



Cannabis Use Among Western Travelers Following the 2025 Narcotic Relisting in Thailand: A Cross-Sectional Study

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Abstract

After the medical legalization of cannabis caused challenges in Thailand in controlling production and distribution, the country faced an increase in new marijuana users. As of January 2025, Thailand reclassified cannabis as an illegal narcotic; however, many shops continue to operate openly, creating a potential "legal trap" for international visitors. This study aimed to explore the prevalence of cannabis use among short-stay Western travelers and address the scientific gap regarding behavioral responses to this policy reversal. A single-center cross-sectional survey was conducted in multiple Bangkok public spaces from September to November 2025. This subgroup analysis focuses on 184 Western travelers (Europe, North America, and Oceania) aged 18-49, who spent at least one night but less than 4 weeks in Thailand. The overall prevalence of cannabis use was 19% (95% CI: 14.0–25.3). The proportion among males was 28%, compared to 9.2% among females ($p=0.002$). Cannabis users were 3.57 times more likely to have a high AUDIT-C risk score ($p=0.006$). While the small sample size limited statistical power to detect correlations with sexual behavior, a high descriptive rate (86%) of intoxicated sex was observed among users. This study demonstrates the continued ease of access to cannabis despite the 2025 relisting. The strong association with hazardous alcohol consumption highlights a synergistic risk to traveler safety. These findings suggest a critical need for integrated pre-travel counseling to bridge the gap between perceived accessibility and severe legal consequences.

Keywords: Cannabis, Recreational substances, Intoxicated sex, International travelers, Travel medicine, Thailand, AUDIT-C, Narcotic policy

1. Introduction

In the past decade, many countries have shifted from strict prohibition of cannabis towards decriminalization, medical legalization, or even fully regulated non-medical use. (Sevigny et al., 2023) The main purpose is to shift from punitive approaches to the implementation of risk and harm reduction strategies, rather than to encourage the use of recreational substance. A systematic review in 2024 found that the pooled prevalence of drug users is approximately 12% in countries where cannabis is legalized, compared with 5.4% in countries where it remains illegal. (Wang et al., 2024) Contrary to its original intention, legalization has, to some extent, enabled some people to start using cannabis, as observed in the United States, Canada, and Uruguay. (Mollner, 2022; Cabral Barata et al., 2022; Pratschke, 2024; Wang et al., 2024)

Thailand initially removed cannabis from its narcotics list in June 2022, reclassifying it under the Department of Thai Traditional and Alternative Medicine to facilitate medical use and research, while extracts with over 0.2% THC remained classified as narcotics. This policy shift has contributed to rapid growth in the cannabis market, and the original medical intent has become difficult to control. The number of cannabis stores rose exponentially. A rise in hospitalizations for cannabis-related illnesses was observed after the legalization (Paisarnrodjanarat et al., 2025).

Consumption of recreational substances is estimated at 9-35% in international travelers as reported in a 2024 systematic review (Charoensakulchai et al., 2024). While most recreational users report no immediate concerns, cannabinoid exposure is associated with psychological and neurological effects. Other

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indirect effects include injuries, sexual violence, and blood-borne infections. These inadvertent effects may be more complicated than anticipated during stays in foreign countries.

While travel allows individuals to explore new cultures and experience ways of life different from those at home, it has also been associated with increased consumption of recreational substances. A longitudinal study in US outbound exchange students found that even though the prevalence of use was similar at pre-departure, increased consumption levels were observed among males, prior users, and polydrug users. (Firth et al., 2020) Furthermore, the "When in Rome" effect suggests that students often overestimate the drinking norms of their host country, leading to significant increases in alcohol consumption while abroad (Pedersen et al., 2010).

