Use of Medical Cannabis and its Impact on Attitudes Towards Seeking/Receiving Mental Health Treatment.

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Introduction

Cannabis is a plant that has been around for many centuries where it has been used for both recreational and medical reasons (Britannica, 2022). In the United States, the negative perceptions on it didn't start until the early 20th century and it was later made worse when former President Nixon announced a "war on drugs" (Britannica, 2022). Today, medical cannabis is legal in 38 states which has opened the door for more studies to be done which has helped us find out what it may treat and the effects it has (Berke et al., 2022). What we wanted to know through our research is how would the use of medical cannabis impact people's attitudes towards seeking and receiving mental health treatment. Views on cannabis have fluctuated over time and our society once again is using cannabis for medical purposes at higher rates (Yu et al., 2020). Though this does not mean that the stigma involved with it has disappeared. We believe that if those with mental health issues knew that they could be recommended cannabis to treat their issues, then they will be more likely to seek and receive treatment. To test this, we created a survey and sent it out for others to take. Through this we were able to make conclusions and find results to our question and much more.

Methodology

We decided to create and distribute a survey based on cannabis use and its impact on attitudes toward seeking and/or receiving mental health treatment. Participants were gathered through the distribution of the survey to students, word of mouth, and passersby who saw the flyers with a QR code to scan. Qualtrics was the software system used in order to obtain the results of the survey. We were able to gather 42 participants as a result of this. The sample was divided into two groups: smokers and nonsmokers, and then further subgroups were formed based on demographic and other questions. The other software used to breakdown and analyze the statistics was SPSS. An Independent Samples T Test was used to compare those who were cannabis knowledgeable versus those who were cannabis naive. To analyze demographic questions, an ANOVA test was used.

Results

42 responses were obtained by the end of the study. Consumers of cannabis resulted in n=35 participants, and non-consumers resulted in n=7. An ANOVA analysis of demographic data revealed significant evidence that there is a difference between the two group means in association with a question regarding ethnicity of participants, $F(1,40)= 4.36$ p=.043. All other demographic data revealed non-significant results. The test of Homogeneity of Variances for demographics resulted in significant results in three demographic categories based on the mean (Gender identification (p<.001), ethnicity description (p=.033), and religion (p<.001)), which can be interpreted that equal variances of groups are not assumed. Using Independent Samples T Test cannabis use was compared to participant knowledge of cannabis (p=.031, MD=.918, CI=.091-1.75), and to participant self medication (p=.009, MD=.885, CI=.236-1.53), resulting in significant evidence of differences between the groups. Results comparing Cannabis use to the effect it has on symptoms (p=.42, MD=.576, CI= -.890-2.04), frequency of cannabis consumption (p= .93, MD= .125, CI= -2.93-3.18), and the likeness to seek mental health treatment (p=.325, MD=.411, CI=-.424-1.25) did not reveal significant results. The Levene Test for equality of variances did reveal significance in the comparison of consuming cannabis in the last 12 months and likelihood to seek mental health treatment which indicates unequal variances between groups ($F(20.85)=5.09$ p=.030). Participants who have sought out mental health treatment resulted in Yes n=20; No n=22, those results compared to responses of mental health being a daily struggle (p<.001, MD=.623, CI= -.873- -.373) gave a significant result. When compared to willingness to try medical cannabis (p=.965, MD=.009, CI= -.429-.411), and knowledge of medical cannabis treatment options over pharmaceuticals (p=.266, MD=.369, CI=-.292-1.03) the results were non-significant.

Conclusions

Views on Cannabis have changed over time, more so after Nixon declared the war on drugs and now with cannabis being legal. There are those who views are for it, against and some who don't care about it. The usage of Cannabis has been going on since 2800 BC, as both medically and recreationally ("History of Cannabis", n.d.). The surveys were a quick way to get back results. We wanted to find out if the usage of medical cannabis will impact attitudes towards seeking or receiving mental health treatment. If the usage of cannabis will make people more inclined to receive treatment or make them recommend it to family or friends. We were only able to receive 42 responses so there wasn't as much information to look over. The demographic data had no significant results and the majority of the survey questions also had no significant differences. One of the comparisons with those who did or didn't seek out mental health treatment compared to those who said mental health is a daily struggle was significant. There needs to be more testing done to get more information from a larger sample size to see if there will be more significant differences in the results.

Literature Cited

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Acknowledgements

Further Reading

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