

The Legality of Medical Cannabis from the Islamic Perspective

SHHRUL MIZAN ISMAIL
EKMIL KRISNAWATI ERLLEN JONI*
ROHAIDA NORDIN

ABSTRACT

Medicinal cannabis has been used for over 6000 years, and clinical trials have revealed its many therapeutic benefits. Despite its medicinal values and therapeutic benefits, Muslim countries are reluctant to accept the legal use of medicinal cannabis. Currently, Malaysian law prohibits the use of cannabis, either recreationally or medically. As a result, those who use cannabis for medical purposes may face severe punishment. Due to desperate situations, some Muslims purchase cannabis illegally through the black market for self-medication without knowing the legal status of access to cannabis in Islam. Therefore, this article intends to investigate the legal position of cannabis and the extent of cannabis prohibition in Islam. In achieving the objectives, this paper will review the debates between schools of Islamic thought and examine the approach of Muslim jurists in recognising the therapeutic benefits of cannabis through content analysis. Findings show that it is permissible to consume cannabis for medical purposes in Islam under certain situations, and the act of purchasing cannabis from the black market goes against Islamic principles. It is hoped that this article will provide enlightenment on these issues, especially to Muslims around the world, to correct any misapprehension. It is suggested that Muslim countries participate in conducting more research on the medicinal benefits of cannabis. Finally, to address the issues of misgivings among patients requiring legal medicinal cannabis, it is hoped this study will help to equip Muslim doctors with the requisite knowledge on the position of medical cannabis.

Keywords: Cannabis; medicinal cannabis; Islamic perspective; legal position

INTRODUCTION

The usage of cannabis can be traced back to the third millennium B.C.¹. Cannabis is considered one of the world's earliest cultivated plants², and humans utilised cannabis for therapeutic purposes and as an ointment³. In addition, cannabis is used for its raw fibre for ropes, industry, textiles, food, a hallucinogen, and religious activities⁴. Both poppy and cannabis were unknown in pre-Islamic Arabia. Cannabis appears to have entered Arabic countries via two routes in the ninth century. One came from India via Persia, which the Arabs named as Indian hemp⁵. Secondly, it resulted from the familiarity with Greek culture and medical literature⁶. In fiqh literature, cannabis is also known as *hashish*, *banj* (hemp)⁷, *nabat*, *shadanaj*⁸/*shahdanj*, *ghonabv*⁹, *qinnab*¹⁰ and *shartathd* in the Nabataean language¹¹. *Hashish* derived from the resin of cannabis plant, and contain higher THC amount of THC compared to marijuana and is more potent than the cannabis flower¹². On the other hand, *banj* is an edible derived from Cannabis, which has been consumed since 1000 B.C. in South Asia.

There are a growing number of countries that allow access to medical cannabis based on scientific

evidence that demonstrates the health benefits of cannabis. To date, there are 68 countries that allow or decriminalise the use of cannabis for medical use such as Australia, South Africa, Brazil, South Korea, and Thailand. Some Muslim nations, including Malaysia, are re-evaluating their position of cannabis for medical use in order for Muslim patients to have a right to benefit from such medicine. The first Muslim country that legalised cannabis for both industrial and medical purposes was Lebanon in April 2020¹³, followed by Morocco¹⁴ in May 2021. In contrast, other Muslim countries have been hesitant to follow suit and maintain strict prohibitions on cannabis use either for medicinal, industry or recreational activities.¹⁵

The use of cannabis for therapeutic or recreational purposes is legal and is acknowledged as a matter of human rights in the western world. Human rights activists argue that the right to consume cannabis is an important tenet in universalism and is part of the right to privacy.¹⁶ Nonetheless, Ismail claimed that Muslim countries refuse to commit to human rights where universal norms are applicable because they do not somehow abide by Islamic laws' requirements and features.¹⁷ Islamic law views these rights distinctively. These two legal systems are established

on two different frameworks altogether.¹⁸ Islamic law encompasses the rules set by Allah, whereas human rights law entirely focuses on human beings as the basis of all rights.¹⁹ Most Muslim countries are not in favour of decriminalising or legalising the use of cannabis due to concerns about its addictive and dilapidated effects on the human body. Hence, most Muslim countries implement heavy punishment for the recreational and medicinal use of cannabis. Thus, the ideological resistance to medical cannabis subsists because most Muslim countries favour the arguments that cannabis consumption contradicts Islamic teachings.

However, recent finding acknowledges the medicinal benefits of cannabis on broad conditions. Cannabis is reported to be successful in treating chronic pain, nausea and vomiting due to chemotherapy²⁰, post-traumatic disorder, multiple sclerosis²¹, cancer, reduced addiction to an opioid²², neurologic disorders such as anxiety, epilepsy²³, chronic brain disorder²⁴, depression and other ailments.²⁵ Most studies suggest that medical cannabis is associated with improvement in symptoms and the quality of life of the patient.²⁶ Given these benefits, this has created interest among some Muslims in Malaysia to use medical cannabis to treat their illnesses and reduce their pain. These desperate patients resort to and purchase cannabis-based products from the black market or online platforms²⁷ In the case of *Muhammad Luqman bin Mohamad v. Public Prosecutor*²⁸, and *Public Prosecutor v. Amiruddin Nadarajan Abdullah*²⁹, people purchased cannabis oil from the accuseds through Facebook. In *Muhammad Luqman's case*, he sold cannabis oil through his Facebook page "HealTHCare" to help patients with cancers and other illnesses. In court, those who had purchased cannabis oil from him were asked to testify in support of his defence. One of them was a Thalassemia patient who had relied solely on the cannabis oil supplied by Luqman as their primary treatment since 2016, without receiving any medication from a hospital. However, the court rejected the witnesses' testimony on medicinal value of cannabis on the ground that no government hospital in Malaysia use cannabis for medicinal purpose, and the use of cannabis oil was not not endorsed by any licensed physician or approved by the Malaysian Ministry of Health³⁰. Recently, there have also been calls from members of the public for the Government of Malaysia to issue a religious edict (fatwa) regarding the use of cannabis for medical purposes.³¹ Concurrently,

the question also arises on whether Muslims have a right to self-medicate through accessing medical cannabis.

Following this situation, this paper aims to present the Islamic perspective regarding the extent of cannabis prohibition and usage, especially in relation to medicinal cannabis. In achieving these objectives, this research employed the qualitative method of content analysis that was drawn from both primary and secondary sources. Primary sources utilised in this research include legal document like legislation, statutes, and case law, while secondary sources consist of educational materials like textbooks, scholarly articles, and expert opinions and juristic views. In reliance upon such sources, the researchers examined the arguments made by jurists on the legal position of cannabis and their reasonings on the use of cannabis for medical purposes.

TERMINOLOGY

Before examining the Islamic perspective on the use of cannabis, it is essential to review the terminology related to cannabis. Cannabis is a part of the *Cannabaceae* family. The botanists classified cannabis into three primary species that differ in their chemical compounds, namely *Cannabis Indica*, *Cannabis Sativa*, and *Cannabis Ruderalis*.³² The most widely dispersed medical cannabis are *Cannabis Sativa* and *Cannabis Ruderalis*. Cannabis comprises 538 chemical components and over 60 cannabinoids³³, with two cannabinoid chemicals, CBD (Cannabidiol) and THC (delta-9-Tetrahydrocannabinol), serving as the primary pharmacologically active compounds at the core of cannabis studies. The psychoactive substance is called Tetrahydrocannabinol (THC), and a non-psychoactive substance is called cannabidiol (CBD).³⁴ THC is the psychoactive component of cannabis that causes euphoria and is beneficial in stimulating hunger and alleviating symptoms such as pain and nausea.³⁵

CBD has many medical benefits and non-toxicity, but it cannot affect the human memory or motor function. The World Health Organisation (WHO) declared that CBD is safe as medicine.³⁶ Expert Committee on Drug Dependence (2017) reviewed the status of CBD and reported that CBD could not cause any man to be high or dependent or pose any threat to public health.³⁷ Therefore, CBD is safe for human consumption and cannot endanger one's life. Previous research show that CBD has

a high potential for medicinal purposes. CBD contains antiepileptic, anxiolytic, antipsychotic, anti-inflammatory and neuroprotective properties.³⁸ According to one study, humans can tolerate large doses of CBD up to 1500 mg per day, without experiencing any symptoms similar to those of THC.³⁹

Cannabis Sativa is divided into two types of plants. One is called a hemp-type plant, and the other is a marijuana plant.⁴⁰ Cannabis is called hemp if it contains 0.3% or less THC and has a high amount of CBD. Most countries approved the use of hemp for medicinal purposes due to its low level of psychoactive effects. Therefore, hemp is the ideal source for CBD pharmaceuticals and oils because it does not have psychoactive effects or cause euphoria or dependence. Cannabis, on the other hand, is classified as marijuana if it comprises 0.3% or more THC by weight and has a low level of CBD. Therefore, marijuana plant has psychoactive effects. CBD and THC both have analgesic benefits but only appear through distinct processes. Higher THC concentration is necessary to alleviate cancer, post-traumatic disorder and ADHD symptoms. Here, it can be seen that there are vast differences between hemp and marijuana. Over the years, the stigma towards cannabis has been due to the confusions between these two types of plants. Some people think that cannabis plants are all the same and are categorically considered drugs. In reality, hemp has a very low THC content compared to other cannabis species, with features of non-toxicity and non-psychoactive. Therefore, the differences between cannabis species should be published publicly to clarify the misunderstanding between hemp and other cannabis. For the purpose of this research, the term “medical cannabis” refers to marijuana and hemp preparations used for therapeutic purposes.

THE DEBATE ON THE LEGALITY OF CANNABIS

The legal landscapes of cannabis and cannabis products are very fragmented and complicated in Islam. The Quran and Sunnah do not mention and do not expressly prohibit the use of cannabis.⁴¹ Moreover, Muslim jurists such as Imam Hambali, Hanafi, Shafi'i and Maliki did not discuss the legal positions concerning cannabis usage because the usage of cannabis did not occur and was not recorded during their era.⁴² This fact was used to justify the legalisation of *hashish* by a pro-*hashish* group⁴³, although others vehemently opposed to it. Nahas

argued that there is no proof to show that the Arabs were aware of *hashish*'s intoxicating properties before the ninth century.⁴⁴ It was believed that there was also no spread of addiction or drug misuse in the Islamic world during that period.

Everything is allowed in its natural state and origin unless there is proof of prohibition.⁴⁵ The closest analogical substance of drugs mentioned in the Holy Quran and Sunnah is wine⁴⁶ due to its intoxicants.⁴⁷ The most relevant Sunnah addresses the issue of wine; as was narrated from Ibn' Umar that The Prophet Muhammad (saw) said:

“Every intoxicant is *khamr* (wine) and every *khamr* (wine) is prohibited.”⁴⁸

Muslim jurists construed that *al-khamr* refers to any substance that impairs the mind.⁴⁹ In Arabic, *khamara* is defined as to hide or cover. It also relates to materials that obscure the mind. Al-Tabari writes that *khamr* refers to any beverage that intoxicates, obscures, or covers the mind.⁵⁰ It is also important to highlight that the notion of possible physical and psychological damage to human beings is not favoured by legal scholars. This is because Islamic law prohibits the self-destruction of mind or body.

