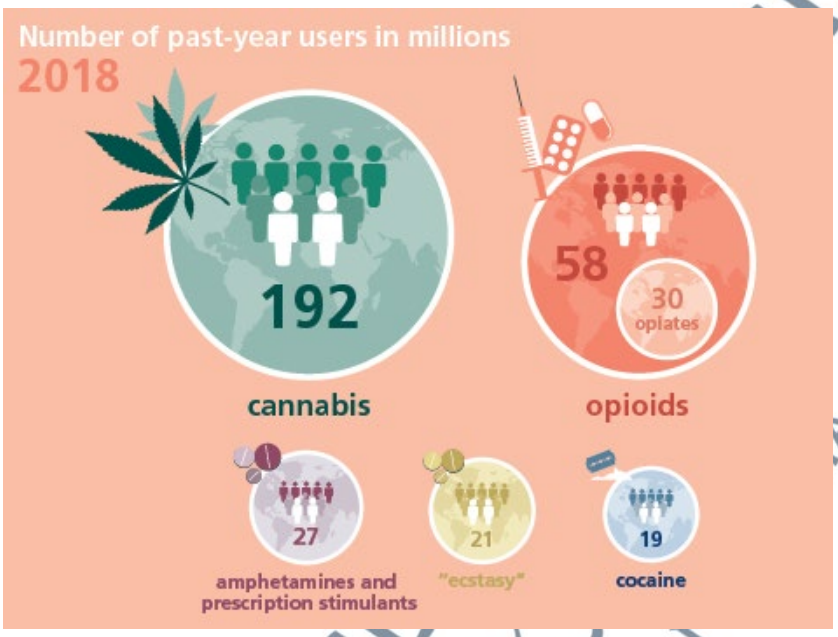
regions for several practical purposes, including weaving, medicine, textiles, and food. However, the claim is not supported by substantial evidence. According to the findings of a research project that was carried out by (Amer Fawwaz et al., 2021), it is believed that the Dutch East India Trading Company was responsible for bringing opium as a commodity material to Tanah Melayu in the early 16th century. This marked the beginning of drug trafficking in Tanah Melayu. At the beginning of the 18th and 19th centuries, Chinese and Indian immigrants who had been brought to the Tanah Melayu by the British to work in tin mines and rubber plantations were among the first people to use drugs for recreational purposes. They are to blame for bringing the culture of opium use and the practices of smuggling marijuana onto Tanah Melayu. The British government legalized this activity at first, which also imposed taxes on anyone engaging in it. However, The League of Nations Commissions (LONC) suggested the prohibition of recreational drugs for the whole world in 1930, considering the harmful effects of continuous drug use. Based on that and the results of the research conducted by the Malayan Opium Commission, in 1952, the British government in Malaya established the Dangerous Drugs Ordinance 1952, which led to the implementation of a ban on all types of drug use. This act detailed how opium use can be detrimental to the community it surrounds (Amer Fawwaz et al., 2021).

1.1 STATEMENT OF THE PROBLEM

According to United Nations Office on Drugs and Crime (2020), there were approximately 192 million people who used marijuana in 2018. This number represents 3.9% of the global population between the ages of 15 and 64. It has now surpassed the use of both opioids and amphetamines to become the substance with the highest global prevalence.

Figure 1.1

Statistics of total substance abuse worldwide for 2018 by drug category.

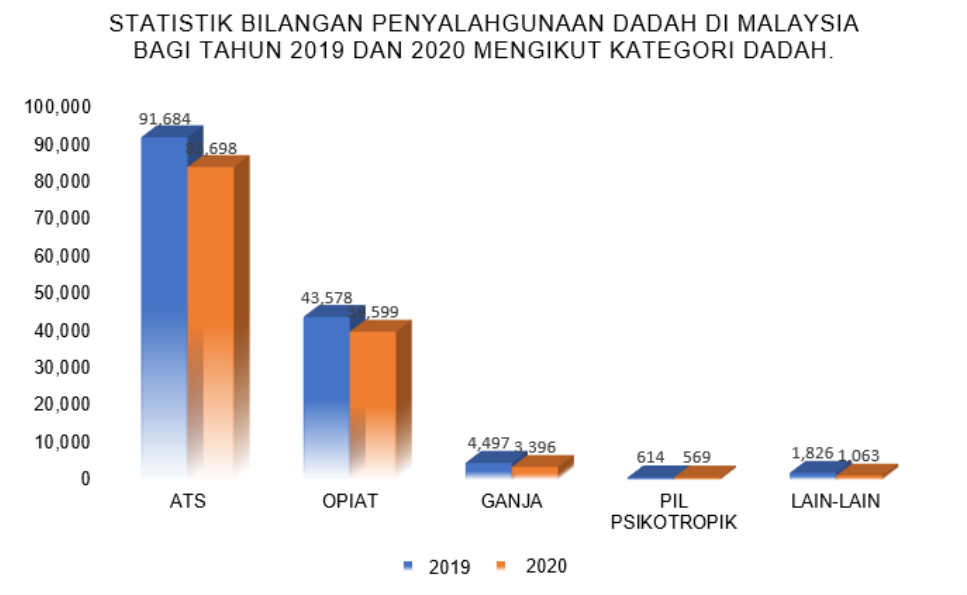


Note: Adapted from *World drug report 2020* by United Nations Office on Drugs and Crime, 2020, p. 7.

