Perceptions of Marijuana Use Among Adolescents

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Perceptions of Marijuana Use Among Adolescents
Kofi Amoah, James Baffoe, Kathrine Distel, Matt Madden, Jordan Thomas, Insang Yang

Background

Legislation
• Prior to 1970, marijuana use was primarily regulated through taxes.
• In 1970, the Comprehensive Drug Abuse Prevention and Control Act made marijuana use a criminal offense.
• In 2000, Colorado legalized medical marijuana.
• In 2012, Colorado and Washington legalized recreational marijuana.
• Studies have been conducted to measure the changing use and perceptions of marijuana. In states where medical marijuana is legal, adolescent use is 8.68% higher and perception of risks associated with marijuana use was 6.94% lower.

Effects of Marijuana
• Increased risk of depression.
• Increased risk of anxiety.
• Increased risk of stroke.
• Increased risk of heart attack at a young age.
• Increased risk of COPD.
• Potential of being a gateway drug.

Significance of the Problem
• While antidrug advertisements are an excellent way to spread the word about the hazards of marijuana, they do not focus on the impact simple education may have on teen usage, particularly given that marijuana is becoming increasing legalized across the United States.

To determine if an educational program about the effects of marijuana use can positively influence the perceptions of adolescence regarding the drug, discouraging use and increasing perceptions of risk avoidance, as measured by a pre- and post-evaluation.

Null hypothesis: an educational program about the effects of marijuana use will not have a statistically significant influence on the perceptions of adolescents regarding the drug.
Alternative hypothesis: an educational program about the effects of marijuana use can positively influence perceptions of adolescents regarding the drug, discouraging use and increasing perceptions of risk of use.

Maturation bias: during the month between the post test and the follow-up survey, students may experience normal changes in behavior and perception not due to the educational program.
Hypothesis guessing: participants may guess our hypothesis and answer survey questions differently.
Non-probability sampling: all students who meet inclusion and exclusion criteria will be included.
Hawthorne effect: participants may behave or respond differently because they are aware of their answers being recorded.
Instrumentation bias: the same survey will be used for all three surveys.

Study Design

Survey Development
• Will be developed from an in-depth literature review
• Will contain categorical, open-ended, partial open-ended and Likert-type questions
• Will assess individuals’ perceptions of:
  • Health Risks
  • Safety Perceptions
  • Influences on Perceptions
• Survey Assessment
  • Expert and peer review to establish face and content validity (pre-administration)
  • Internal consistency assessed (post-administration)

Sample
• Convenience sampling
• Middle School and High School students in Southwest Ohio

Data Collection
• Pre-, post-, and follow-up (one month post-education) survey

Limitations
• SPSS v. 23.0 (Armonk, NY) will be used to analyze the data with α=0.05 for significance
• Cronbach’s Alpha will be used to test internal consistency
• Shapiro-Wilk will be used to compare Likert-type questions between two surveys
• Kruskal-Wallis will be used to compare categorical questions among all three surveys
• Friedman Test will be used to compare Likert-type questions across all three surveys

Future Directions
• Expanding program to other regions and states
• Expanding program to various age groups
• Create an educational program for parents that compliments the student program

References