Everyone has their own motives and purposes for their travel. Just as the term "sex tourism" is commonly used to describe people who travel with the intention of sexual activities, "drug tourism" has also emerged in the modern world. (Carlisle & Ritchie, 2021) A survey of Polish travelers showed that many cannabis users consider cannabis use an important attraction, and the primary motive for one-third of the respondents (Matczak & Pawlicki, 2021). A study of Chinese travelers in Amsterdam found that commercial availability is the strongest predictor of revisit intention. (Wen et al., 2018) However, a significant research gap remains regarding how Western travelers - often from regions with more liberal cannabis laws - perceive and navigate sudden policy shifts in destination countries like Thailand.

There are different approaches to cannabis laws, including full recreational legalization, medical-only legalization, decriminalization, tolerated use, strict prohibition, industrial hemp regulation (Sevigny et al., 2023) Following the changes in regulation, counties that implemented medical cannabis laws but had less regulated supply experienced increases in cannabis use among adolescents together with reported binge drinking and simultaneous use of cannabis and alcohol. (Smart & Pacula, 2019) These co-users are also more likely to have higher alcohol consumption and higher rates of alcohol use disorder compared to alcohol-only users. (Hasin, 2017) This consumption pattern not only affects health outcomes and psychomotor performance but has also been linked to behavior harms, injuries and mental health comorbidity. (Yurasek et al., 2017)

Following the medical legalization of cannabis, Thailand faced significant challenges in controlling production and distribution, along with a surge in new users, particularly among young adults. Consequently, as of January 2025, Thailand reversed its policy, reclassifying cannabis as an illegal narcotic substance. Despite this relisting, the initial period of liberalization led to an exponential increase in cannabis stores, many of which continue to operate openly today.

Under the 2025 regulations, the legal consequences for unauthorized use are severe. Recreational use or possession of cannabis extracts with over 0.2% THC is strictly prohibited. Even small-scale possession for recreational purposes can result in imprisonment for up to two years or fines of up to 40,000 THB (~\$1,240 USD). Furthermore, individuals carrying significant quantities may face charges of unauthorized possession, with penalties of up to 500,000 THB (~\$15,500 USD) and up to five years' imprisonment. For foreign nationals, these legal infractions can further result in immediate deportation or permanent blacklisting from the country. This discrepancy between the highly visible availability of cannabis and the actual law creates a "legal trap" for travelers who may mistakenly believe that open availability implies legality.

Focusing on Western travelers (from Europe, North America, and Oceania) is important because this demographic is frequently associated with "party tourism" and may be more susceptible to the "When in Rome" effect - a social phenomenon in which travelers adopt the perceived risky behaviors of their host environment. Despite these high stakes, there is a critical lack of data on how international travelers are responding to this sudden re-criminalization. Currently, no studies have examined whether the 2025 policy reversal has deterred use or whether the "When in Rome" perception continues to drive hazardous consumption.

Therefore, this study seeks to answer the primary research question: What is the prevalence of cannabis use among Western travelers in the wake of the 2025 relisting, and how is this behavior correlated with other hazardous health practices, such as high-risk alcohol consumption?



2. Objectives

1. To measure the prevalence of cannabis use among short-stay western travelers in Thailand
2. To measure the drinking behaviors of western travelers using AUDIT-C scoring system
3. To evaluate the association between cannabis use and hazardous alcohol consumption

3. Materials and Methods

This publication is a subgroup analysis of the thematic paper entitled “Sexual experience amongst foreign travelers in Thailand,” which primarily aims to examine the prevalence of sexual behaviors among travelers of reproductive age who visited Thailand. The study was a single-center, cross-sectional survey conducted across multiple public spaces in Bangkok, such as Chatuchak Weekend Market, Yaowarat (Chinatown), the Old Town, and Siam Square, as well as other public spaces, from September to November 2025. The allocation of the researchers was based on time-location sampling, ensuring each venue was visited on various days of the week. The number of participants was 349, with the sample size calculated based on a previous systematic review and meta-analysis reporting a pooled prevalence of casual travel sex of 35% (Svensson et al. 2018).