The Sunnah showed the Prophet Muhammad's (SAW) affirmation of the validity of expanding the ruling on wine to other substances using deductive analogy (*qiyas*). Any drink or alcoholic beverage that impairs mental clarity to judge and think is regarded as “*khamr*,” making it non-*halal* and not permissible for consumption. Therefore, Imam Al-Zarkashi (Shafi'i scholar), Al-Hafiz Zayn Ad-Din Al-Iraqi (Shafi'i scholar), Imam Ibn Qayyim al-Jawziyyah (Hambali scholar) and Imam Ibn Hajar al-Asqalani (Shafi'i scholar) argued that cannabis has a similar legal status to wine; it is thus forbidden for consumption due to its intoxicating effect.⁵¹ Therefore, any substances that have intoxicant effects must apply the same ruling. Imam Al-zarkashi argued that *hashish* was similar to wine in intoxication and its ability to alter the human mind (*iskar*).⁵² According to Al-Zarkashi, the intoxicating effects of *hashish* included that it would disarray a person's orderly speech causing him or her to reveal concealed secrets or causing a person to ignore heaven from earth.⁵³ It shows that a man cannot function and think normally due to consuming *hashish*.

Interestingly, Imam Al-Qarafi argued that *hashish* is classified as *mufsid* (corruptive/harmful) but not an intoxicant substance (*muskir*) like wine.⁵⁴

As a result, it provides fewer hazards than alcohol. *Hashish* is prohibited because it is a harmful substance. He made an attempt to differentiate between the consequences of drinking wine and consuming *hashish*. He explained that alcohol drinkers might commit crime(s) such as murder, rape, accident, assault and violence to others; by contrast, *hashish* users do not cause death or problems to others.⁵⁵ In addition, alcohol drinkers are more aggressive compared to *hashish* users who are calmer, lazy, always tired and love to sleep. It is important to note that although the Imam disagrees on the intoxicating effects of *hashish*, he did not say *hashish* is permissible. He still maintains that it is a harmful substance, and therefore it is prohibited.

Meanwhile, Imam Ibn Taymiyyah stated that *hashish* is *muskir* but hemp (*banj*) is not.⁵⁶ Although he firmly argued that *hashish* carries the same prohibition as wine, it should be prohibited due to its similar adverse effects as wine. However, he opined that the total prohibition should only apply to *hashish* but not to hemp. He explained that hemp could not lead to intoxication, making it permissible and lawful. Mohd Safian concurred that the opinion of Ibn Taymiyyah is not universally applicable to all types of cannabis or drugs. It is only limited to the substance that can cause intoxication and is harmful.⁵⁷

Thus, it can be argued that cannabis (hemp type), which contains 0.3 per cent THC and that has been proven unable to cause intoxication and harm to the human body, is lawful and can be consumed. Similarly, CBD oils which are derived from the hemp plant is permissible because they cannot cause intoxication.

In addition, when Ibn Taymiyyah stated that *hashish* is *muskir* and *banj* is not, Mustafa (2020) argued Ibn Taymiyyah might have looked at the common preparation used during his era. In considering cannabis or the product as a whole, Ibn Taymiyyah came to the conclusion that one of them would be categorised as an intoxicant according to its regular usage and the other will not because of the manner in which it was used, even though it is probable that it would have been able to intoxicate if prepared in the right quantities.⁵⁸ This analysis is important to our discussion; according to Mustafa, in cannabis preparation, it is always the number of quantities used that may cause a mind-altering state or intoxication.⁵⁹ The THC compound can be separated from the marijuana plant in modern

technology. Some countries use THC between 5-15 per cent for certain types of medication. The correct amount of THC or a combination of CBD and THC may not cause intoxicants (depending on the individuals) and is therefore, beneficial as medicine. A new consensus about the use of cannabis and other drugs was reached once jurists like Al-Qarafi and Al-Zarkashi realised the true potency of the plant. Most Muslim jurists concurred with Al-Qarafi and Al-Zarkashi that any substance that has the effects of *muftir* and *muskir* should be prohibited.

For many Muslims, the ban against fermented beverages does not necessarily apply to *hashish*. Nevertheless, most jurists agreed if *hashish* is used for recreational purposes, it is unlawful and prohibited.⁶⁰

THE USE OF CANNABIS FOR MEDICAL PURPOSES.

Previous studies have shown that Muslims had used cannabis for medicinal purposes for centuries.⁶¹ Certain jurists, such as the author of the *Risala Fi Hurmat Al-Banj*, applied strict rules and prohibited cannabis for medical purposes.⁶² These jurists prohibited the consumption of cannabis, which has similar effects as *al-khamr* or wine, for any cause including for medicinal purposes.

However, most Islamic jurists from *Mazhab Al-Hanafiyah*, *Al-Shafi'iyah* and some jurists from *Mazhab Al-Hanabilah* recognised that a certain amount of cannabis/*hashish/binj* for medicinal purposes was permissible.⁶³ They asserted that *hashish* was not similar to *al-khamr* (wine) and therefore allowed the use of *hashish* for medical purposes. It can be used as a mixture with other substances or to treat drug addiction. Al-Zarkashi stated that wine was not clean and therefore prohibited the use of wine, and allowed the use of *hashish*, but not for intoxication reasons.⁶⁴ Similarly, *Agfashi's* jurists wrote that *hashish* is a medicinal substance compared to wine. Consuming it is not punishable but it should be consumed only in a small amount so long as it does not deteriorate one's mind or senses.⁶⁵

Hanafi, the fourth largest legal school, also used a more lenient concept of an intoxicant.⁶⁶ *Hashish* can be taken in limited doses or for therapeutic purposes. Ibn Najem (1976) from *Mazhab Hanafi* said:

“Whoever consumes *binj* or opium for recreation purposes and to be unconscious, if he said any words such as divorcing his wife, the divorce has already occurred according to Islamic law. He consumed what caused him to lack consciousness by volunteering his mind, which is considered a violation of Islamic Law. However, if he uses *binj* or opium for medical treatment, then causing him to lose consciousness, even if he said the word of divorce to his wife, it is not considered a divorce. The reason is he did not intend to use it for entertainment or amusement.”⁶⁷

Therefore, it is lawful to use hashish or *binj* for medical purposes. In addition, Al-Zarkashi from Mazhab Hanafi stated that it is allowed to use *binj* for medical treatment.⁶⁸

Ahmad Al-Sawiy from *Mazhab Maliki* explained that both opium and *saikeeron* (horned plant) are both clean (not religiously unclean) because they are both plants, but they are forbidden if a man consumes them for pleasure and entertainment, which result in them losing consciousness.⁶⁹ However, Ahmad Al-Sawiy does not prohibit either plant in the case of medical treatment. In this sense, since opium and *hashish* are regarded as common plants, their raw materials are permissible for medicinal purposes. Al-Shirbeniy from *Mazhab Shafi'i* stated that the use of intoxicating active plants is permitted in the purification for medical treatment, in the situation that no other substitutes are found even if they cause intoxication, and this should be allowed due to necessity.⁷⁰

Therefore, everything that Allah forbids from eating and drinking, in critical situations or emergencies is permissible for a man to eat and drink, including substances that can cause intoxication, such as *binj* or *hashish*, if consumed for therapeutic purposes.

In addition, Az-Zakarshi stated that the consumption of *hashish* could be considered legal under a few circumstances.⁷¹ Examples of these circumstances are for medical necessity, to generate anaesthesia for an amputation, to alleviate hunger, if the user is resistant to the intoxicating effects of *hashish*, or if consumed in small quantities.⁷² Thus, Al-Zarkashi recognised the usage of *hashih* as medicine when it was necessary. Al-Zarkashi stated that this medical consumption adhered to the *darurah* (necessity) rule. As a result, the prerequisites for necessity must all be satisfied.

This stance is similar to An-Nawawi from *Mazhab Shafi'i*. Speaking of unconsciousness, he says that it is permissible to drink a potion to cause unconsciousness when necessary, for example, in the case of amputation/ surgery.⁷³ Al-Ruyani and other

Shafi'i jurists reaffirmed the stance of Al-Zarkashi, allowing drugs for medicinal purposes, even though the procedure resulted in intoxication.⁷⁴

In brief, Muslim jurists acknowledge the medical benefit of cannabis and approve the consumption of medical cannabis strictly under certain circumstances.⁷⁵ Essentially, cannabis is used as a prescription by Arab physicians for many ailments.⁷⁶ Consequently, the various pharmacological properties and widespread prescriptions of cannabis by Arab doctors have impacted Muslim jurists' views on the substance. Classical Muslim jurists allowed the use of prohibitive substances or plants in cases of dire necessity for medical purposes. Such jurists laid down the following conditions for cannabis use that is considered permissible for medical use under the rule of necessity⁷⁷:

1. The requirement for using such substances must reach the level of absolute necessity or a *darurah*. The maxim related to *darurah* is that “necessities permit the unlawful lawful” (*al-daruratu tubihu al-mahzuratu*).⁷⁸ This maxim stated that Muslims are generally authorised to engage in prohibited actions only under severe circumstances. In Islam, only a necessity can justify the reason to consume something which is prohibited. The medication must be genuinely beneficial, administered and attested by a reputable, honest, experienced, knowledgeable, skilful and God-fearing Muslim physician. In this case, Wahbah Zuhayli presented the usage of *muharrama* for medicinal purposes and emphasised only the view of pious, knowledgeable and experienced Muslim physician can be taken into account to validate the situation.⁷⁹ Wahbah Zuhayli makes it clear that he did not allow individuals to self-diagnose their own extreme condition and stressed the need for a trustworthy second opinion in this situation.⁸⁰ However, Abu Eesa Niamatullah maintained that the physician need not necessarily be a Muslim, although many Fuqaha stipulated for such a requirement.⁸¹ According to him, it is sufficient to refer to a trustworthy doctor and a specialist in the area.
2. There is a certainty of treatment efficacy. No other treatment options are available to substitute cannabis as a medicine, and the patient must use the appropriate amount of substance as needed.

3. The use of medical cannabis must not create harm much worse than the harm that the cannabis is being taken for in the first place.
4. The only reason to take cannabis for treatment is to protect life. The illness that the patient suffers from is one which significantly threatens his life, and if a person cannot use cannabis as treatment, it may result in death, or the patient's condition may worsen.

Essentially, the use of cannabis as medicine is permissible in accordance with three *fiqh* principles:

1. Necessities overrule prohibitions⁸²
 - a. Allah said in the Holy Quran, Surah Al-Baqarah verse 173⁸³:

“But whoever is compelled by necessity, neither wilful disobedience nor transgressing due limits, then he is not a sinner. Verily Allah is all forgiving and most merciful.”
 - b. Surah Al-An ‘am verse 119⁸⁴:

“Why should you not eat of what is slaughtered in Allah’s Name when He has already explained to you what He has forbidden to you—except when compelled by necessity? Many ‘deviants’ certainly mislead others by their whims out of ignorance. Surely your Lord knows the transgressors best.”