In Malaysia, it exhibits the same pattern that it does everywhere else. The National Anti-Drug Agency's (AADK) by drug information book 2020 states that marijuana (3,396 individuals) is the third most often abused and addicted drug in Malaysia, coming after amphetamine type stimulants and opioid. This assertion is supported by the findings of a study that was carried out by a group of researchers from *Universiti Kebangsaan Malaysia* (UKM). The study found that the trend of drug and substance abuse rates among young people in Malaysia aged between 15 and 40 years in 2022 remains the same, and that marijuana continues to be among the three most popular types of drugs in Malaysia (Rozmi Ismail et al., 2022).

Figure 1.2

Statistics on the number of substance abuse in Malaysia for 2019 and 2020 by drug category.



Note: Adapted from Buku Maklumat Dadah 2020 by AADK, 2020, p.22.

According to a study conducted by Muhammad Farid Ahmad et al. (2015) & Fitzsimons et al. (2021), drug addiction activities can have a major detrimental effect on physical and mental health and contribute to various social issues such as violence and crime. They are exposed to the risk of infectious diseases such as HIV/AIDS, hepatitis B or C, and tuberculosis due to sharing needles and the risk of mental problems such as schizophrenia, insomnia, and hypomania due to psychoactive drugs.

Even though marijuana is the most popular drug abused in the rest of the world and has a bad effect on the body and society, there are efforts in many nations to legalize marijuana for medical and industrial usage. More than 30 nations worldwide, including Argentina, Australia, Brazil, Thailand, and others, have followed Canada, the first country to legalize the use of marijuana for medical purposes (Haines-Saah et al., 2021).

The implications of this transformation also give are effects on the view of Malaysia on marijuana; in 2016, Muhamad Ridhwan Muhamad Rosli, a Selangor Youth Member of Parliament, introduced a proposal to alter a bill pertaining to marijuana use for medical purposes. This proposal was tabled in parliament. Despite this, the idea was turned down by the government (Akil Yunus, 2016).

On December 2, 2020, in Vienna, Austria, 27 members of the States Commission on Narcotic Drugs (CND) voted to remove marijuana from Schedule IV. It does so based on eight recommendations about cannabis and chemicals related to cannabis that the WHO agency developed in January 2019 at the Expert Committee on Drug Dependence meeting. After the past 59 years being included in the 1961 Single Convention Schedule on Narcotic Drugs as amended by Protocol 1972 (Tables I and IV: cannabis and cannabis resins), this means that there is a new era change for research activities and development (R&D) of cannabis use worldwide (Rodriguez C., 2020).

In effect of that, the issue was once again hotly debated when Syed Saddiq Syed Abdul Rahman, as a Muar parliamentary representative and chairman of the Medical Marijuana Caucus (MCC), asked the Ministry of Health (KKM) to clarify Malaysia's position on the use of hemp or medical marijuana as alternative medicine in parliament. In response to this question, the Minister of Health, Khairy Jamaluddin, stated that the government does not place any restrictions on the use of marijuana for medical purposes by the Dangerous Drugs Act 1952, the Poisons Act 1952, or the Sale of Drugs Act 1952; however, any company that wants to bring in cannabis-based products is required to register the product with the Drug Control Authority (DCA), as prescribed by the Drugs and Cosmetics Control Regulations 1984 under the Sales. Drugs (Malaysia Kini, 2021). Most research and drug abuse experts have provided various responses to this statement. While some researchers and experts are pleased with this proposal because it will make

room for more in-depth research on marijuana, others are concerned about the effect of substance abuse. On the public side, it has generated various debates based on their respective stigmas on reading on the internet and can bring misinformation to the general public.

According to the former Malaysian health minister; Khairy Jamaluddin, the Ministry of Health Malaysia (KKM) has never conducted any laboratory study on medical marijuana. However, the Institute of Medical Research (IMR) did conduct a scoping review study on hemp, and that study was published in a journal under the title "Cannabis sativa subsp. sativa's pharmacological properties and health effects: A scoping review of current evidence." Aslinda Nasir (2021). Even though Malaysian law does not restrict the use of marijuana for medical purposes, not many studies on this subject have been carried out in Malaysia because it is hard to import marijuana in Malaysia. According to the provisions of this law, any business that intends to import cannabis-based products must first register those items with the Drug Control Authority (DCA), along with providing scientific data demonstrating that the products are effective.

