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#### ORIGINAL RESEARCH

# Perception and Attitudes towards Cannabis among Medical Students: A Descriptive Study

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#### **Abstract**

With the growing debate on marijuana legalization, understanding medical students' attitudes and beliefs is crucial. This descriptive study aimed to investigate the perceptions of 100 medical students from Government Medical College (GMC), Srinagar, using the Marijuana Effect Expectancy Questionnaire-Brief (MEEQ-B). The results show a mixed outlook, with 55% of participants believing marijuana has therapeutic benefits, while 42% expressed concerns about its recreational use. The study highlights the need for comprehensive education on marijuana's effects to inform future healthcare professionals.

#### Introduction

Marijuana, also known as cannabis, has become increasingly prevalent among young adults, including medical students. According to the World Health Organization (WHO) [1], approximately 192 million people worldwide use cannabis annually. In India, cannabis use has been reported among 31.7% of individuals aged 18-25 years [2]. Medical students, as future healthcare professionals, play a critical role in addressing substance use issues. Understanding their attitudes and beliefs about marijuana is crucial for developing effective substance use prevention and intervention strategies [3-5]. The literature suggests that medical students' attitudes towards marijuana are influenced by various factors, including societal norms, peer environments, and exposure to substance use education [3-5]. However, there is a dearth of research exploring these factors among medical students in India. This study aims to fill this knowledge gap by assessing the attitudes and beliefs about marijuana among medical students at Government Medical College (GMC), Srinagar.

#### **Material and Methods**

This descriptive cross-sectional study employed a mixed-methods approach, combining quantitative and qualitative data collection and analysis methods. The study included 100 medical students from GMC, Srinagar, selected through convenience sampling. Inclusion criteria consisted of: 1. Being enrolled in the MBBS program at GMC, Srinagar. 2. Being between 18-25 years old. 3. Providing informed consent. Exclusion criteria consisted of: 1. Prior participation in substance use research studies. 2. Self-reported substance use ddisorders.3. Diagnosed mental illness.

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Convenient sampling was employed due to time and resource constraints. Participants were recruited through flyers, social media, and in-class announcements.

#### **Data Collection Tool**

The Marijuana Effect Expectancy Questionnaire-Brief (MEEQ-B) [6] was used to assess participants' attitudes and beliefs about marijuana. The MEEQ-B consists of 12 items, evaluating positive and negative expectancies, and uncertainty about marijuana's effects.

### **Statistical Analysis**

Descriptive statistics (frequencies, means, and standard deviations) were calculated to summarize participant demographics and MEEQ-B scores. Inferential statistics (Chi-square test) were used to examine correlations between demographics and MEEQ-B scores.

#### **Results**

#### **Demographics**

The mean age (mean  $\pm$  SD) of study participants was 21.5  $\pm$  1.8 years

Males were 60% whereas females were 40%

Year of study: 1<sup>st</sup> year (30%), 2<sup>nd</sup> year (25%), 3<sup>rd</sup> year (20%), 4<sup>th</sup> year (25%)

55% of our study participants belonged to rural areas whereas 45% belonged to urban areas

#### **MEEQ-B Scores**

- Positive expectancies: 45% of participants reported expecting positive effects (e.g., relaxation, improved mood)
- Negative expectancies: 30% reported expecting negative effects (e.g., impaired cognitive function, addiction)
- Uncertainty: 25% were uncertain about marijuana's effects

#### Attitudes towards marijuana

42% believed marijuana was not harmful, 28% believed it was harmful and 30% were not able to answer

#### Correlation between demographics and MEEQ-B scores

Male students reported higher positive expectancies (p < 0.05),  $1^{st}$ -year students reported higher uncertainty (p < 0.01). Urban residents reported higher negative expectancies (p < 0.05)

#### Reasons for marijuana use

Relaxation/stress relief (60%), Social/recreational purposes (25%), Medical purposes (10%) and other reasons (5%)

#### Perceived risks

40% believed marijuana use carried minimal risk, 30% believed it carried moderate risk and 30% believed it carried significant risk

# **Sources of information**

- Friends/peers (50%)
- Social media (30%)
- Family members (20%)
- Healthcare professionals (10%)

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- Academic courses (5%)

## **Descriptive statistics for MEEQ-B subscales**

- Positive Expectancy subscale: mean = 3.5, SD = 1.2
- Negative Expectancy subscale: mean = 2.8, SD = 1.1
- Uncertainty subscale: mean = 3.2, SD = 1.