This rule states that in extreme circumstances, Muslims are allowed to perform a prohibited action. However, Islamic jurists classify these prohibited actions based on the level of sin and moral wrongdoing into three categories⁸⁵:

First, in extreme situations, acts that are normally prohibited are allowed without incurring sin. For example, eating forbidden food or drinking alcohol. Islamic jurists agree that consuming what is considered *muharrama* (forbidden) is allowed if necessary to preserve life, such as in cases of hunger. Drinking alcohol to prevent choking is also allowed. Jurists also consider cases where a person is forced to engage in a prohibited act due to life-threatening circumstances. This is only acceptable if the person is completely powerless and under the control of their oppressor, including being forced to do or say something against their will. In this case, the act is performed unwillingly. Similarly, this situation can

be applied in the case that there is a necessity to use cannabis for medical treatment, as failure to do so could lead to the worsening of the condition or even death. According to Surah Al-Baqarah verse 173, it is prohibited to consume dead animals, blood, pork, and animals that have been strangled or killed on an altar. This goes against the commandments of God and is considered a sin. However, if one is in a dire state of hunger and unable to find any other food, God permits the consumption of these animals. In the same manner, using narcotic substances or cannabis for medical treatment in critical conditions is an unavoidable or extreme situation and therefore allowed, just like eating the forbidden animals in extreme hunger.

Secondly, there are some acts remain prohibited, but the sin is absolved, such as saying words of disbelief or damaging another’s property. This exception is made to protect a Muslim from greater harm. For instance, saying words of disbelief is allowed in order to protect oneself, but the act remains prohibited. It is only the individual’s guilt that is absolved.

Lastly, there are some actions are never permitted under any circumstances, regardless of whether there is a complete compulsion or not. These acts remain illegal and sinful. The circumstances do not alter the prohibited status of these acts. These include killing, maiming, mistreating one’s parents, and committing adultery. All of these acts remain prohibited in all situations.

Wahbah Zuhayli defined *darurah* as a state of urgency caused by the potential harm to organs, one’s life, properties, lineage, or mind.⁸⁶ The inclusion of these five critical aspects expands the definition of *darurah*. The extreme situation is certain. The harm, damage, or loss/death will surely occur in terms of religion, property, life, reason, and lineage. The level of certainty that harm will occur is known as *ghalba al-zaan* (something confirmed by general practice and tested through experience).⁸⁷ Therefore, if the harm is deemed likely to occur, an exception to the rule is allowed.

2. When there is a conflict between two things that can cause damage, the greater damage has to be taken into account by committing less damage.⁸⁸

In a situation where the patient has already tried various treatments for his disease, but those treatments are not suitable for him due to, for example, his age, cannabis-based medicine could be another alternative for his treatment. Although the general

rule states that cannabis can cause harm to his body due to intoxication and other adverse effects, it is permissible to consume cannabis because cannabis can potentially treat or reduce the symptoms of his disease to protect his life. Therefore, in this situation, consuming cannabis for medical purposes is a lesser harm than the danger of losing his life, which is the greater harm, because he has already tried many alternatives to reduce the symptoms of his illness. This rule can also be applied to a man aged 80 years old with oral cancer who is unable to eat and sleep because of chronic pain. To add, he also suffers from anxiety and depression. In such a situation, he is allowed to consume cannabis because cannabis is proven effective for chronic pain, and there is evidence that people can have a better quality of life with improved appetite and sleep. The illness that he is suffering significantly impairs his life. The harm of losing his life and suffering is the greater damage compared to the damage/adverse effect he may face from consuming cannabis.

THE VIEW OF CONTEMPORARY SCHOLARS ON MEDICAL CANNABIS

As mentioned earlier, modern technology has discovered that cannabis strains differ in composition, especially cannabis properties which have been modified that are barely intoxicating, particularly those with a high CBD to THC ratio. There are various chemical compounds in the cannabis plant, including CBD and THC. However, the classical jurists did not discover these chemical compounds during the classical jurists' era.

Past research has proven CBD-based medicine to be effective treatment in reducing chronic pain from arthritis disorder, neurological pain, epilepsy, sleep disorder, and anxiety.⁸⁹ The United States Food and Drug Administration officially approved CBD to treat drug-resistant epilepsy in children and adults.⁹⁰ In addition, medical experts and the WHO declared that CBD is not a psychoactive substance and is safe for medicine and human consumption. With these new findings and scientific data, modern scholars have debated the permissibility of cannabis because cannabis components comprise a psychoactive and a non-psychoactive substance.

Modern Islamic scholars agree that the use of CBD is permissible in Islam. For example, the Fiqh Council of North America (2021) ruled that CBD benefits have proven to be efficacious; therefore, the consumption of CBD is permissible in Islam.⁹¹ The finding is similar to Alzeer et al., where the authors

highlighted that the CBD compound derived from a cannabis *Sativa* plant in a pure and clean condition is lawful for application in industries, especially pharmaceuticals as well as cosmetic products.⁹² He further asserted that if CBD content is >99% and THC content is <1%, the mixture is considered acceptable and legal for consumption, as long as THC is not intentionally introduced or left out but rather is present mostly because of the drawbacks and inefficiency of the purification process.⁹³ In forming such an opinion, Alzeer used an analogy (*qiyas*) concept because the use of CBD will not cause intoxicants to the users. By using, THC is the primary psychotropic substance of cannabis; it is the reason (*'illa*) for the prohibition of consumption. Therefore, Alzeer argued that any plant, mixture or solution containing THC or any volume of THC prepared to be used as a psychoactive substance is considered non-halal.⁹⁴ THC is the cause/root of the problem (*'illa*), and if it is completely eliminated from the cannabis extract or CBD mixture, the legal status will change from prohibited (non-halal) to permissible (halal).⁹⁵ If the THC's cause (*illa*) is removed, CBD is regarded *halal* and may be utilised for medicinal purposes, cosmetics and supplements. Nevertheless, it is submitted that Alzeer's finding does not discuss the permissibility status of THC for medical purposes⁹⁶. As discussed earlier, some patients need to use THC for their treatment, especially when they have already exhausted other conventional treatments but to no avail.

On the other hand, the Fiqh Council of North America ruled that it is permissible for Muslims to use THC and psychoactive preparations for medicine on the ground of necessity rule due to preserving life, based on the principle of *maqasid syariah*.⁹⁷ The Fiqh Council of North America allows medical cannabis to be used to treat illnesses in which medical efficacy has been established.⁹⁸ In invoking all the conditions of necessities, The Fiqh Council of North America does not list any conditions that pose a threat to life, leaving it up to the jurist to make that determination on a case-by-case basis in consultation with patients and medical professionals. Therefore, it is up to the doctor and patient relationship to decide whether there are any other options for treatment and whether cannabis products are effective. Therefore, using THC for medical purposes or medical cannabis is permitted on the grounds of necessity.

However, both Alzeer and the Fiqh Council of North America warned of the danger of purchasing unapproved forms of medical cannabis as there is

the possibility of encountering inconsistent CBD and THC dosages, adulteration and contamination.⁹⁹ Past research highlighted that CBD online products have inexplicit content, questionable product quality, mislabelling and misleading information.¹⁰⁰ Several CBD-only products have been reported to contain no detectible CBD and trace quantities of THC.¹⁰¹ These issues affected the permissibility status of CBD or medical cannabis products. As a result, it is vital to buy cannabis from legal and reputable companies that own product licenses and certificates prescribed by doctors who verify medical cannabis products and CBD's authenticity, identity and purity.

In Malaysia, the Islamic Religious Council of Penang has issued a religious edict (*fatwa*) on the permissibility of using cannabis as a medicine, provided that it will not cause harm.¹⁰² According to the Penang Mufti, Dr. Wan Salim Mohd Noor, the use of natural plants such as cannabis in medicine is necessary if it does not threaten safety and security.¹⁰³ However, a detailed study still needs to be carried out by experts to prove its effectiveness. Further, there must be no other better option treatment alternative for the patients. Therefore, it is permissible to use cannabis based on the clarified and determinable quantity needed and in addition to strict control requirements. Recently, a new fatwa was issued by the Mufti for Federal Territories on 22 September 2022 and was it was officially published on 9 November 2022 as P.U. (B) 526/2022 stating that it is permissible to use cannabis for medicinal purpose. However, the fatwa required the following conditions to be fulfilled:¹⁰⁴

1. Must obtain approval from the relevant authorities;
2. Endorsement from two medical professionals; and
3. They are not used for unlawful purposes or illegal activities.

The issuance of this fatwa by the Mufti for Federal Territories, addressing the issue of medical cannabis, was made after the 116th meeting of the Federal Territory Syarak Law Consultative Committee on 1 April 2019.¹⁰⁵ The decision to address this fatwa is a courageous act that would ease Muslims concerns about the use of cannabis for therapeutic purposes. However, the religious authorities of other states are silent regarding the usage of cannabis as medicine in Malaysia. Accordingly, there is a request from the Speaker of the Pahang State Legislative Assembly, *Yang*

Berhormat Dato' Sri Haji Mohd. Sharkar bin Haji Shamsudin that the *Jawatankuasa Fatwa Majlis Kebangsaan Bagi Hal Ehwal Agama Islam* should equally issue a fatwa about this matter.¹⁰⁶

In addition, the Penang State Fatwa Committee also decided that hemp cultivation for research purposes, medical health needs and commodities is permissible.¹⁰⁷ However, it must be subject to strict control and supervision so that it is not misused for harmful purposes to health and in violation of Malaysian laws.¹⁰⁸

In Malaysia, cannabis is illegal, and possession or use, sale, and trafficking of cannabis is a criminal offence under the Dangerous Drugs Act 1952 (Act 234), and can result in severe penalties, including imprisonment, whipping, and fines. The punishment for possession of cannabis can include imprisonment for a maximum of 5 years, whipping up to 10 strokes, and/or a fine of up to 100,000 ringgit.¹⁰⁹ The severity of the punishment may depend on the amount of the drug in possession and other circumstances, such as intent to sell or distribute. For example, possession of 20 grams to less than 50 grams of cannabis is punishable with imprisonment of two to five years and whipping.¹¹⁰ Section 39B of the Dangerous Drugs Act 1952 (Act 234) in Malaysia deals with drug trafficking offences. This section imposes the death penalty or life imprisonment for possession 200gram or more of cannabis on anyone who is convicted of drug trafficking.¹¹¹

In addition, cannabis is classified as a poison under the Poison Act 1952 (Act 366). The Act regulates the production, import, export, sale, and distribution of poisons, including cannabis, its resin, extracts and tinctures. The Act provides penalties for offences related to the possession, sale, or distribution of poisons, including imprisonment and fines. Under the Act, cannabis is placed in Schedule 2 of the Poisons List, which lists substances subject to strict regulation and control.

