



ATTITUDES AND INFLUENCES REGARDING THE LEGALIZATION OF MEDICAL MARIJUANA

Author: *Amy Mazurek*

.....

Abstract

Within the U.S., individual states are voting on legislation regarding the use of marijuana for medical purposes. In order to understand why these laws pass or fail, more information is needed regarding the insights and attitudes of voters. This study is a quantitative examination of factors influencing views regarding medical benefits of cannabis as well as education, and previous use. Surveys also include questions regarding use for medical purposes, concern about recreational use, and demographics questions. The results of the survey indicate a positive relationship between the belief that marijuana has medical benefits and support of legalization, between political views and legalization, and between a lack of concern that medical use will lead to recreational use and supporting legalization.

Introduction:

Within the U.S., individual states are now writing and voting on their own legislation regarding the use of marijuana for medical purposes, such as treatment for epilepsy, cancer, and many other diseases. As of February 4, 2019, Washington DC, Guam, and Puerto Rico, and thirty-three states have legalized cannabis for medical purposes. Thirteen of those states and Washington DC have also legalized for recreational usage. In order to understand why these laws pass or fail, we need more information about the insights and attitudes of those who are voting. This study is a quantitative exam-

ination of factors that influence views regarding the medical use of cannabis, highest level of education, previous use, and knowledge of medical benefits. The eleven-question survey was conducted in person, of 101 adults over eighteen years of age, and was confidential and anonymous. The results of the survey indicate there is a positive correlation between the belief that marijuana has medical benefits and the support of legalization. There is also a correlation between political views and views regarding legalization. Lastly, the survey findings show a direct relationship between those with little or no concern that use of medical marijuana will lead to recreational use are more likely to support legalization for medical purposes.

The Drug Enforcement Association lists cannabis as a Schedule 1 drug, which they defined as “drugs with no currently accepted medical use and a high potential for abuse.” (<https://www.dea.gov/druginfo/ds.shtml>). The DEA classification is a federal law, although each individual state also has the ability to pass laws that preside over their specific state at this time. Legislation regarding medical and recreational use of cannabis began in 1996 when California legalized purchases made for medical usage. Since that time, thirty-three other states, as well as Guam, Puerto Rico, and the District of Columbia have passed legislation regarding medical use.

Marijuana, the common slang term for cannabis, was an accepted treatment for thousands of years for issues such as seizures, stomach issues, and numerous other ailments. It has been documented for medical treatment as far back as 2700BC in Asia for the treatment of stomach pain and skin disorders. In 900 B.C. “cannabis fumes were also prescribed as a treatment for the ‘poison of all limbs’ (presumable arthritis)” and “that the epileptic son of the Chamberlain of the Caliphate Council in Bagdad was given hashish which cured him,” (Mechoulam, 2015). Etymologists, linguists, and biblical scholars have reported that kaneh-bosem is believed to be the cannabis plant, which was used in anointing oil in the Book of Exodus by both Moses and Jesus. In the United States, hemp was a major crop for the early colonies, used for textiles and for making rope, and continued to be so for over 400 years. Marijuana is now

recognized by the medical community for its treatment of epilepsy, Parkinson’s, and many other diseases, conditions, and ailments, but is federally criminalized for both medical and recreational use in the United States, and has been for nearly one hundred years. Is the resistance to legalizing cannabis for medical benefits due to the fact that it has been illegal for voter’s entire lives, or because of concerns, imagined or real, regarding side effects, addiction, or the belief that it will increase recreational use?

Studies have been done within the United States and in other countries worldwide to attain a better understanding of the attitudes about the use of cannabis, both medically and recreationally. A recent international study done both in countries where cannabis is legal and countries where it is illegal concluded that the awareness of the medical benefits of cannabis is necessary for the public support of legalization (Sznitman, Bretteville-Jensen, 2015).

This student asks, do a person’s education, previous use of cannabis, and knowledge of benefits affect one’s opinion of the legalization of cannabis for medical use? The goal of this study was to have a better understanding of whether the knowledge of medical benefits and fears about usage have any correlation to the support of legalization of medical cannabis.