This current publication represents a preliminary subgroup analysis (n=184) focusing specifically on Western travelers. While the reduced sample size limits the power for complex multivariable modeling—and thus prevents controlling for all potential confounders—the data provide a unique and timely 'snapshot' of traveler behavior immediately following the 2025 policy shift. As such, these findings are presented as exploratory and descriptive, intended to highlight emerging trends in travel medicine rather than to establish definitive causal pathways.

Eligible participants were international non-Thai travelers aged 18 to 49, who understood the languages used in the questionnaire, and were scheduled to leave within 3 days. Participants must have spent at least one night and no more than one month in Thailand. They agreed to the verbally administered informed consent terms.

Travelers were recruited at public spaces. The researchers verbally explained the study procedures and provided an information sheet (either in hard copy or online). Participants were given time to decide on enrollment, and verbal consent was obtained to maintain anonymity. Consent was obtained when the respondents answered “Yes” to the question “Do you consent to participate in this questionnaire?” The hard copy of the participant information sheet was available upon request. If a participant asked for an online copy of the participant information sheet, the file was made available via a QR code. No data were collected if the participants refused to be involved in the study. After providing consent, participants completed a self-administered questionnaire, which took about 10-15 minutes. The questionnaire collected personal information, travel details, substance use, and alcohol consumption, assessed using the Alcohol Use Disorder Identification Test scores.

During the recruitment process, the field researcher's role was limited to obtaining informed consent. This included verbally informing participants that the study involved sexual subject matter. Participants completed the survey questions independently, without providing verbal responses.

The self-administered online-based questionnaire was accessed by the participants scanning the QR code provided to them. Participants could opt to use a tablet or device of the field research team instead.

To ensure participant safety and encourage honest reporting, given the sensitive legal status of cannabis, several rigorous anonymization protocols were implemented. First, no personal identifiers (names, passport numbers, or contact details) were collected, rendering the data physically impossible to link back to any individual. Second, participants completed the questionnaire via a self-administered digital link (QR code) on their own devices, providing a private interface that eliminated direct pressure from the researchers. Finally, the researchers utilized a 'neutral' recruitment script that framed the survey as a broad health-and-travel study, ensuring that participants did not feel targeted specifically for their substance use history.

This subgroup analysis focuses on the prevalence of cannabis use among short-stay Western travelers in Thailand. By “Westerner travelers,” the investigator refers to travelers whose countries of residence are in Europe, North America, and Oceania (Australia and New Zealand). The category is a cultural-



geopolitical label rather than a geographically defined category. The term “short-stay travelers” was defined by the investigator as those travelers who spent less than 4 weeks in Thailand.

For the evaluation of alcohol drinking behaviors using the Alcohol Use Disorder Identification Test score, sex-specific cutoffs were applied to determine risk levels. The cutoff for moderate risk is equal or greater than 3 for females and equal or greater than 4 for males. The cutoff for high risk is equal or greater than 6 in both sexes.

Data were analyzed using descriptive statistics to estimate prevalence and associations. Since this study is a subgroup analysis of a larger thematic project, the sample size (n=184) was predetermined by the primary study’s recruitment. Pearson’s chi-squared and Fisher’s exact tests were used to compare categorical variables, and the Wilcoxon rank-sum test was used for continuous data. Odds ratios (OR) with 95% confidence intervals were calculated using univariate logistic regression. Multivariable analysis was not performed due to the limited number of cannabis users within specific subgroups; this preliminary analysis was intended to provide a descriptive overview of emerging trends rather than a definitive causal model.

4. Results and Discussion

4.1 Results

From September to November 2025, the researchers visited a variety of public spaces and tourist attractions in Bangkok. The researchers recruited participants as initially planned. Of the total participants, 184 were travelers from Western countries who had stayed in Thailand for less than 4 weeks. The demographics of the participants are as shown in Table 1. The participants consisted of 87 females and 97 males, based on sex assigned at birth. The median age of the respondents was 27 years with an IQR of 23 to 31. Most of the participants identified as heterosexual. Among females, 16% identified as bisexual, whereas 10% of males identified as gay.