DISCUSSION

Although most classical jurists accepted that the ban on wine is analogous to *hashish* because of its intoxicating properties, most classical jurists agreed that cannabis, unlike *khamr*, should not be prohibited entirely.¹¹² It should only be prohibited in situations of intoxication and fatal outcomes.¹¹³ Thus, Muslim scholars differ concerning the extent of the prohibition of cannabis in Islam. However, most classical jurists acknowledge its medical

benefits and allow the consumption of cannabis for medicinal purposes.¹¹⁴

With the emergence of new knowledge on the chemical compounds of CBD and THC, contemporary jurists allow Muslims to consume CBD for medication because it cannot cause intoxication, withdrawal or euphoria or non-toxicity, and also due to the fact that it is certified by WHO as a safe medicine. However, the Muslim challenge is in ensuring the purity of CBD products. Although the source of CBD formulation is from hemp products, irresponsible sellers may also use marijuana which usually contains THC.¹¹⁵ Therefore, potential patients must be cautious and exercise due care and diligence before purchasing any CBD products because past research has proven the presence of THC in CBD-based products.¹¹⁶ CBD products are considered permissible if they contain low THC, which is less than 1% and must not intoxicate users for medicinal purposes.

Granting access to cannabis-based products has been a hotly debated topic in Malaysia. The use of cannabis is still prohibited in Malaysia.¹¹⁷ Therefore, desperate patients may take drastic action by purchasing cannabis from the black market. The situation has raised the issue on the legality of buying cannabis-based products from the black market due to necessity. One of the requirements laid down by both classical and contemporary Muslim jurists is that it is necessary for each consumption to be advised and monitored by competent doctors. However, the sellers who sell cannabis-based products do not fall under the aforementioned category. Accordingly, in such a situation, the requirements of necessity are not fulfilled and affects the permissibility of using cannabis as medicine. The doctor's advice is crucial because it is evident that cannabis is efficacious in treating certain types of illnesses only.

Furthermore, Muslim jurists have warned of the purity of the cannabis-based products that are available in the black market. The purity of cannabis-based products, either CBD or THC, is the main concern of the jurists because it affects the halal status of the cannabis-based product. Research has shown that among the occurrences was where irresponsible sellers had labelled the product to contain CBD, but the actual test revealed that the product did not contain CBD at all.¹¹⁸ Consequently, another study highlighted that CBD and medical cannabis-based products carry contaminants and harmful substances to the human body.¹¹⁹ For instance, Seltenrich and Montoya et al. revealed

that medical cannabis products were found to have contained microorganisms, including salmonella, E. coli, pesticides and dangerous solvents.¹²⁰ A research study conducted by Gardener et al. has found that many CBD products are inaccurately labelled, with high levels of heavy metals and phthalate contamination found in a significant number of U.S. products.¹²¹ The study analysed 121 edible CBD products using ICP-MS and discovered that 42% of the U.S. samples contained lead, 8% had cadmium, 28% had arsenic, and 37% had mercury.¹²² Lead is a toxic substance for which there is no safe level of exposure according to the World Health Organization (WHO).¹²³ Lead exposure can lead to poisoning, difficulties with speech and language, neurological damage, and reproductive issues.¹²⁴ Also, in 2016, a study found that 49% of cannabis samples purchased from California dispensaries contained pesticides that are intended only for ornamental plants, such as abamectin and bifentazate.¹²⁵ The situation may also be applied if the patient purchases cannabis-based products from the black market in Malaysia. There is a risk that the products available are counterfeit cannabis-based products that can pose a significant health threat to consumers. These products may contain wrong ingredients and harmful toxic contaminants such as heavy metals (arsenic or lead), which are dangerous to the human body.

Fake medicines and counterfeit drugs are prevalent in Malaysia¹²⁶ with reports from Malaysian Ministry of Health indicating 5.2% of over-the-counter drugs sold are counterfeit.¹²⁷ The Ministry conducted raids on 50 unlicensed locations and confiscated over 1 million unregistered medicines valued at RM 2.55 million, as well as 23,278 illegal pharmaceutical products worth more than RM 600,000.¹²⁸ The data highlights the severity of fake medicine in Malaysia. A study by Zeti et. al (2021) found that the inadequacy of current laws to serve as a deterrent and low penalty is a contributing factor to the rise in counterfeit drug sales.¹²⁹ Moreover, the growth in fake medicine sales is due to the higher profits compared to the fines imposed and consumer demand.¹³⁰ Unfortunately, patient awareness in Malaysia regarding fake medicine is inadequate, making patient education crucial.¹³¹ A study examining patient knowledge of medicine in Malaysia revealed that 25% of participants did not comprehend the drug packaging or label information, and 29% did not read the recommended storage instructions.¹³² The Ministry has the authority and

resources to carry out inspections, testing, and seizures of fake or unregistered pharmaceutical products, including counterfeit CBD. They can also enforce penalties and take legal action against those found to be selling counterfeit products. However, the extent of their success in detecting and preventing counterfeit CBD specifically may depend on various factors such as the resources available, the sophistication of the counterfeiters, and the level of cooperation from relevant stakeholders. For example, Hong Kong previously allowed the sale of products containing CBD in 2020. However, starting February 1st, 2023 the territory will classify CBD as a “dangerous drug” and enforce strict penalties for its smuggling, production, and possession. The Hong Kong government cited difficulties in purifying CBD, contamination risk with THC during production, and the potential for CBD to be converted into THC when announcing the ban in 2021.¹³³ From the above discussion, it is argued that black-market cannabis-based products are not safe and reliable, especially since there is no approval from the Ministry of Health on the safety and efficacy of the products. The products contain a harmful substance that may cause danger to the health of anyone who consumes it, especially those who are vulnerable, such as children and individuals suffering from cancer or HIV.

The majority of jurists concurred with Al-Zarkashi and Al-Qarafi that harmful drugs/substances or *mufsid* or *muskir* are not permissible and therefore prohibited. Therefore, when the patient accesses cannabis from the unregulated market, it is not permissible because there is doubt about the halal status of cannabis-based products that is available in the black market. Patients put themselves at risk when purchasing medical cannabis or CBD from the black market, and it is even dangerous when these products are given to the elderly or young children. The origin of the substances is unknown, and it may originate from compressed marijuana, which is prohibited (*haram*) for consumption in Islam. Therefore, consumers must insist that sellers provide verified laboratory test certificates sanctioned by governmental authorities to ensure product quality and safety. Consequently, it is vital to ensure the purity of CBD and medical cannabis-based products because there may be side effects that the patient cannot tolerate if the product is purchased from the black market and/or without proper advice and monitoring from the doctors.

CONCLUSION

It can be concluded that most Muslim jurists agree with the consensus that access to recreational cannabis is prohibited and haram by using the analogy of *al-khamr*. In addition, the use of cannabis for recreational purposes is prohibited due to its harmful effects on the human body and to protect the *aql* (mind or intellect). Cannabis with higher THC content can impair or damage intellectual functioning. This aligns with the Quranic verse in Surah al-Baqarah 2 verse 195, which states¹³⁴:

“...and do not throw yourselves into destruction”.

Nonetheless, Muslim jurists agree that the prohibition of cannabis does not carry a total prohibition similar to the prohibition towards wine. Classical Islamic legal experts established the limited acceptability of cannabis, specifically hashish, by acknowledging its intoxicating effects while also recognising its medical benefits. Despite scriptural prohibitions against wine and other mind-altering substances, they allowed its use under specific conditions. The views of the Hanafi and Shafi'i legal schools, and some in the Maliki and Hanbali schools, permit the use of normally prohibited substances in medical emergencies based on the principle that “necessities make the unlawful lawful.” In general, legal schools permit the use of normally prohibited substances for medical purposes when all the conditions of necessity are fulfilled. Contemporary jurists also suggest that THC-based medicines may be considered necessary due to their potential to save lives, which is one of the five key objectives of Islamic law. Notably, contemporary scientific studies concluded that using cannabis as a medication could accelerate the healing process compared to conventional therapy. As cannabis sativa can be divided into two types, hemp and marijuana, contemporary jurists consider hemp lawful because it contains a low level of THC, less than 1% and is non-intoxicant. It is also permissible to consume CBD as it cannot cause euphoria or addiction; however, Muslims must be cautious in selecting CBD products to ensure their purity, quality and safety. Some Muslim jurists asserted that medical cannabis can be used for treatment when a legal alternative is insufficiently effective as a medicine. Access to medical cannabis is in line with Islamic values, provided all the conditions of

darurah are fulfilled and for medicinal purposes. To reiterate, according to the *darurah* principle, a patient must consult a doctor before he decides to use medical cannabis as a medicine. Accordingly, these conditions must be individually verified and prescribed by a medical expert who is skilful and trustworthy.

Thus, it can be deduced that self-medication, self-diagnosis and self-purchase of medical cannabis from the black market are forbidden in Islam. The availability of medical cannabis products in the illegal market is also of doubtful content and may be adulterated with harmful substances that are prohibited in Islam.

It is also important to highlight that cannabis has been widely recognised for its medicinal properties in Islam, especially during the medieval Islamic era. However, currently most Muslim countries do not allow access to medical cannabis in spite of its medicinal and healing benefits. Morocco and Lebanon are recognised as the first and second Muslim nations to acknowledge the therapeutic benefits of cannabis. It is high time for the Malaysian government to carry out the necessary steps to legalise access to CBD and medical cannabis products, especially when the patient's condition can impair his life and when conventional treatment is ineffective and unsuccessful. If its effectiveness is medically and scientifically proven, then medical cannabis could be considered to be the best alternative. Before allowing the use of cannabis and CBD for medicinal purposes in Malaysia, the government should take several steps, firstly, conducting thorough research and evaluation of the safety and efficacy of cannabis and CBD for medicinal purposes. Secondly, educating healthcare providers and the general public about the appropriate use and potential side effects of medicinal cannabis and CBD. Thirdly, developing clear guidelines and regulations for the use of cannabis and CBD in medicine, including how it should be manufactured, distributed, and dispensed. Fourthly, establishing a system for monitoring and controlling the quality and purity of medicinal cannabis and CBD products to ensure patient safety and collaborating with international organisations and other countries that have experience with medicinal cannabis and CBD to ensure best practices are adopted. These measures should be implemented to guarantee the safety and efficacy of using cannabis and CBD for medicinal purposes for patients and to educate the public about its use.

In order to increase public understanding of the medical benefits of cannabis and promote informed decision-making about its use the government of Malaysia can organise public education campaigns and workshops to provide information about the medical use of cannabis and the latest research findings. Secondly, by collaborating with medical organisations, universities, and experts to educate healthcare providers and the general public about the medical use of cannabis. Next, by developing and distributing educational materials such as brochures and videos through social media that explain the benefits of medical cannabis and how it can be used safely and effectively. Fourthly, by supporting the development of research programs and clinical trials to expand the knowledge base about medical cannabis and its effects and hosting public forums to encourage open and honest discussions about medical cannabis and address any concerns or misconceptions. It is hoped that this article will contribute to the current legal and religious discourse on this issue, and increase awareness among Muslims, to clarify any misapprehension in relation to medical cannabis.

ACKNOWLEDGEMENT

The authors are grateful to the government of Malaysia and the Ministry of Higher Education (MOHE) for the assistance in sponsoring the corresponding author in her PhD studies under the SLAI scholarship.