From a social science perspective, we also face the same situation: the lack of research and studies conducted in Malaysia on cannabis-type drugs compared to general studies related to other drug issues. Only one study has been conducted regarding the level of acceptance of the decriminalization of medical marijuana in Malaysia compared to abroad. The study was conducted by Ramat Dapari et al. (2022) to determine the acceptance of the decriminalization of medical cannabis among adults in Selangor. According to Rahmat Dapari et al. (2022), additional research is needed to obtain preliminary data on the Malaysian population's reaction to the issue. Continued research

can provide knowledge and understanding about this and educate the public about the impact of implementing these policies on the country and its people.

1.2 AIM OF THE STUDY

The study aimed to examine the perception of the risk of medicinal marijuana and the acceptance of decriminalizing medical marijuana in Malaysia among police officers and substance abusers in the Kuala Lumpur area.

1.3 RESEARCH QUESTIONS

Four research questions are derived from the above-mentioned problem and were investigated in this research. The research questions are:

i. What is the level of acceptance towards decriminalization of medical marijuana in Malaysia among police officers and substance abusers in Kuala Lumpur?
ii. What is the perceived risk of medical marijuana among police officers and substance abusers in Kuala Lumpur?
iii. Is there any difference between police officers and substance abusers on the acceptance of the decriminalization of medical marijuana in Malaysia?
iv. Is there any difference between police officers and substance abusers in perceived risk of medical marijuana?

1.4 OBJECTIVES OF THE STUDY

In light of the research above question, this study aims to accomplish the following four goals:

i. To determine the level of acceptance towards decriminalization of medical marijuana in Malaysia among police officers and substance abusers in Kuala Lumpur.

ii. To discover the perceived risk of medical marijuana among police officers and substance abusers in Kuala Lumpur.

iii. To determine the difference between police officers and substance abusers on the acceptance of decriminalization of medical marijuana in Malaysia.

iv. To determine the difference between police officers and substance abusers in perceived risk of medical marijuana**.**

1.5 HYPOTHESES OF RESEARCH

i. Hypotheses for determine the difference between police officers and substance abusers on the acceptance of decriminalization of medical marijuana in Malaysia:

H_0: There is no significantly different between police officers and substance abusers on the level of acceptance of the decriminalization of medical marijuana in Malaysia.

H_1: There is a significantly different between police officers and substance abusers on the level of acceptance of the decriminalization of medical marijuana in Malaysia.

ii. Hypotheses determine the difference between police officers and substance abusers on the acceptance of decriminalization of medical marijuana in Malaysia:

H_0: There is no significant difference between police officers and substance abusers in the perceived risk of medical marijuana.

H_1: There varies a significant difference between police officers and substance abusers in the perceived risk of medical marijuana.

1.6 THE SIGNIFICANCE OF THE STUDY

This study is expected to assist policymakers in the decriminalization of medical marijuana in Malaysia by evaluating the general Malaysian level of acceptance and their perception of the risk posed by its use to themselves and their families. Examining the stigma associated with the perceived risk of using marijuana as a medicine can reveal the community's level of comprehension and readiness for this topic. If Malaysia were to decide to decriminalize marijuana for medical use, it would be crucial to have good information on how the community as whole views and understands the subject so that all segments of the population would warmly welcome the resulting legislation. Because the modern population has access to a vast amount of information via the internet, they are more mature and have their own opinions and standing. Inaccurate information may lead to misunderstandings that place individuals in danger. The community's knowledge of and commitment to the proper use of medical marijuana could serve as a deterrent or buffer against the unpredictability of new marijuana regulations.

According to the findings of a study that was conducted by Govarthnapany et al. (2021), it was discovered that the use of marijuana is prevalent among educated and employed individuals for the following reason: these people believe that marijuana is safe to take and does not give adverse effects on health for prolonged use. When compared to other recreational drugs such as opioids, stimulants, and even alcohol, marijuana is often regarded as the more harmless option. The positive public impression of marijuana is probably due to the fact that there are no striking

physiological indicators of being high or going through withdrawal from it. But they have not been adequately informed about recent scientific findings that demonstrate the negative effects of marijuana on physical and especially mental health until it can bring chronic psychosis if dependent on it (Svrakic et al, 2012).

According to a study by Nantthasorn Zinboonyahgoon et al. (2021), quick legalization and a lack of public comprehension and awareness of the advantages and hazards of medical marijuana have been linked to an increase in the number of adverse events reports regarding marijuana usage in Thailand on the early state. However, this issue has been resolved through the supervision of qualified health experts and the availability of a more constant supply of products subject to stringent quality control. Here we can see that sound planning is required to guarantee the successful execution of the policy, including education for medical professionals and patients, public awareness, a substantial supply of cannabis-based medicinal commodities, and the establishment of quality-controlled standards.

