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Weed-to-Know Basis: The Public Opinion of Marijuana Use Among College-Aged
Individuals in Southeastern Massachusetts

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Bridgewater State University

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Weed-to-Know Basis: The Public Opinion of Marijuana Use Among College Aged Individuals in Southeastern Massachusetts

This study is designed to assess the public opinion of marijuana use among college-aged individuals in Southeastern MA. With changing laws in Massachusetts regarding and surrounding marijuana passed in the November 2016 elections, it is important to understand the feelings and attitudes of those affected. Sixteen qualitative interviews were conducted and analyzed in order to gain insight. Four themes arose: the positive perceptions and normalization of marijuana use, comparisons between alcohol and tobacco with marijuana, the perceptions of tobacco and alcohol as worse than marijuana, and the contradictions of living in the changing norms of marijuana use. There is no consensus of how marijuana makes users feel as a whole, but public perceptions of marijuana are more positive in relation to alcohol and tobacco. Notably, there were few concerns regarding the long-term effects of marijuana use.

Introduction

This study is designed to assess the public opinion of marijuana use among college-aged individuals in Southeastern MA. Marijuana (known as cannabis, Mary Jane, grass, pot, among other expressions) has been a popular drug of choice for many Americans. Data indicates that the most commonly used illicit drug in America is marijuana (Barry et al. 2014; Pawson and Kelly 2014; Warf 2014; Friese and Grube 2013). Stigmas portray marijuana as bad, dangerous and addictive. The federal government categorizes marijuana as a Schedule I Drug; the Drug Enforcement Administration classifies marijuana as having no medical value but a high potential for abuse (www.dea.gov; Barry et al. 2014). Other Schedule I drugs include lysergic acid diethylamide (LSD), methylenedioxymethamphetamine (other wise known as ecstasy) and heroin (www.dea.gov). Despite negative stigmas surrounding marijuana, it has been legalized and decriminalized on state levels around the United States.

Research has shown that marijuana contains medicinal properties; Medical cannabis can provide pain relief from those suffering diseases such as AIDS/HIV, arthritis,

cancer, Chron's Disease, Multiple Sclerosis, epilepsy, among others (Noonan 2015; Meng 2016; *Harvard Mental Health Letter* 2010; Snelders 2009; Durand and Holland 2007).

Medical cannabis can reduce pain without the side effects associated with opioids, which could greatly influence the heroin crisis, as well as other opioid addictions (Meng 2016; *Harvard Mental Health Letter* 2010). Contrary to the federal government's Schedule I labeling, some of the earliest research done on marijuana for recreational purposes states that marijuana is not addictive, unlike alcohol and opiates (Becker 1953). More so, there have been no documented deaths due to marijuana overdose (Ammerman et al. 2015; Warf 2014; Iverson 2000; Green 2002). Warf notes, "in contrast, tobacco and alcohol kill 435,000 and 200,000 Americans annually" (2014: 432). There is question then whether or not marijuana is more dangerous than other already legal substances such as tobacco and alcohol. Additionally, support for marijuana legalization rises with educational level, contrary to the stereotype that marijuana use is associated with lower educational levels (Stringer and Maggard 2016; Nielsen 2010).

Colorado, Washington, Alaska, Oregon, and most recently, Maine, Massachusetts, Nevada, and California, have all legalized the recreational and medical use of marijuana, opening up dispensaries that are accessible to those over the age of 21. Other states have only decriminalized and legalized marijuana use on a medical level. Massachusetts has decriminalized marijuana possession under an ounce and legalized medical marijuana and recently voted in favor for legalization of recreational use in the November 2016 elections. New and current research being conducted in legalized states will allow other states across the country to make informed decisions about legalization (Linneman 2014). This research

is vital to the community with laws changing affecting legalization. How then, has legalization efforts affected views surrounding marijuana?

Changes in Public Opinion and the Normative Environment Surrounding Marijuana

In the 1800s, hemp production in the United States was used to manufacture rope and cloth (Weisheit and Smith 1991). Hemp, the non-psychoactive part of the marijuana plant can be used to create paper, textiles, and synthetic fibers (Warf 2014; Weisheit and Smith 1991). As cotton production became more popular following the Civil War, the production of hemp declined. It is important to note that the production of hemp would offer an alternative, and thus competition to the cotton industry, so it is likely that cotton growers opposed the production of hemp (Warf 2014). Consequently, when anti-marijuana laws were created, they did not differentiate between hemp and the psychoactive ingredients such as THC.

During these early times, marijuana was also recognized to have medicinal properties, such as “treatment of illnesses, including rheumatism, opiate withdrawal, asthma, insanity, and delirium tremens” (Weisheit and Smith 1991: 25). Strangely enough, currently marijuana is seen once again as having medicinal properties (Noonan 2015; Meng 2016). However, as the use and discovery of pharmaceuticals increased, such as aspirin, marijuana was used less frequently (Weisheit and Smith 1991; Himmelstein 1983).