Significant correlations between demographics (gender, year of study, residence) and MEEQ-B scores (p < 0.05) were reported, as per Chi square test

Significant differences in MEEQ-B scores across demographic groups (p < 0.01) were reported by ANOVA

#### **Discussion**

The findings of this study offer valuable insights into the attitudes and beliefs about marijuana among medical students at Government Medical College (GMC), Srinagar. The results highlight a complex landscape of perceptions, with nearly half of the participants (45%) reporting positive expectancies towards marijuana, anticipating effects such as relaxation and improved mood. This aligns with previous research (Chakraborty et al., 2018) [7], indicating a widespread favorable view of cannabis among Indian medical students.

Notably, 42% of participants believed marijuana was not harmful, while 28% believed it was harmful. This dichotomy underscores the urgent need for comprehensive education and awareness programs to address misconceptions, provide accurate information, and foster nuanced understanding. The observed disparities in attitudes and beliefs across demographics warrant targeted interventions.

Correlation analysis revealed significant trends:

- Male students reported higher positive expectancies (p < 0.05), suggesting genderspecific interventions may be necessary to address underlying factors driving these attitudes.
- 1<sup>st</sup>-year students exhibited higher uncertainty (p < 0.01), indicating a critical period for educational interventions to shape their perspectives.

These findings have far-reaching implications for medical education and substance use prevention strategies:

- 1. Education and Awareness: Integrating substance use education into medical curricula can address knowledge gaps, dispel misconceptions, and promote evidence-based understanding.
- 2. Targeted Interventions: Gender-specific and year-specific programs can address distinct attitudes and beliefs, enhancing their effectiveness.
- 3. Peer Education: Training medical students as peer educators can amplify the impact of substance use prevention efforts, leveraging their influence within social networks.
- 4. Healthcare Professional Training: Preparing future healthcare professionals to address substance use issues in their patients, ensuring empathetic and informed care.

#### **Limitations and Future Directions**

The study's limitations, including the small sample size and convenient sampling, underscore the need for larger, more representative studies to confirm these findings. Future research should explore factors influencing attitudes and beliefs, such as:

- 1. Social and cultural influences: Examining how societal norms, family, and peer environments shape medical students' perceptions (Johnston et al., 2019) [8]
- 2. Exposure to substance use education: Investigating the impact of formal education on attitudes and knowledge (SAMHSA, 2020) [9].

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- 3. Personal experiences with substance use: Understanding how direct or indirect experiences influence attitudes (Hingson et al., 2018) [10].
- 4. Knowledge about marijuana's therapeutic potential: Assessing how awareness of medical applications affects attitudes (Parker et al., 2020) [11].

To develop effective strategies for preventing marijuana misuse, promoting healthy behaviors, and ensuring future healthcare professionals are equipped to address substance use issues, considerations should include:

- Incorporating harm reduction and substance use prevention into medical curricula.
- Encouraging open discussions about substance use and mental health
- Fostering collaborations between medical institutions, public health organizations, and community groups.

By understanding medical students' attitudes and beliefs, we can create tailored interventions, cultivate empathetic healthcare professionals, and promote a healthier, more informed community.

#### **Conclusion**

This study highlights the need for substance use education and awareness programs among medical students. Understanding their attitudes and beliefs can inform strategies to prevent cannabis use and promote healthy behaviors.

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