NOTES

- ¹ M. Booth, *Cannabis: A History*, Picador, New York, 2003, p 20.
- ² A.W. Zuardi, 'History of cannabis as a medicine: A review', (2006) 28(2) *Revista Brasileira de Psiquiatria*, p153–157.
- ³ Hui Lin Li, 'An archaeological and historical account of cannabis in China', (1974) 28 *Economic Botany*, p 437–448.; M. Touw, 'The religious and medicinal uses of Cannabis in China, India and Tibet', (1981) 13(1) *Journal of Psychoactive Drugs*, p 1–11.
- ⁴ S. Hamarneh, 'Pharmacy In medieval Islam and the history of drug addiction', (1972) 16(3) *Medical History*, p 226–237.
- ⁵ Jasser Mohamed Taha, 'Unknown contributions of the Arab and Islamic Medicine in the field of anesthesia in the West', (1972), *Journal of the International Society for the History of Islamic Medicine*, p 1–134.
- ⁶ S. Hamarneh, 'Pharmacy In medieval Islam and the history of drug addiction', p 226-237.
- ⁷ An edible plant prepared from cannabis and has been found in South East Asia since 1000 B.C.

- ⁸ E.B Russo, 'History of cannabis and its preparations in saga, science, and sobriquet', (2007) 4(8) *Chemistry and Biodiversity*, p 1614–48.
- ⁹ S.A. Golshani & G. Mosleh, 'Drugs and pharmacology in the Islamic middle era', (2015) 45(3) *Pharmaceutical Historian*, p 64–69.
- ¹⁰ I. Lozano, 'The therapeutic use of Cannabis Sativa (L.) in Arabic medicine', (2001) 1 (1) *Journal of Cannabis Therapeutics*, p 63–70.; F. Rosenthal, *Man versus Society in Medieval Islam*, Brill Classics in Islam, Leiden, 2014. p 1-1180. ; E.B. Russo, 'History of cannabis and its preparations in saga, science, and sobriquet', p 1614–1648.; R.C. Clarke, *Hashish!*, Red Eye Press, Los Angeles, 1998, p 23.
- ¹¹ S. Hamarneh, 'Pharmacy In medieval Islam and the history of drug addiction', p 226–237.
- ¹² Yasmin Hanani Mohd Safian, 'An Analysis on Islamic Rules on Drugs', (2013) 1(9) *International Journal of Education Research*, p 1-16.
- ¹³ B.H. Shirah & M. Ahmed, 'The use of cannabis for medical purposes in the Arab world', (2021) 4 *Medical Cannabis and Cannabinoids*, p 72–74.; B. Fakhry, M. Abdulrahim & M.M. Chahine, 'Medical cannabis in Lebanon : History and therapeutic ethical , and social challenges', (2021) 5(2), *A Narrative Review*, p137–157.
- ¹⁴ KENZA Afsahi & Salem Darwich, 'Hashish in Morocco and Lebanon: A comparative study', (2016) 31 *International Journal of Drug Policy*, p 190–98.
- ¹⁵ KENZA Afsahi & Salem Darwich, 'Hashish in Morocco and Lebanon: A comparative study', p 190–98.
- ¹⁶ M. Bone & T. Seddon, 'Human rights, public health and medicinal cannabis use', (2016) 26(1) *Critical Public Health*, p 51-61; In the case of R v. Quayle and Attorney General's Reference (No. 2 of (2005), the appellants contended that an absolute prohibition of cannabis violated their constitutional rights to self-medication.
- ¹⁷ Shahrul Mizan Ismail, Muslim states and the stigma of persistent human rights non-compliance: an innocent devotion or intentional transgression?, *International Conference on Shariah & Globalisation Proceedings*, Universitas Muhammadiyah Yogyakarta, Indonesia, 2017, p 1–18.
- ¹⁸ Shahrul Mizan Ismail, Muslim states and the stigma of persistent human rights non-compliance: an innocent devotion or intentional transgression? p1–18.
- ¹⁹ Shahrul Mizan Ismail, Muslim states and the stigma of persistent human rights non-compliance: an innocent devotion or intentional transgression? p 1–18.
- ²⁰ B. Todaro, 'Cannabinoids in the treatment of chemotherapy-induced nausea and vomiting', (2012) 10 (4) *Journal of the National Comprehensive Cancer Network*, p 487–92.
- ²¹ National Academies of Sciences, Engineering, and Medicine, *The Health Effects Of Cannabis And Cannabinoids: The Current State Of Evidence And Recommendations For Research*, The National Academies Press, Washington DC, 2017, p 19-30.
- ²² A. Capano, R. Weaver & E. Burkman, 'Evaluation of the effects of CBD hemp extract on opioid use and quality of life indicators in chronic pain patients: a prospective cohort study', (2020) 132(1) *Postgraduate Medicine*, p 56–61.
- ²³ B. Fiani et al, 'Current application of cannabidiol (CBD) in the management and treatment of neurological disorders', (2020) 41(11) *Neurological Sciences*, p 3085–98.
- ²⁴ Uma Suryadevara et al., 'Pros and cons of medical cannabis use by people with chronic brain disorders', (2017) *Current Neuropharmacology*, p 5.
- S. Pisanti et al, 'Cannabidiol: State of the art and new challenges for therapeutic applications', (2017) 175 *Pharmacology and Therapeutics*, p 133–50.
- ²⁵ J.C. Bouso et al, 'Quality of life, mental health, personality and patterns of use in self-medicated cannabis users with chronic diseases: A 12-Month longitudinal study', (2020) 34 (7) *Phytotherapy Research*, p 1670–77.; S. Jugl et al, 'A mapping literature review of medical cannabis clinical outcomes and quality of evidence in approved conditions in the USA from 2016 to 2019', (2021) 4 (1) *Medical Cannabis and Cannabinoids*, p 21–42. ; A. Capano, R. Weaver & E. Burkman, 'Evaluation of the effects of CBD hemp extract on opioid use and quality of life indicators in chronic pain patients: A prospective cohort study', (2020) 132(1) *Postgraduate Medicine*, p 56–61.
- ²⁶ FMT Reporters, 'Group urges 'patients' to step forward in support of Dr Ganja'. *Free Malaysia Today*, 2000, <https://www.freemalaysiatoday.com/category/nation/2018/01/22/group-urges-patients-to-step-forward-in-support-of-dr-ganja/?fmt=1> [27 May 2022]; Anon, 'Lawyer for death row inmate guilty of selling cannabis oil says prosecution lacked proper procedure'. *Coconuts KL*, 6 2008, <https://coconuts.co/kl/news/lawyer-death-row-inmate-guilty-selling-cannabis-oil-says-prosecution-lacked-proper-procedure/>[25 May 2022].
- ²⁷ 2021 4 MLJ 494.
- ²⁸ High Court of Klang Malaysia, 20th February 2019.
- ²⁹ 2021 4 MLJ 494.
- ³⁰ Zizi Azlinda Mohd Yusof, 'Hukum perubatan guna ganja, ketum', *Sinar Premium*, 2022, <https://premium.sinarharian.com.my/article/225421/mediasi-kritis/perspektif/hukum-perubatan-guna-ganja-ketum> [22 May 2022]; Rahmat Haron, 'Ganja perubatan: Jawatankuasa fatwa perlu muzakarah - exco Pahang', *Malaysiakini*, 2022, <https://www.malaysiakini.com/news/618500>[21 May 22]; Shakira Buang, 'Fatwa ganja perubatan: Mufti tiada masalah muzakarah', *Malaysiakini*, 2022, <https://www.malaysiakini.com/news/619392>[17 May 2022].
- ³¹ J.M. McPartland, 'Cannabis systematics at the levels of family, genus, and species', (2018) 3 (1) *Cannabis and Cannabinoid Research*, p 203-212.
- ³² Z. Atakan, 'Cannabis, a complex plant: different compounds and different effects on individuals', (2012) 2(6) *Therapeutic Advances Psychopharmacol*, p 241-54.
- ³³ E.B. Russo, 'Current therapeutic cannabis controversies and clinical trial design issues', (2016) *Frontiers in Pharmacology*, p 3-5.; Ethan B. Russo, History of cannabis and its preparations in saga, science, and sobriquet, p 1614–1648.
- ³⁴ Seyed Alireza Salami et al, 'It is our turn to get cannabis high: put cannabinoids in food and health baskets', (2020) 25 (18) *Molecules*, p 1–24.; H.Wayne et al, 'Public health implications of legalising the production and sale of cannabis for medicinal and recreational use', (2019) 394 (10208) *The Lancet*, p 1580–90.
- ³⁵ Expert Committee on Drug Dependence, 'Cannabidiol (CBD) pre-review', *World Health Organisation*, 2017, https://www.who.int/medicines/access/controlled-substances/5.2_CBD.pdf[18 May 2021.]
- ³⁶ Expert Committee on Drug Dependence, 'Cannabidiol (CBD) pre-review', p 3.