Negative marijuana stigmas increased as marijuana use was associated with minority groups (Warf 2014; Weisheit and Smith 1991; Slaughter 1988). Negative marijuana stigmas were seen connected to Mexican immigrants and (predominately Black) Jazz musicians (Warf 2014; Weisheit and Smith 1991; Slaughter 1988). Association with

lower income, minority groups made marijuana less popular. However, some would argue that prohibition of alcohol led to marijuana being used more frequently for recreation, when prohibition was in effect from January 1920 to December 1933, when the prices of alcohol increased and alcohol was more difficult to obtain, making the recreational use of marijuana an alternative to alcohol (Weisheit and Smith 1991; Vyhnaneck 1981).

Eventually marijuana use was banned all together with the passage of the Marijuana Tax Act in 1937, which prevented the use and sale of marijuana (Weisheit and Smith 1991; Himmelstein 1983).

Marijuana laws and the harshness of penalties was briefly questioned in the 1960s and 1970s as the demographic of marijuana users changed from minority groups to “respectable” white citizens of the middle class (Warf 2014; Weisheit and Smith 1991; Slaughter 1988; Himmelstein 1983). Marijuana was a drug of choice on college campuses at the time. This clashed with the idea of lower income, minority groups of the population being the primary users of marijuana as more middle-class folks faced harsh drug penalties. Marijuana started to become so popular in the 1970s that it was “the third most popular drug after alcohol and tobacco” (Slaughter 1988: 424). Marijuana’s perceptions at this time were drastically changing, as the third most popular drug; marijuana was becoming more normalized in the United States. The potential harm associated with marijuana was questioned as stigmas surrounding marijuana loosened.

This positive shift did not last long however; through the late 1970s and 1980s during the focus of the war on drugs, there was a lot of negative media attention on drugs (Stryker 2003; Shoemaker et al. 1989). Prominent attention on the negative health effects of marijuana led to a decline in marijuana smoking (Warf 2014; Weisheit and Smith

1991; Slaughter 1988). It seems here that the associated health risks of marijuana use dictates marijuana acceptance more so rather than laws regarding marijuana use.

Marijuana views changed again beginning in 1990; there is a significant shift in media coverage in correlation to shifting attitudes regarding marijuana with an increased support for legalization (Stringer and Maggard 2016; Gonzenbach 1996; Schwartz 2002; Stryker 2003). Since 1990 there is less negative media coverage on marijuana, although negative attitudes towards other drugs remain, and since 1996 a wave of more positive media coverage surrounding marijuana (Stringer & Maggar 2016; Linneman 2014; Stryker 2003; Schwartz 2002). Now even more so, Internet content is starting to favor the legalization of marijuana (Schwartz 2002; Millhorn et al. 2009). Hightimes.com is an easily acceptable website which gives information surrounding cannabis culture, medicinal practices, and even tips on how to grow your own plant. Changes in state laws regarding medical and in some cases recreational use of marijuana can account for some of the positive media coverage (Caulkins et al. 2012; Millhorn et al. 2009). With changing perceptions and social norms, marijuana is less likely to be seen as deviant behavior (Hallstone 2002). Now, nearly half of all Americans offer support for legalization (Linneman 2014; Friese and Grube 2013).

More subtly, marijuana can be seen as part of the normative environment through music, TV shows, movies, social media and magazines (Thompson et al. 2015; Millhorn, 2009; Jenks 1995; Sussman et al. 1996). Thompson, (2015) notes how as marijuana has gained exposure from social media sites such as Twitter, which has only further helped to normalize the drug. Marijuana has become more embedded in our society with social media. Marijuana activists are able to reach a larger number of groups than they had

previously reached. Milhorn notes how, “in the past decade, there has been an increase in Web sites by marijuana advocacy groups that favor marijuana use and question the actual health risks related to “soft drugs,” such as marijuana, cannabis, and hallucinogens” (2009: 130). It is much easier to access information regarding marijuana now. These marijuana activist groups, such as High Times, even have Facebook pages and are becoming part of the normal culture for the average American now (Millhorn et al. 2009; Schwartz 2002). Many comments in relation to both medical and recreational use online are positive, adding to the normative environment (Thompson 2015). Media can influence shifting attitudes, beliefs and behaviors when it comes to drug and alcohol use (Gonzenbach 1992; Nielsen & Bonn 2008; Terry-McElrath, Emery, Szczypka, & Johnston 2011).

As medical marijuana becomes more accepted and public opinion becomes more positive about marijuana across the United States, it starts to become a part of the normative environment. As marijuana gains medical value, the perceived health risks of marijuana declines which thus affects public perceptions surrounding marijuana. In Colorado and Washington, marijuana has become a part of the normative environment. There are many dispensaries for both medical and recreational use around the state. As medical marijuana cards became more popular within the state, it became more normal in everyday lives. As marijuana became more accepted and integrated into the everyday life, support and awareness rises with it as well. It is something that has become common; it is not unusual. Decriminalization of marijuana, as well as the legalization of marijuana both recreationally and medically in some states, has been cited to have a positive effect on the shift the public’s perception of marijuana (Pawson and Kelly 2014; Hathaway et al. 2011).