Literature Review:

Previous studies have shown that the more knowledgeable one is about the benefits of cannabis use for medical purposes, that more likely they are to support legalization. In the study done by Sznitman and Bretteville-Jensen (2015), in both Norway where medical cannabis is illegal, and Israel where medical cannabis is legal, the conclusion was that the “belief in the medical benefits of cannabis is particularly important to public support for medical cannabis legalization” (Sznitman, Bretteville-Jensen, 2015). Respondents in this study were asked the extent to which they agreed with legalization for cannabis for medical purposes by responding on a Likert scale with 1 as strongly disagree and 5 as strongly agree.

es of more consistent data collection, the Likert scale of 1 – 5 and respondent's answers were reversed so the more positive responses were ranked higher (see Table 1).

The independent variables are highest level of education, knowledge of benefits and side effects, past use, and whether respondents have minor children. Previous research has indicated that those with a higher education level are more likely to support legalization, as are those with knowledge of the benefits of marijuana in treating illnesses and ailments, and those who have used marijuana in the past. These independent variables were asked in the form of three questions: *What is the highest level of education you have completed, Do you think that marijuana has legitimate medical benefits, with 1 being strongly agree it has medical benefits and 5 being that you strongly disagree, and Have you ever used marijuana in the past?* There is also research that indicates that both having minor children and a belief that medical use of marijuana will lead to recreational usage are factors in not supporting legalization. These independent variables were asked in the form of two questions: *Do you have children?* and *How concerned are you with the use of medical marijuana leading to recreational usage, with 1 being very concerned and 5 being not concerned at all?*

Findings:

Table 1. Variable Statistics

Variable	Variable Category	Valid %
<u>Gender:</u>	Male	45.5
	Female	54.5
<u>Age:</u>	18-25	47.5
	26-35	12.9
	36-45	11.9
	46-55	19.8
	56+	6.9
<u>Highest Level of Education:</u>	High School	13.9
	Some College	48.5
	Bachelor	23.8
	Graduate	13.9
<u>Views:</u>	Liberal	34.7
	Moderate	46.5
	Conservative	18.8
<u>Have Children:</u>	No	63.4
	Yes, minors only	8.9
	Yes, over 18 only	23.8
	Yes, both minor and over 18	4.0
	Minor	12.9
No minor	87.1	

Cont. on page xx

Variable	Variable Category	Valid %
<u>Recreational Use:</u>	1 (strongly disagree)	12.9
	2	12.9
	3	26.7
	4	13.9
	5 (strongly agree)	33.7
<u>Prescribed:</u>	Yes	26.7
	No	73.3
<u>Addictive:</u>	1 (strongly agree)	10.9
	2	14.9
	3	29.7
	4	23.8
	5	20.8
<u>Benefits:</u>	1 (strongly disagree)	5.9
	2	7.9
	3	18.8
	4	24.8
	5 (strongly agree)	42.6
<u>Previous Use:</u>	Yes	58.4
	No	41.6
<u>Legalization</u>	1 (strongly disagree)	7.9
	2	2.0
	3	15.8
	4	9.9
	5 (strongly agree)	64.4

Results:

The survey findings are presented in Table 2 and show that there are three variables that have a statistically significant relationship with the belief that marijuana should be legalized for medical purposes. For the first hypothesis, it was posited that there is a positive relationship between knowledge of medical benefits and being in favor of legalization. The second hypothesis was posited that the less concern there is of medical use of marijuana will lead to recreational use, the more likely to support legalization. The last hypothesis was posited that the more liberal political views, the more likely to be in support of legalization of medical marijuana.

Table 1 shows that for every increase in belief in benefit on the five-point scale from strongly disagree to strongly agree, there is an increase of .4 in support of legalization. These results support my hypothesis that there is a positive relationship between knowledge of medical purposes and support of legalization. This is comparable to the study done by Sznitman and Brettville-Jensen that also showed a correlation between the knowledge of medical benefits and support of legalization.

In reference to the use of marijuana for medical purposes leading to recreational use, there is an increase of .3 in support of legalization for every decrease of concern that medical use will lead to recreational use on the five-point scale. These results are equivalent to the study done by Mueller and Woods. The Mueller and Woods study also found a direct correlation between support of legalization and lack of concern for recreational use.

Regarding whether political beliefs affect opinions about support, there is also a significant relationship between more liberal political beliefs and support for legalization. From conservative to moderate to liberal views, there is a .5 increase in support of legalization and the more liberal views respondents have. This finding is in line with the *Up in Smoke* study done by Wagstaff and Knopf, which also found a statistical relationship between more liberal respondents and support of legalization.