Regarding the travel profile, the primary travel purpose of 91% of participants was tourism. 76% of the participants traveled with companions, including friends, family or business companions, while 24% traveled alone during their time in Thailand. For the travel style, 53% of participants perceived their style as either general leisure or luxurious travelers and 39% were budget travelers or backpackers. Regarding health concerns, around 53% of the respondents reported visiting a health facility for pre-travel consultations prior to their trip in Thailand and Southeast Asia.

Table 1 Demographics, Pre-Travel Preparation, and Travel Profile

Characteristic	Overall N = 184 ¹	Female N = 87 ¹	Male N = 97 ¹
Age (years)	27 (23, 31)	26 (22, 31)	27 (24, 31)
Length of Stay (days)	14 (6, 18)	13 (7, 19)	14 (6, 18)
Sexual Orientation			
Non-straight	18 (11%)	14 (17%)	4 (4.7%)
Straight	150 (89%)	69 (83%)	81 (95%)
Unknown	16	4	12
Travel Purpose			
Others	16 (8.7%)	10 (11%)	6 (6.2%)
Tourism	168 (91%)	77 (89%)	91 (94%)
Travel Companion			
Alone	44 (24%)	17 (20%)	27 (28%)
With companion	140 (76%)	70 (80%)	70 (72%)
Pre-travel Healthcare Visit	98 (53%)	51 (59%)	47 (48%)

¹Median (Q1, Q3); n (%)

The proportion of the participants who reported using cannabis during their stay in Thailand is as shown in Table 2. The overall prevalence of cannabis use was 19% (95% CI: 14.0–25.3). The proportion in males was 28% compared to 9.2% in females. The Pearson’s chi-squared test revealed significantly higher



use among males than females, with a p-value of 0.001. In Figure 1, 10.4% of travelers reported access to cannabis in Thailand even when their total length of stay was as short as less than 7 days. However, the trend of cannabis use did not appear to increase proportionately with longer lengths of stay, remaining stable between 18.2% and 26.2% across different strata. Notably, the relatively high prevalence among those staying less than seven days suggests a pattern of 'intentional' rather than 'incidental' use, which may be indicative of 'drug tourism' where travelers seek out cannabis shortly after arrival.

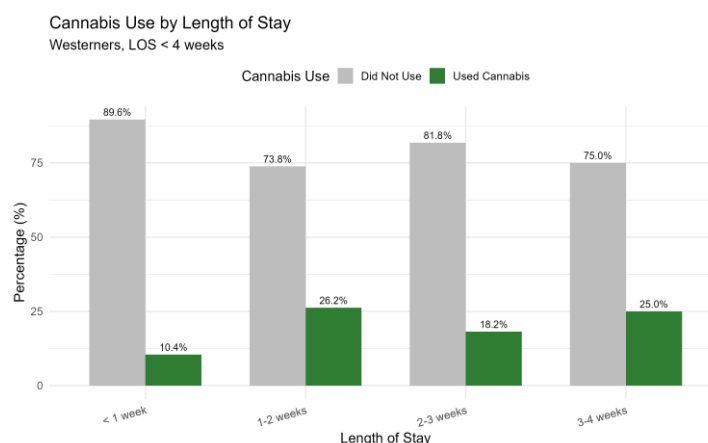


Figure 1 Cannabis Use by Length of Stay

The characteristic differences between cannabis users and non-users are shown in Table 2. The median age of users was 26 (IQR 23, 29) compared with 27 (IQR 23, 31) for non-users, and the median length of stay was 14 days (IQR 8, 19) compared with 14 days (IQR 6, 18) for non-users. The age and length of stay were not statistically significant between the two groups. The findings indicate that individuals assigned male at birth were 3.81 times more likely to use cannabis during their trip to Thailand compared with those assigned female at birth ($p = 0.002$). The study did not find statistically significant differences between the two groups in terms of the primary travel purpose, status of being alone during the trip, travel style, and pre-travel consultation visits. Lastly, regarding the association between alcohol consumption and cannabis use, the study found that cannabis users were 3.57 times more likely to fall into the high-risk category based on AUDIT-C score compared with non-users ($p=0.006$). Multivariable logistic regression was not performed due to the limited sample size within the groups.