1.7 SCOPE OF THE STUDY

Every study has something called a scope of study or study limitations, and due to the inherent constraints of the topic being investigated, some aspects of the research cannot be completed. According to Mohd. Najib (2003), we have the potential to address all of the world's issues; nevertheless, our resources—including our time, money, energy, and effort—are finite. This limitation is a research constraint that is present in every research endeavour.

This study adopted a questionnaire from a 2022 study conducted by Mohd Hafizuddin on the approval of the decriminalization of medicinal marijuana among adults in Selangor, Malaysia (as cited in Rahmat Dapari et al., 2022). This study

concentrated on two population groups that are police officers and substance abusers in Kuala Lumpur, presenting two different social demography statuses. These two social demography statuses have different marijuana-related experiences: law enforcement and substance abuse. For example, police officers were screened for those directly involved in drug enforcement, and substance abusers were only selected for those on drug treatment at AADK Institute to make sure they were in a normal state.

1.8 OPERATIONAL DEFINITION

1.8.1 DECRIMINALIZATION OF MARIJUANA

According to Eastwood et al. (2016) and Svrakic et al. (2012), marijuana decriminalization removes the negative consequences of a criminal conviction on a person's life due to sanctions against an act, item, or behavior. Therefore, it has been touted as the superior method for addressing drug-related problems that appear to be without end. Meanwhile Fisher et al. (2009) defined the decriminalization of drugs as a spectrum of legislation and law enforcement measures that aim to lower the penalties connected with the criminalization of drug-related behaviour, the extent of criminalization varies by drug type; for many drugs, including alcohol and the majority of opioids, distribution and use are permitted in some situations and sanctioned in others, whereas the manufacture and use of other widely used drugs, such as marijuana and cocaine, are criminalized in nearly all contexts. Drugs are often envisioned as legal, controlled, and taxed, similar to how alcohol and cigarettes are already treated.

There is confusion between the terms decriminalizing marijuana and legalizing marijuana. According to Svrakic et al. (2012), marijuana legalization is the process of removing all legal restrictions that have been imposed on it. Marijuana would then be

freely available to the general adult population for purchase and use at their discretion. This confusion may arise due to different enforcement policies in each country and a lack of knowledge regarding this issue among media practitioners and the public. In 2013, Uruguay became the first country to legalize recreational marijuana, instituting a non-commercial state regulatory model of production and supply (Laqueur et al., 2012). According to Eastwood et al. (2016), the definition of decriminalizing marijuana is more compatible with the policies established in more than 25 nations worldwide, despite significant variances and varying degrees of efficacy. Germany, Italy, Switzerland, the Czech Republic, Portugal, Thailand, and Canada are among the nations that have decriminalized marijuana for medical and controlled purposes. For instance, the decriminalization of medical marijuana in Canada expanded medical services through which patients may buy medical marijuana from medical dispensaries following stringent rules. Additionally, only adults over 18 may possess up to 30 grams of marijuana in public (Svrakic et al., 2012).

In this study, cannabis decriminalization is defined as eliminating criminal sanctions for the possession and use of medical cannabis. However, it remains prohibited and penalized if underage or possessing more than the legal limit.

1.8.2 MEDICAL MARIJUANA

Medical Marijuana refers to cannabis given the green light by a licenced medical professional to be consumed on its own as part of a treatment plan (Svrakic et al., 2012). According to Fisher et al. (2009), medical marijuana is the medically controlled use of marijuana or tetrahydrocannabinol (THC); the primary psychoactive ingredient in marijuana, by patients seeking a means to treat medical conditions such as nausea, vomiting, weight loss, multiple sclerosis, asthma, inflammation, glaucoma, poor

appetite, spasticity, chronic pain, and acute pain, this definition is not universally accepted. At the same time, Ramat Dapari et al. (2022) define medical marijuana as a therapy that has attracted considerable public interest. Its objective is to provide patients with legal access to medicinal marijuana as a treatment for their symptoms or sickness whenever supporting clinical and scientific proof is available. In this study, medicinal marijuana is defined as the use of marijuana in the form of tetrahydrocannabinol (THC), cannabidiol (CBD), and cannabinol (CBN) for medical purposes under the guidance and supervision of licenced medical officers.

1.9 CONCLUSION

This study intends to examine the level of acceptability and awareness regarding the decriminalization of medical marijuana among police officers and substance abusers in Kuala Lumpur. In addition, this study analyzed the relationship between police officers and substance abusers on the acceptance of decriminalization of medical marijuana and the perceived risk of medical marijuana based on a social-cognitive theory. The results of this study will provide policymakers with data statistics that can be used to determine whether Malaysia is prepared to move forward with decriminalization and the level of perception among the population on this policy.