- ³⁷ M.B. Bridgeman, and D.T. Abazia, 'Medicinal Cannabis: History, pharmacology, and implications for the acute care setting', (2017) 42 (3) *Pharmacy and Therapeutics*, p 180-188.
- ³⁸ F. Grotenhermen, E.B. Russo, A.W. Zuardi, 'Even high doses of oral cannabidiol do not cause THC-like effects in humans: comment on Merrick et al.', (2016) 1(1) *Cannabis Cannabinoid Research*, p 102-112.
- ³⁹ B. Chabbert, B. Kurek & O. Beherec, *Hemp Industrial Production and Uses. Physiology And Botany of Industrial Hemp*, CABI, United Kingdom, 2013, p 27-47.
- ⁴⁰ F. Rosenthal, *Man versus Society in Medieval Islam*, p 1-1180; G. G. Nahas, 'Hashish in Islam 9th to 18th Century', (1982) 58 (9) *Bulletin of the New York Academy of Medicine*, p 814-831.
- ⁴¹ Mustafa Afifi Ab. Halim et al, 'Halal Pharmaceuticals: Legal, Shari'ah issues and fatwa of drug, gelatine and alcohol', (2014) 4(412) *International Journal of Asian Social Science*, p 1176-1190.; Yasmin Hanani Mohd Safian, *Necessity (Darura) in Islamic Law: A study with special reference to the Harm Reduction Programme in Malaysia*, Ph.D Thesis, Arab Islamic Study Department, University of Exeter, 2010, p 1-269.
- ⁴² M. Ali, 'Perspectives on drug addiction in Islamic history and theology', (2014) 5 (3) *Religions*, p 912-928.
- ⁴³ G. G. Nahas, 'Hashish in Islam 9th to 18th Century', p.814-831.
- ⁴⁴ Mohammad Hashim Kamali, *The Principle of Original Permissibility (Ibahah), Shariah and the Halal Industry*, New York, 2021, p 23.
- ⁴⁵ Al-Quran Al-Baqarah 2:219; Al-Quran An-Nisa' 4:43; Al-Quran Al-Maidah 5:90.
- ⁴⁶ G. G. Nahas, 'Hashish in Islam 9th to 18th Century', p.814-831.
- ⁴⁷ Muslim Ibn Al-Hajjaj, *Sahih Muslli*, Dar al-Arqam, Beirut, 1999, p 991.
- ⁴⁸ Dixon, 'Narcotics legislation and Islam in Egypt', (1972) 1 *Bulletin Narcotic*, p 1-18.
- ⁴⁹ M. Ali, 'Perspectives on drug addiction in Islamic history and theology', p 912-928.
- ⁵⁰ Muhammad ibn Bahadur Zarkashi, *Zahr al-Arish fi Tahrir al-Hashish*, Dar al-Wafa, Mansoura, 1990, p 95.; Zayn al-Din, 'Abd al-Rahim b. al-Husayn al-'Iraqi, *Tarh al-tathrib fi sharh al-taqrib*, Vol. 8, Dar Ihya' al-Kutub al-'Arabiyya, Beirut, (n.d), p. 16.; Ibn Qayyim al-Jawziyyah, *Zad al-Ma'ad*, Dar Ibn Hazm, Beirut, 2019 p, 42.; Ibn Hajar al-Asqalani, Fathul Bari Sharh, *Sahih al-Bukhari*, Dar al-Rayyan li al-Turath, Kaherah. 1986. p 45.
- ⁵¹ Muhammad ibn Bahadur Zarkashi, *Zahr al-Arish fi Tahrir al-Hashish*, p 95.
- ⁵² Rosenthal, *The Herb- Hashish versus medieval Muslim Society*, Brill, Leiden, 1971, p 105.
- ⁵³ F. Rosenthal, *Man versus Society in Medieval Islam*, p 1-200.; Yasmin Hanani Mohd Safian, 'An Analysis on Islamic Rules on Drugs', p 1-16.
- ⁵⁴ F. Rosenthal, *Man versus Society in Medieval Islam*, p 1-200.; Yasmin Hanani Mohd Safian, 'An Analysis on Islamic Rules on Drugs', p 1-16.
- ⁵⁶ Shaykh al-Islam Ibn Taymiyya, *Al-Fatawa al-kubra*, Daral-Minhaj, Jeddah, 2009, p 424.
- ⁵⁷ Yasmin Hanani Mohd Safian, 'An Analysis on Islamic Rules on Drugs', p 1-16.
- ⁵⁸ Mustafa Umar, *An Islamic Perspective on the Legality of Consuming Cannabis & Legalizing It in Society*, 2020. p 1-20.
- ⁵⁹ Mustafa Umar, *An Islamic Perspective on the Legality of Consuming Cannabis & Legalizing It in Society*, p 1-20.
- ⁶⁰ Yasmin Hanani Mohd Safian, 'An Analysis on Islamic Rules on Drugs', p 1-16.
- ⁶¹ I. Lozano, 'The Therapeutic Use of Cannabis Sativa (L.)', p 63-70.
- ⁶² F. Rosenthal, *Man versus Society in Medieval Islam*, p 1-200.
- ⁶³ Yasmin Hanani Mohd Safian, 'An Analysis on Islamic Rules on Drugs', p 1-16.
- ⁶⁴ F. Rosenthal, *Man versus Society in Medieval Islam*, p 1-200.; p 1-200; Nahas, G. G. (1982), 'Hashish in Islam 9th to 18th Century', p.814-831.
- ⁶⁵ G. G. Nahas, 'Hashish in Islam 9th to 18th Century', p.814-831.
- ⁶⁶ F. Rosenthal, *Man versus Society in Medieval Islam*, p 1-200.; G. G. Nahas, 'Hashish in Islam 9th to 18th Century', p.814-831.; Yasmin Hanani Mohd Safian, 'An Analysis on Islamic Rules on Drugs', p 1-16.
- ⁶⁷ Ibn Najem. *al-Bahru al-Ra'ik Sharhun Kanzhun Daqa'ik*, Vol. 3, al-Matbaah al-Ailmeyah, Cairo, 1876, p. 76.
- ⁶⁸ al-Sarakhsiy, *Shamsu al-Din. al-Mabsu'ij*, Vol. 9, Dar al-Ma'rifah, al-Shirbeniy, Beirut, 1989, p 23.
- ⁶⁹ Ahmad al-Sawiy. *Balgha al-Salik*, Vol. 1, Dar al-Kutub al-Ailmeyah Alesh, Beirut, 1995, p.18
- ⁷⁰ Nutmee, Adisak, 'Medical marijuana in view of Islamic jurisprudence', (2020) 15(2) *Liberal Arts Journal Rangsit University*, p 77-88.
- ⁷¹ G. G. Nahas, 'Hashish in Islam 9th to 18th Century', p.814-831.
- ⁷² G. G. Nahas, 'Hashish in Islam 9th to 18th Century', p.814-831.; Yasmin Hanani Mohd Safian, 'An Analysis on Islamic Rules on Drugs', p 1-16.
- ⁷³ al-Nawawi, *al-Majmu' Sharh al-Muhadhdhab*, Vol 3, Matbaah al-Tadomun al-Akhawiy, Cairo, 1966, p 75.
- ⁷⁴ F. Rosenthal, *Man versus Society in Medieval Islam*, p 1-200.
- ⁷⁵ G. G. Nahas, 'Hashish in Islam 9th to 18th Century', p.814-831.; Hamarneh, S. 'Pharmacy In Medieval Islam And The History Of Drug Addiction', p 226-237; I. Lozano, 'The therapeutic use of Cannabis Sativa (L.) in Arabic medicine', p 63-70.
- ⁷⁶ G. G. Nahas, 'Hashish in Islam 9th to 18th Century', p.814-831.; Hamarneh, S. 'Pharmacy in medieval islam and the history of drug addiction', p 226-237; I. Lozano, 'The therapeutic use of Cannabis Sativa (L.) in Arabic medicine', p 63-70.
- ⁷⁷ Muhammad bin Yahya al-Nayemi, *al-Mukhaddarat wa Ahkamuha fi al-Ashshareah al-Islammeyah*, Naif Arab University for Security Sciences, Al-Riyadh, 2004, p 64;
- ⁷⁸ B. E. Denham, 'Attitudes toward legalization of marijuana in the United States 1986-2016: Changes in determinants of public opinion', (2019) 71 *International Journal of Drug Policy*, p 78-90.
- ⁷⁹ Wahbah Al-Zuhayli, *Nazariyat al-Darura al-Shar'iyya*, Dar al-Fikr, Beirut, 1997, p 65-68.
- ⁸⁰ Wahbah Al-Zuhayli, *Nazariyat al-Darura al-Shar'iyya*, p 65-68.
- ⁸¹ Abu Eesa Niamatullah, 2016. Is It Permissible To Use Medical Marijuana?, *Arab Institute*, <http://ilmsource.com/2016/02/16/is-it-permissible-to-use-medical-marijuana/>[15 Jun 2021].
- ⁸² Yasmin Hanani Mohd Safian, *Necessity (Darura) in Islamic Law: A study with special reference to the Harm Reduction Programme in Malaysia*, p 1-269.

- ⁸³ Al-Quran Al Baqarah 2:173; A. Y. Ali, *The Holy Qur'an: Original Arabic text with English translation & commentary*, Saba Islamic Media, Shah Alam, 2000, p 26.
- ⁸⁴ Al-Quran Al-An'am 6:119.
- ⁸⁵ Yasmin Hanani Mohd Safian, *Necessity (Darura) in Islamic Law : A study with special reference to the Harm Reduction Programme in Malaysia*, p 1–269.
- ⁸⁶ Wahbah Al-Zuhayli, *Nazariyat al-Darura al-Shar'iyya*, p 63-68.
- ⁸⁷ Wahbah Al-Zuhayli, *Nazariyat al-Darura al-Shar'iyya*, p 65-68.
- ⁸⁸ Mustafa Afifi Ab. Halim et al, 'Halal Pharmaceuticals: Legal, Shari'ah Issues And Fatwa of Drug, Gelatine and Alcohol', p 1176–1190.
- ⁸⁹ K. P. Hill, 'Medical Marijuana for Treatment of Chronic Pain and Other Medical and Psychiatric Problems', (2015) 313 (24) *A Clinical Review Clinical Review & Education Clinical Crossroads*, p 2474–2483.
- ⁹⁰ Devinsky, O. et al, 'Trial of Cannabidiol for Drug-Resistant Seizures', (2017) 376 (21) *Dravet Syndrome New England Journal of Medicine*, p 2011–2020.; A. Doyle, , & J. Harvey, , 'Cannabis and Epilepsy', (2020) 16(1) *Journal of Dual Diagnosis*, p 75–82. E. B. Russo, 'Cannabis and epilepsy: An ancient treatment returns to the fore', (2017) 70 *Epilepsy and Behavior*, p 292–297.
- ⁹¹ Anas Qatanani, Mustafa Umar, & Aasim I. Padela, 'Bioethical Insights from the Fiqh Council of North America's Recent Ruling on Medical Cannabis', (2021) *International Journal of Drug Policy*, p 1-6.
- ⁹² J. Alzeer et al, 'Cannabis and its permissibility status', X(X) *Cannabis and Cannabinoid Research*, 1–6.
- ⁹³ Alzeer et al, 'Cannabis and its permissibility status', 1–6.
- ⁹⁴ J. Alzeer et al, 'Cannabis and its permissibility status', 1–6.
- ⁹⁵ J. Alzeer et al, 'Cannabis and its permissibility status', 1–6.
- ⁹⁶ J. Alzeer et al, 'Cannabis and its permissibility status', 1–6.
- ⁹⁷ Anas Qatanani, Mustafa Umar, & Aasim I. Padela, 'Bioethical Insights from the Fiqh Council of North America's Recent Ruling on Medical Cannabis', p 1-6.
- ⁹⁸ Anas Qatanani, Mustafa Umar, & Aasim I. Padela, 'Bioethical Insights from the Fiqh Council of North America's Recent Ruling on Medical Cannabis', p 1-6.
- ⁹⁹ Anas Qatanani, Mustafa Umar, & Aasim I. Padela, 'Bioethical Insights from the Fiqh Council of North America's Recent Ruling on Medical Cannabis', p 1-6.; J. Alzeer et al, 'Cannabis and its permissibility status', X(X) *Cannabis and Cannabinoid Research*, 1–6.
- ¹⁰⁰ A. Hazekamp, 'The trouble with cbd oil', (2018) 1(1) *Medical Cannabis and Cannabinoids*, p 65–72; R. Vandrey et al, 'cannabinoid dose and label accuracy in edible medical cannabis products', (2015) 313 (24) *Journal of the American Medical Association*, p 2491–93. ; Watts et al, 'cannabis labelling is associated with genetic variation in terpene synthase genes', (2021) 7(10) *Nature Plants*, p 1330–34.
- ¹⁰¹ A. Hazekamp, & E. Svetlana, 'Grote variatie in samenstelling cannabisolie noopt tot regels', (2017) 152 (44) *Pharmaceutisch Weekblad*, p 16–18.
- ¹⁰² Penang State Fatwa Committee, 'Penanaman hemp untuk tujuan komoditi dan keperluan perubatan dan kesihatan', *Jabatan Mufti Negeri Pulau Pinang Sistem eFATWA*, 2020, <http://efatwa.penang.gov.my/index2.php> [20 January 2021].
- ¹⁰³ Anon, 'Laporan: Penggunaan ganja untuk perubatan harus, kata Mufti', *Malaysiakini*, 2019, <https://www.malaysiakini.com/news/462356> [30 January 2022].
- ¹⁰⁴ LuqmanAbdullah, 'FatwaBerkenaan HukumMenggunakan Dadah Jenis Kanabis Bagi Tujuan Perubatan', *Sistem e-Fatwa Pejabat Mufti Wilayah Persekutuan*, 2022, <https://efatwa.muftiwp.gov.my/fatwa/PUB526%20FATWA%202022%20-%20FATWA%20BERKENAAN%20HUKUM%20MENGUNAKAN%20DADAH%20JENIS%20KANABIS%20BAGI%20TUJUAN%20PERUBATAN?>[25 January 2023].
- ¹⁰⁵ LuqmanAbdullah, 'FatwaBerkenaan HukumMenggunakan Dadah Jenis Kanabis Bagi Tujuan Perubatan', *Sistem e-Fatwa Pejabat Mufti Wilayah Persekutuan*, 2022, <https://efatwa.muftiwp.gov.my/fatwa/PUB526%20FATWA%202022%20-%20FATWA%20BERKENAAN%20HUKUM%20MENGUNAKAN%20DADAH%20JENIS%20KANABIS%20BAGI%20TUJUAN%20PERUBATAN?>[25 January 2023].
- ¹⁰⁶ Rahmat Haron, 'Ganja perubatan: Jawatankuasa fatwa perlu muzakarah - exco Pahang', *Malaysiakini*, 2022, <https://www.malaysiakini.com/news/618500>, [19 April 2022]
- ¹⁰⁷ Penang State Fatwa Committee, 'Penanaman hemp untuk tujuan komoditi dan keperluan perubatan dan kesihatan', *Jabatan Mufti Negeri Pulau Pinang Sistem eFATWA*, 2020, <http://efatwa.penang.gov.my/index2.php> [20 January 2020]
- ¹⁰⁸ Penang State Fatwa Committee, 'Penanaman hemp untuk tujuan komoditi dan keperluan perubatan dan kesihatan', *Jabatan Mufti Negeri Pulau Pinang Sistem eFATWA*, 2020, <http://efatwa.penang.gov.my/index2.php> [20 January 2020]
- ¹⁰⁹ Section 39A(1) and Section 39A(2) Dangerous Drugs Act 1952 (Act 234).
- ¹¹⁰ Section 39A Dangerous Drugs Act 1952 (Act 234).
- ¹¹¹ Section 39(B) Dangerous Drugs Act 1952 (Act 234).
- ¹¹² T. Baasher, 'The Use of Drugs in the Islamic World', (1981) 76(3) *British Journal of Addiction*, p 233–243. ; Yasmin Hanani Mohd Safian, 'An Analysis on Islamic Rules on Drugs', p 1-16.
- ¹¹³ F. Rosenthal, *Man versus Society in Medieval Islam*, p 1-200.
- ¹¹⁴ G. G. Nahas, 'Hashish in Islam 9th to 18th Century', p.814–831; S. Hamarneh, 'Pharmacy in Medieval Islam And The History Of Drug Addiction', p 226–237; I. Lozano, 'the therapeutic use of Cannabis Sativa (L.) in Arabic medicine', p 63–70.
- ¹¹⁵ R.L Hilderbrand,. 'Hemp & cannabidiol: What is a medicine?', (2018) 115 (4) *Missouri Medicine*, p 306-309.
- ¹¹⁶ A. Hazekamp & E. Svetlana, 'Grote variatie in samenstelling cannabisolie noopt tot regels', p 16–18.
- ¹¹⁷ Section 39A(1), Section 39A(2), Section 39B, and Section 6 Dangerous Drugs Act 1952 (Act 234).
- ¹¹⁸ R. Tory et al, 'Cannabinoid content and label accuracy of hemp-derived topical products available online and at national retail stores', (2022) 5 (7) *JAMA Network Open*, p 1-8.; A. Hazekamp, & E. Svetlana, 'Grote variatie in samenstelling cannabisolie noopt tot regels', p 16–18.