Table 2 Comparison of Characteristics by Cannabis Use with Odds Ratios

Characteristic	Descriptive Statistics			Odds Ratio		
	Overall N = 184 ¹	Non-Users N = 149 ¹	Cannabis Users N = 35 ¹	OR	95% CI	p-value
Age (years)	27 (23, 31)	27 (23, 31)	26 (23, 29)	0.98	0.92, 1.04	0.5
Length of Stay (days)	14 (6, 18)	14 (6, 18)	14 (8, 19)	1.03	0.98, 1.09	0.3
Sex Assigned at Birth						
Female	87 (47%)	79 (53%)	8 (23%)	—	—	
Male	97 (53%)	70 (47%)	27 (77%)	3.81	1.69, 9.48	0.002
Travel Purpose						
Others	16 (8.7%)	13 (8.7%)	3 (8.6%)	—	—	
Tourism	168 (91%)	136 (91%)	32 (91%)	1.02	0.31, 4.63	>0.9
Travel Companion						
Not alone	140 (76%)	112 (75%)	28 (80%)	—	—	
Alone	44 (24%)	37 (25%)	7 (20%)	0.76	0.28, 1.79	0.5



Table 2 Cont.

Characteristic	Descriptive Statistics			Odds Ratio		
	Overall N = 184 ¹	Non-Users N = 149 ¹	Cannabis Users N = 35 ¹	OR	95% CI	p-value
Travel Style						
General/Luxurious	113 (61%)	91 (61%)	22 (63%)	—	—	
Budget	71 (39%)	58 (39%)	13 (37%)	0.93	0.42, 1.96	0.8
Audit-C (Low+Moderate vs High)						
Low+Moderate Risk	159 (86%)	134 (90%)	25 (71%)	—	—	
High Risk	25 (14%)	15 (10%)	10 (29%)	3.57	1.41, 8.81	0.006
Pre-travel Consultation						
Yes	98 (53%)	77 (52%)	21 (60%)	—	—	
No	86 (47%)	72 (48%)	14 (40%)	0.71	0.33, 1.50	0.4

¹Median (Q1, Q3); n (%)²Wilcoxon rank sum test; Fisher's exact test

Abbreviations: CI = Confidence Interval, OR = Odds Ratio

Note: Odds ratios (OR) with 95% CI from univariate logistic regression. Cannabis use as outcome.

The correlation between cannabis use and sexual behaviors is shown in Table 3. Twenty percent of cannabis users reported having casual sex, compared with 13% of non-users. However, Fisher's exact test showed a p-value of 0.3, which is not statistically significant. Among this group, 6 out of 7 people reported engaging in intoxicated sex sexual intercourse while under the influence of recreational substances or alcohol during their most recent sexual activity. One person in the group reported having condomless sex during their most recent sexual activity. Overall, Fisher's exact test did not demonstrate a significant correlation between cannabis use and risky sexual behaviors.

Table 3 Sexual Behavior Comparison - Cannabis Users vs Non-Cannabis Users

Characteristic	Overall N = 184 ¹	Cannabis Users N = 35 ¹	Non-Cannabis Users N = 149 ¹	p-value ²
Had Casual Sex	27 (15%)	7 (20%)	20 (13%)	0.3
Intoxicated Sex (among those with casual sex)	17 (63%)	6 (86%)	11 (55%)	0.2
Condomless Sex (among those with casual sex)	8 (30%)	1 (14%)	7 (35%)	0.6
Risky Sexual Behavior (among those with casual sex)	20 (74%)	6 (86%)	14 (70%)	0.6

¹n (%)²Fisher's exact test

In addition to assessing cannabis use and sexual risk, the Alcohol Use Disorder Identification Test (AUDIT-C) was utilized to assess the drinking behaviors of the travelers. Figure 2, on the left side, shows the proportion of different risk groups between males and females, while the right side presents the risk groups stratified by age.