Regarding my hypotheses of a relationship between previous use and support of legalization, and a relationship between respondents having minor children and not supporting legalization, according to this survey there was no evidence to support either hypothesis.

Table 2: Coefficients from the Regression of Support for Medical Marijuana on Selected Variables

Model	B	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		Std. Error	Beta			
1	(Constant)	2.939	.721		4.075	.000
	Have you or any friends or family been prescribed marijuana for medical purposes	.145	.223	.051	.650	.517
	Does marijuana have legitimate medical benefits, with 1 being strongly agree it has medical benefits and 5 being strongly disagree	.403	.092	.391	4.401	.000
	Concern with the use of medical marijuana leading to recreational usage, with 1 being very concerned and 5 being not concerned at all	.259	.077	.291	3.357	.001
	Previous use of marijuana	.077	.209	.030	.365	.716
	Minor children	.080	.290	.022	.278	.782
	Highest level of education you have completed	-.064	.116	-.045	-.556	.580
	Belief that marijuana is addictive, with 1 being that you strongly agree it is addictive and 5 being that you strongly disagree	-.058	.094	-.058	-.611	.543
	Political Views	-.543	.148	-.310	-3.673	.000
	Gender	.167	.191	.067	.875	.384
	Age	-.004	.007	-.047	-.583	.561

1. Dependent Variable: Legal for Medical Benefits Reverse Coded so higher number = support

Conclusion

My survey and study regarding the attitudes of the legalization of marijuana for medical purposes in relating to previous use, education, and political views was both interesting and informative. Two of my hypotheses were supported by the data collected, while one was inconclusive. While it was not surprising to find a direct correlation with more liberal political views and support of legalization, it was unexpected that previous marijuana use did not appear to be statistically related to support. This study was limited to a small number (101), so a larger study would be beneficial. A sample that included more individuals with children under the age of eighteen may be beneficial to find if having minor children influences opinions of legalization.

It may have been helpful to ask if respondents would use medical marijuana if prescribed by a doctor. Of those surveyed, 26.7% said that they have known someone who has had marijuana prescribed for medical purposes, but the survey did not specify whether respondents would use marijuana if it was prescribed to them.

Any future studies on this topic would benefit from a larger sample, including a wider variety of ages and highest level of education. The sample for my survey also had many respondents that were currently enrolled in college, due to the large percentage of surveys completed on the IUSB campus. Another limitation was the geographic region of those surveyed. A sample that includes areas of the country where marijuana is legal medically, recreationally, or both would be useful to determine if the current state legislation impacts respondents' views, as this study was done in Indiana where marijuana is illegal both recreationally and medically.

Resources

- History.com Staff. "Marijuana." History.com, A&E Television Networks, 2017, www.history.com/topics/history-of-marijuana.
- <https://medicalmarijuana.procon.org/view.resource.php?resourceID=002481> (legislation per states)
- "DEA / Drug Scheduling." DEA.gov / Statistics & Facts, www.dea.gov/druginfo/ds.shtml.
- Barnes, R. Eric. "Reefer Madness: Legal & Moral Issues Surrounding the Medical Prescription of Marijuana." *Bioethics*, vol. 14, no. 1, 2000, pp. 16–41., doi:10.1111/1467-8519.00178.
- Mechoulam, Raphael. "Cannabis – the Israeli perspective." *Journal of Basic and Clinical Physiology and Pharmacology*, vol. 27, no. 3, Jan. 2016, doi:10.1515/jbcpp-2015-0091.
- Sznitman, Sharon R., and Anne Line Bretteville-Jensen. "Public opinion and medical cannabis policies: examining the role of underlying beliefs and national medical cannabis policies." *Harm Reduction Journal*, vol. 12, no. 1, 2015, doi:10.1186/s12954-015-0082-x.
- Schuermeyer, Joseph, et al. "Temporal trends in marijuana attitudes, availability and use in Colorado compared to non-Medical marijuana states: 2003–11." *Drug and Alcohol Dependence*, vol. 140, 2014, pp. 145–155., doi:10.1016/j.drugalcdep.2014.04.016.
- Wagstaff, Audrey, and Theresa Knopf. "'Up in Smoke': Shaping Attitudes Toward Legalizing Marijuana in Ohio." *Ohio Communication Journal*, vol. 55, Feb. 2017, pp. 64–83.