- ¹¹⁹ C.L. Dryburgh et al, 'Cannabis contaminants : sources , distribution , human toxicity and pharmacologic effects', (2018) 84 *British Journal of Clinical Pharmacology*, p 2468–2476; DG. Evans 'Medical fraud, mislabeling, contamination: All common in CBD Products', (2020) 117(5) *Missouri Medicine*, p 393–399. ; Z. Montoya et al, 'Cannabis Contaminants Limit Pharmacological Use of Cannabidiol', (2020) 11(571832) *Frontier in Pharmacology* p 1–10.
- ¹²⁰ N. Seltenrich, 'Cannabis contaminants: regulating solvents, microbes, and metals in legal weed', (2019) 127 (8) *Environmental Health Perspectives*, p 1-6. ; Z. Montoya et al, 'Cannabis Contaminants Limit Pharmacological Use of Cannabidiol', p 1-10.
- ¹²¹ H. Gardener, C. Wallin & J. Bowen, 'Heavy metal and phthalate contamination and labeling integrity in a large sample of US commercially available cannabidiol (CBD) products', 851(1) *The Science of the Total Environment*, p1-6.
- ¹²² H. Gardener, C. Wallin & J. Bowen, 'Heavy metal and phthalate contamination and labeling integrity in a large sample of US commercially available cannabidiol (CBD) products', p 1-6.
- ¹²³ H. Gardener, C. Wallin & J. Bowen, 'Heavy metal and phthalate contamination and labeling integrity in a large sample of US commercially available cannabidiol (CBD) products', p 1-6.
- ¹²⁴ DG. Evans 'Medical fraud, mislabeling, contamination: All common in CBD Products', p 393-399.
- ¹²⁵ J. M Mcpartland,& K. J. Mckernan, "Contaminants of Concern in Cannabis: Microbes, Heavy Metals and Pesticides," in Cannabis sativa L. - Botany and Biotechnology, Springer International Publishing, Cham,2017, p 457-474. .
- ¹²⁶ eti Zuryani Mohd Zakuan & Rahmah Ismail, 'Illegal Medical Product and Consumer Protection in Malaysia', (2021) 6(25) . *International Journal of Law, Government and Communication*, p 1–8.
- ¹²⁷ Nurwahida Zulkifli et al, 'Are We on the Right Track?: Overview of Unregistered Drugs in Malaysia', (2016) 2 94) *Journal of Pharmacy Practice and Community Medicine*, p 107–115. ; P. Stevens & Helmy Haja Mydin, 'Fake Medicines in Asia', (2013) 1 *Emerging Markets Health Network Briefing*, p 1–9.
- ¹²⁸ Rahmat Khairulrijal, 'Covid – 19: Sales of illegal medicines soar, Operation Pangea XIII', *The NST*, 2020, <https://www.nst.com.my/news/nation/2020/04/588631/covid-19-sales-illegal-medicines-soar> [12 April 2021].
- ¹²⁹ Zeti Zuryani Mohd Zakuan & Rahmah Ismail, 'Illegal Medical Product and Consumer Protection in Malaysia', p-8.
- ¹³⁰ Zeti Zuryani Mohd Zakuan & Rahmah Ismail, 'Illegal Medical Product and Consumer Protection in Malaysia', p-8.
- ¹³¹ Gan Siew Hua, 'Malaysia: Fake Viagra Is No Joke', *CodeBlue*, 2022, <https://codeblue.galencentre.org/2022/07/25/malaysia-fake-viagra-is-no-joke/>[27 September 2022].
- ¹³² Abubaker Abdellah et al, 'Role of Public in Counteract Substandard Drugs and Poor Medicine ' s Handling in Low and Middle Income Countries : Cross Sectional Study from Malaysia and Sudan. Research and Reviews', (2016) 5(3);, 5(3), 78–84.
- ¹³³ Anon, 'Hong Kong bans cannabidiol (CBD) from Feb 1, labels it a 'dangerous drug'', *TheStar*, 2023, <https://www.thestar.com.my/aseanplus/aseanplus-news/2023/01/27/hong-kong-bans-cannabidiol-cbd-from-feb-1-labels-it-a-039dangerous-drug039>[29 January 2023].
- ¹³⁴ Al-Quran Surah al-Baqarah 2:195.

REFERENCES

- Abu Eesa Niamatullah. 2016. Is it permissible to use medical marijuana? *Arab Institute*. <http://ilmsource.com/2016/02/16/is-it-permissible-to-use-medical-marijuana/>[15 June 2021].
- Abubaker Abdellah et al. 2016. Role of public in counteract substandard drugs and poor medicine' s handling in low and middle income countries: Cross sectional study from Malaysia and Sudan. *Research And Reviews* 5(3): 78–84.
- Afsahi, K., & Darwich, S. 2016. Hashish in Morocco and Lebanon: A comparative study. *International Journal of Drug Policy*, 31 190–
- Ahmad al-Sawiy.1995. *Balgha al-Salik*. Vol. 1. Beirut: Dar al-Kutub al-Ailmeyah Alesh. p.18.
- Alex., Richard W.& Elisa B.. 2020. Evaluation of the effects of CBDhemp extract on opioid use and quality of life indicators in chronic pain patients: A prospective cohort study. *Postgraduate Medicine*32(1) : 56–61.
- Ali, A. Y. 2000. *The Holy Qur'an: Original Arabic text with English translation & commentary*. Shah Alam: Saba Islamic Media.
- Ali, M. 2014. Perspectives on drug addiction in Islamic history and theology. *Religions* 5 (3): p 912–928).
- Alzeer, J., Abou Hadeed, K., Basar, H., Al-Razem, F., Abdel-Wahhab, M. A., & Alhamdan, Y. 2020. Cannabis and its permissibility status. *Cannabis and Cannabinoid Research* X(X): 1–6.
- al-Nawawi. 1966. *al-Majmu' Sharh alMuhadhdhab*. Vol 3, Cairo: Matbaah al-Tadomun al-Akhawiy.
- Anon. 2019. Laporan: Penggunaan ganja untuk perubatan harus, kata Mufti. *Malaysiakini*. <https://www.malaysiakini.com/news/462356> [30 January 2022].
- Anon. 2023. Hong Kong bans cannabidiol (CBD) from Feb 1, labels it a 'dangerous drug'. *TheStar*. <https://www.thestar.com.my/aseanplus/aseanplus-news/2023/01/27/hong-kong-bans-cannabidiol-cbd-from-feb-1-labels-it-a-039dangerous-drug039>[29 January 2023].
- Aroonsrimorakot, S., Laiphrakpam, M., & Metadilogkul, O. 2019. Social, religious, recreational and medicinal usage of cannabis in India and Thailand. *Journal of Thai Interdisciplinary Research*, 14(4): 43–50.
- al-Sarakhsy.1989. *Shamsu al-Din. al-Mabsuy*. Vol. 9. Beirut: Dar al-Ma'rifah.
- Ahmad al-Sawiy. 1995. *Balgha al-Salik*. Vol. 1. Beirut : Dar al-Kutub al-Ailmeyah Alesh.
- Atakan Z. 2012. Cannabis, a complex plant: different compounds and different effects on individuals. *Therapeutic Advances Psychopharmacol* 2(6):241-54.