Among travelers aged 18–24, around 32.3% were in the high-risk group according to the AUDIT-C scoring system, while 33.9% of this age group belonged to the low-risk group. Compared with travelers aged 25 or older, those aged 18–24 had significantly higher odds of high-risk drinking (OR = 11.1, $p < 0.001$; Fisher's Exact Test).

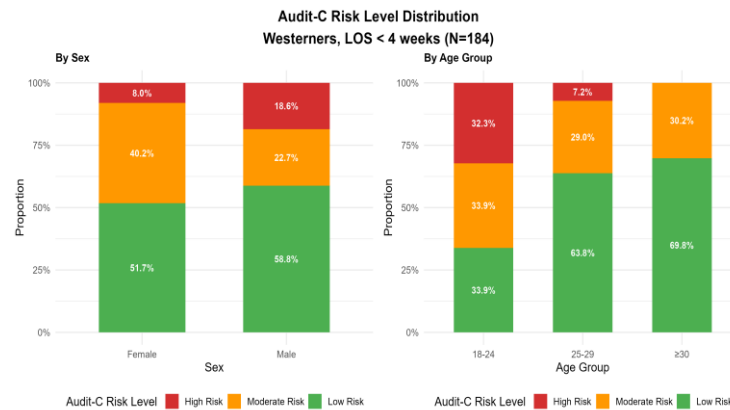


Figure 2 Audit-C Risk Level Distribution by Sex and Age Group

4.2 Discussion

Although the overall number of participants in this analysis was only 184 travelers, the prevalence of cannabis use during the trip in Thailand was 19% (95% CI: 14.0–25.3). While a previous systematic review reported the prevalence of substance use among travelers ranging from 0.7% to 55% (Charoensakulchai et al., 2024), another systematic review and meta-analysis on cannabis use reported a prevalence of only 12% in countries where it is legalized (Wang et al., 2024), which is lower than the prevalence found in this study.

Considering that the study was conducted at the end of 2025 and that the relisting of cannabis and hemp as narcotics occurred on January 1, 2025 (Paisarnrodjanarat et al., 2025), these data are particularly significant. Although current regulations suggest that products containing cannabis and hemp should be used for medical purposes only, these data show that access to cannabis for travelers remains very convenient. Furthermore, at least 10% of the travelers who stayed for less than 7 days managed to access cannabis during their visit. It is important to note that, although the 2025 relisting technically restricted cannabis to medical use, the short duration of stay for these travelers (often less than 7 days) suggests that obtaining a formal medical prescription was unlikely. Thus, the observed use is inferred to be almost entirely recreational, highlighting the 'legal trap' created by continued easy access despite the relisting of cannabis as a narcotic.

The term “risky sexual behaviors” varies across studies; however, its core concept is to identify behaviors that may lead to the acquisition of sexually transmitted infections (STIs), unintended pregnancy, or legal and family-related consequences. Such activities typically include condomless sex, sex with sex workers, sex under the influence of drugs, and having multiple sexual partners.

Regarding the relationship between sexual behavior and cannabis use, the number of cannabis users in this study was small, and statistical analyses failed to show a significant correlation between cannabis use and risky sexual behaviors. However, it is important to acknowledge the risk of a Type II error, as the limited sample size ($n=35$ users) may have lacked sufficient power to detect a statistically significant association. Despite this, the observed data revealed that 6 of 7 travelers reported intoxicated sex—defined as sexual intercourse while under the influence of recreational substances or alcohol—during their most recent sexual activity. (Chawla & Sarkar, 2019)

Another concerning finding from the study is the alcohol consumption behavior of young travelers in foreign countries. Although the AUDIT-C scoring system is typically used to predict possible alcohol use disorders and reflect an individual's general drinking behaviors (Bradley et al., 2007), using it in the context of travel allowed us to capture hazardous drinking behaviors among international travelers.

While various cutoffs have been suggested, the specific cutoff point used in this study is considered optimal for travelers, as they spend time in environments where they should be more cautious. It is striking that 32% of participants aged 18–24 fell into the high-risk category, which is significantly higher than other age groups. This finding is consistent with research by Aresi et al. (2019), which found that young travelers often increase their alcohol consumption as they adapt to the perceived permissiveness of drinking cultures



in their host countries. Furthermore, this study demonstrated a strong association between cannabis use and high-risk AUDIT-C scores, with users being 3.57 times more likely to fall into this category compared to non-users. This strong association between cannabis use and high-risk AUDIT-C scores suggests a synergistic pattern of substance use among Western travelers. This 'co-use' profile is particularly concerning in the travel medicine context, as the combined effects of alcohol and cannabis can severely impair cognitive function and situational awareness. Compared with travelers who use only one substance, those engaging in co-use face a significantly higher risk of 'non-health sequelae,' such as unintentional injuries, legal entrapment due to impaired judgment, and increased vulnerability to crime. These findings indicate that pre-travel screenings should not consider cannabis or alcohol in isolation; rather, identifying one behavior should immediately trigger a clinical assessment for the other to enable comprehensive harm-reduction counseling. Consequently, the pre-travel consultation and public health services may need to promote greater awareness of both the health effects and non-health sequelae (such as legal issues or safety risks) associated with such concurrent substance use behaviors.

Strengths of the Study: A primary strength of this research is its timing; by collecting data in late 2025, it provides one of the first academic snapshots of international traveler behavior following Thailand's significant policy reversal. Unlike previous studies conducted during the period of legalization, this research captures the unique discrepancy between the apparent availability of cannabis and the new, strict legal penalties. Furthermore, the use of validated screening tools, like the AUDIT-C, adds clinical rigor to the assessment of substance use patterns in this mobile population.

Limitations: Several limitations must be acknowledged. First, the cross-sectional design prevents any conclusions about causality between travel and changes in substance use habits. Second, the study was conducted exclusively at selected high-traffic locations in Bangkok, which may limit the generalizability of the findings to travelers in other regions of Thailand. Third, the limited sample size of cannabis users ($n=35$) in the Western traveler subgroup suggests that these findings should be viewed as exploratory, and the absence of a statistically significant association with sexual behavior may reflect a Type II error. Finally, reliance on self-reported data may introduce selection bias or social desirability bias, although efforts were made to ensure complete anonymity through digital, self-administered surveys.

5. Conclusion

In conclusion, this study confirms that foreign travelers can easily access cannabis and other recreational substances during their stay in Thailand. Globally, public health efforts have increasingly focused on harm reduction to minimize the negative consequences associated with recreational substance use. While some conservative individuals disagree with such approaches, arguing that they could encourage individuals to initiate substance use, a harm-reduction approach creates a safer environment for users and enables those seeking cessation to access medical services without fear of stigma.

However, since Thailand relisted cannabis as a narcotic and restricted its use to medical purposes only, a significant gap has emerged between policy and reality. Cannabis stores are currently found on nearly every corner of tourist areas, and accessibility remains high. This gap between the global trend and Thailand's current regulatory situation may lead to serious legal consequences for travelers. Furthermore, the strong association between cannabis use and high-risk alcohol consumption indicates a synergistic risk to traveler safety. Not only could this environment create a legal trap, but the situation becomes even more complicated by issues related to international borders. For instance, the United Kingdom has issued explicit warnings to international travelers against bringing cannabis from Thailand (National Crime Agency), while other Asian countries enforce strict anti-drug laws that may result in imprisonment of up to 14 years for illegal possession.

Although the small sample size of users warrants caution in interpreting statistical significance for sexual behaviors, the high descriptive rate of intoxicated sex remains a noteworthy clinical trend. Consequently, travel medicine providers should prioritize integrated pre-travel counseling that addresses both the health risks and the severe legal consequences of navigating this evolving environment.



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