- Baasher, T. 1981. The use of drugs in the Islamic world. *British Journal of Addiction* 76(3) :233–243.
- Bakshi, C., & Barrett, A. M. 2019. Impact of recreational and medicinal marijuana on surgical patients: A review. *American Journal of Surgery* 783-786.
- Barbara, T. 2012. Cannabinoids in the treatment of chemotherapy-induced nausea and vomiting. *Journal of the National Comprehensive Cancer Network*10 (4) : 487–92.
- Bone, M., & Seddon, T. 2016. Human rights, public health and medicinal cannabis use. *Critical Public Health*. 26 (1) : 51-61.
- Booth, M. 2003. *Cannabis : A History*. New York: Picador.
- Dangerous Drugs Act 1952 (Act 234).
- Denham, B. E. 2019. Attitudes toward legalisation of marijuana in the United States 1986-2016: Changes in determinants of public opinion. *International Journal of Drug Policy* 71: 78–90.
- Dixon.1972.Narcotics legislation and Islam in Egypt.’ *Bulletin Narcotic* 1: 1-18.
- Dryburgh, L. M. et al. 2018. Cannabis contaminants : sources , distribution , human toxicity and pharmacologic effects. *British Journal of Clinical Pharmacology*84: 2468–2476.
- Evans DG. 2020. Medical fraud, mislabeling, contamination: All common in CBD products. *Missouri Medicine*117(5): 393–399.
- Expert Committee on Drug Dependence. 2017. Cannabidiol (CBD) pre-review. World Health Organisation. https://www.who.int/medicines/access/controlled-substances/5.2_CBD.pdf [18 May 2021].
- Fakhry, B., Abdulrahim, M., & Chahine, M. N. 2021. Medical Cannabis in Lebanon : History & Therapeutic , Ethical , and Social Challenges. *A Narrative Review*5(2):137–157.
- FMT Reporters. 2000. Group urges ‘patients’ to step forward in support of Dr Ganja. *Free Malaysia Today*. <https://www.freemalaysiatoday.com/category/nation/2018/01/22/group-urges-patients-to-step-forward-in-support-of-dr-ganja/?fmt=1> [27 May 2022]
- Gan Siew Hua. 2022. Malaysia: Fake Viagra Is No Joke. *CodeBlue*. <https://codeblue.galencentre.org/2022/07/25/malaysia-fake-viagra-is-no-joke/>[27 September 2022].
- Gardener, H., Wallin, C. & Bowen J. Heavy metal and phthalate contamination and labeling integrity in a large sample of U.S. commercially available cannabidiol (CBD) products. *The Science of The Total Environment*. 851(1) :1-6.
- Hamarneh, S. 1972. Pharmacy in medieval Islam and the history of drug addiction. *Medical History* 16(3): 226–237.
- Hazekamp, A. 2018. The trouble with CBD oil. *Medical Cannabis and Cannabinoids*1(1): 65–72.
- Hazekamp, A., & Epifanova, S. 2017 Grote variatie in samenstellende cannabisolie noopt tot regels. *Pharmaceutisch Weekblad* 152(44) : 16–18.
- Hillebrand, J., Olszewski, D., & Sedefov, R. 2010. Legal highs on the Internet. *Substance Use and Misuse* 45(3):330–340.
- Hill, K. P. 2015. Medical marijuana for treatment of chronic pain and other medical and psychiatric problems. *A clinical review clinical review & education clinical crossroads*313(24): 2474–2483.
- Hui Lin Li. 1974. An archaeological and historical account of cannabis in china. *Economic Botany*28: 437–448.
- Ibn Najem. 1876. *al-Bahru al-Raaik Sharhun Kanzul Daqaaiik*. Vol. 3. Cairo: al-Matbaah al-Ailmeyah.
- Ibn Taymiyya. 2009.*Al-Fatawa al-kubra*. Vol. 3. Cairo : Dar al-Minhaj.
- Jasser Mohamed Taha. 2010. Unknown contributions of the arab and islamic medicine in the field of anesthesia in the west. *Journal of the International Society for the History of Islamic Medicine* 6 (7): 1–134.
- Likar, Rudolf, & Gerhard Nahler. 2017. The use of cannabis in supportive care and treatment of brain tumor. *Neuro-Oncology Practice*4(3):151–60.
- Lozano, I. 2001. The therapeutic use of Cannabis sativa (L.) in Arabic medicine. *Journal of Cannabis Therapeutics*1(1): 63–70.
- Luqman Abdullah. 2022. Fatwa Berkenaan Hukum Menggunakan Dadah Jenis Kanabis Bagi Tujuan Perubatan. *Sistem e-Fatwa Pejabat Mufti Wilayah Persekutuan*. <https://efatwa.muftiwp.gov.my/fatwa/PUB526%20FATWA%202022%20-%20FATWA%20BERKENAAN%20HUKUM%20MENGUNAKAN%20DADAH%20JENIS%20KANABIS%20BAGI%20TUJUAN%20PERUBATAN?>[25 January 202].
- Montoya, Z, et al.. et al.2020. Cannabis Contaminants Limit Pharmacological Use of Cannabidiol. *Frontier in Pharmacology* 11(571832):1–10.
- Muhammad bin Yahya al-Nayemi.2004. *al-Mukhaddarat wa Ahkamuha fi al-Ashshareah al-Islammeyah*. Al-Riyadh: Naif Arab University for Security Sciences.
- Mustafa Afifi Ab. Halim et al. 2014. Halal pharmaceuticals: legal, shari’ah issues and fatwa of drug, gelatine and alcohol. *International Journal of Asian Social Science International Journal of Asian Social Science* 4 (412): 1176–1190.
- Nahas, G. G. 1982. Hashish in Islam 9th to 18th Century. *Bulletin of the New York Academy of Medicine*58(9) : 814–831.
- National Academies of Sciences, Engineering, and Medicine. 2017. *The health effects of cannabis and cannabinoids: the current state of evidence and recommendations for research*. Washington DC: The National Academies Press.
- Nurwahida Zulkifli et al.2016. Are we on the right track? : Overview of unregistered drugs in Malaysia. *Journal of Pharmacy Practice and Community Medicine* 2(94): p 107–115.

- Nutmee, Adisak. 2020. Medical marijuana in view of Islamic jurisprudence. *Liberal Arts Journal Rangsit University* 15(2): 77-88.
- Penang State Fatwa Committee. 2020. Penanaman hemp untuk tujuan komoditi dan keperluan perubatan dan kesihatan. *Jabatan Mufti Negeri Pulau Pinang Sistem eFATWA* 21 Oktober 2020, <http://efatwa.penang.gov.my/index2.php> [20 January 2021].
- Pisanti, S. et al. 2017.. Cannabidiol: State of the art and new challenges for therapeutic applications. *Pharmacology and Therapeutics* 175 : 133–150.
- Poison Act 1952 (Act 366).
- Qatanani, A., Umar, M., & Padela, A. I. 2021. Bioethical insights from the Fiqh Council of North America's recent ruling on medical cannabis. *International Journal of Drug Policy* 1-6. Rosenthal, F. 2014. *Man versus society in medieval Islam*. Leiden: Brill Classics in Islam.
- Rahmat Haron. 2022. Ganja perubatan: Jawatankuasa fatwa perlu muzakarah - exco Pahang. *Malaysiakini*. <https://www.malaysiakini.com/news/618500>, [19 April 2022]
- Rahmat Khairulrijal. 2020. Covid – 19: Sales of illegal medicines soar, Operation Pangea XIII. *The NST*. <https://www.nst.com.my/news/nation/2020/04/588631/covid-19-sales-illegal-medicines-soar> [12 April 2021].
- Rosenthal. 1971. *The Herb- Hashish versus medieval Muslim Society*. Leiden: Brill.
- Russo, E. B. 2017. Cannabis and epilepsy: An ancient treatment returns to the fore. *Epilepsy and Behavior* 70: 292–297.
- Russo, E. B. 2007. History of cannabis and its preparations in saga, science, and sobriquet. *Chemistry and Biodiversity* 4(8):1614–1648.
- Salami et al. 2020. It is our turn to get cannabis high: put cannabinoids in food and health baskets. *Molecules* 25(18): 1–24
- Seltenrich, N. 2019. Cannabis contaminants: Regulating solvents, microbes, and metals in legal weed. *Environmental Health Perspectives* 127 (8): 1-6.
- Shahrul Mizan Ismail. 2017. Muslim states and the stigma of persistent human rights non-compliance: An innocent devotion or intentional transgression? *International Conference on Shariah & Globalisation Proceedings*, Universitas Muhammadiyah Yogyakarta, Indonesia, 1–18.
- Stevens P. & Helmy Haja Mydin. 2013. Fake Medicines in Asia. *Emerging Markets Health Network Briefing* 1: 1–9.
- Tory R. Spindle et al. 2022. Cannabinoid content and label accuracy of hemp-derived topical products available online and at national retail stores. *JAMA Network Open* 5 (7) :1-8.
- Touw, M. (1981). The religious and medicinal uses of Cannabis in China, India and Tibet. *Journal of Psychoactive Drugs* 13(1): 1–11.
- Vandrey, R. et al.. 2015. Cannabinoid dose and label accuracy in edible medical cannabis products. *JAMA - Journal of the American Medical Association* 313(24):2491–2493.
- Wahbah Al-Zuhayli. 1997. *Nazariyat al-Darura al-Shar'iyya*. Beirut: Dar al-Fikr.
- Watts, S. et al.. 2021. Cannabis labelling is associated with genetic variation in terpene synthase genes. *Nature Plants* 7(10):1330–1334.
- Yasmin Hanani Mohd Safian. 2010. *Necessity (Darura) in Islamic Law: A study with special reference to the Harm Reduction Programme in Malaysia*. PhD Thesis. Department in Islamic Study. University Exeter.
- Yasmin Hanani Mohd Safian. 2013. An analysis on islamic rules on drugs. *International Journal of Education and Research* 1 (9): 1-16.
- Zeti Zuryani Mohd Zakuan & Rahmah Ismail. 2021. Illegal medical product and consumer protection in malaysia. (2021) 6(25) . *International Journal of Law, Government and Communication*. 1–8.
- Zuardi, A. W. 2006. History of cannabis as a medicine: A review. *Revista Brasileira de Psiquiatria* 28(2) :153–157.

Shahrul Mizan Ismail
Associate Professor
Faculty of Law
Universiti Kebangsaan Malaysia
Email: shahrulmizan@ukm.edu.m

Ekmil Krisnawati Erlen Joni* (corresponding author)
Senior Lecturer
Department of Law
Universiti Teknologi MARA (UiTM) Malacca Branch
Email: ekmil777@uitm.edu.my/miss.ekmil@gmail.com/

Rohaida Nordin
Associate Professor
Faculty of Law
Universiti Kebangsaan Malaysia
Email: rohaidanordin@ukm.edu.my