There is debate on whether legalization, medically or recreationally, has positive effects on the amount used. Research has shown that living in areas that have a high number of medical marijuana cards does not increase the likelihood of a 30-day marijuana use or a lifetime use (Ammerman et al. 2015; Friese and Grube 2013). Although support has increased, it is not necessarily linked to medical marijuana-use related attitudes (Friese and Grube 2013; Weisheit and Smith 1991). Medical marijuana's legalization influence on public opinion was studied in California and impacted public opinion. A study found that although some marijuana-related attitudes changed between 1995 and 1999, use did not increase" (Khatapoush and Hallfors 2004: 751). This could suggest that use does not directly correlate to public opinion, and that recent policy changes have not affected marijuana-related behaviors. Perhaps instead, the younger generations of liberals in the 70s have grown up, influencing the future children (their children) with positive views of marijuana.

However, in communities that had voter approval of marijuana there are studies that indicate a positive relation between 30-day and lifetime use of marijuana among users (Friese and Grube 2013; Cedra 2012). Colorado and Washington, which have legalized recreational marijuana, have witnessed an increased usage of marijuana. However some debate surrounds whether the found connection is "causal, or is due to an underlying common cause, such as community norms supportive of the legalization of medical marijuana and of marijuana use" (Cedra 2012: 22). Dembo (1976) found a positive relationship with marijuana use and the belief that marijuana should be decriminalized as well as other positive drug-related attitudes. Other studies argue that there is an increase in permissive marijuana attitudes increasing across the United States as a whole, regardless of

the policies in effect within the state (Schmidt et al. 2016; Khatapoush and Hallfors 2004). Rather, the state-level debates have risen to a national issue versus a state issue.

Changing Perceptions of Alcohol and Tobacco

Alcohol, similar to marijuana, had a period of prohibition in the United States. Prohibition was fueled by negative stigmas surrounding alcohol. There were many groups that campaigned for the prohibition of alcohol such as the Women's Christian Temperance Union (WCTU), and the Anti-Saloon League (Hall 2010; Blocker 2006; Weisheit and Smith 1991). Similar to marijuana use, many anti-alcohol laws existed before the national prohibition of alcohol with many states having enacted "dry" laws at the time. Over all, prohibition of alcohol was seen as a failure, with the repeal of prohibition with the 21st amendment in December 1933 (Hall 2010; Blocker 2006; Miron and Zwiebel 1991). Although marijuana and alcohol are two different substances, prohibitions of both marijuana and alcohol have similar consequences.

Prohibition may reduce respect for the law (Miron 1998; Weisheit and Smith 1991). During the prohibition of alcohol, many people still attained alcohol illegally (Blocker 2006; Miron and Zwiebel 1991). Thus as people are still able to acquire illegal substances and avoid consequences associated with the law, voluntary compliance and respect for the laws surrounding prohibition diminishes. "Whenever a substantial proportion of the citizens engage in a clearly illegal activity it is difficult to argue that the law represents the collective will of the people. Further, such questions about the law also undercut public respect for those who actively enforce the law" (Weisheit and Smith 1991: 35). This idea can be applied to alcohol prohibition and marijuana prohibition, since

marijuana remains the most commonly used illicit drug in America (Barry et al. 2014; Pawson and Kelly 2014; Warf 2014; Friese and Grube 2013). Clearly, despite being an illegal substance, marijuana use is still prevalent.

In the time of alcohol prohibition in the United States of America, an enormous black market was created for the sale and distribution of illegal alcohol. The black market encourages crime (Hall 2010; Blocker 2006; Miron 1998; Weisheit and Smith 1991). Not only is crime encouraged, but also violence (Miron 1998; Miron and Zwiebel 1991). Since the black market exists outside of the law, those who operate within the black market are likely to turn to violence to solve their problems since they cannot report their problems to law enforcement. While there is no longer a need for a black market to supply alcohol, the black market is still a supplier of illegal marijuana.

Alcohol acceptance lowered as the health risks surrounding alcohol increased, rather than alcohol acceptance lowering due to the laws of prohibition. Before and during the early stages of prohibition of alcohol, when support for prohibition was the greatest, there were also great fears surrounding the health risks associated with alcohol use. The Anti-Saloon League message was that national prohibition would reduce illness and improve public health (Hall 2010; Blocker 2006). During the early years of prohibition, death rates due to liver cirrhosis were high, which only further supported the idea that alcohol held health risks and worked to the advantage of Prohibitionists (Hall 2010; Blocker 2006; Miron 1998). Alcoholics Anonymous (AA), the self help group created in 1935, insisted that there were two categories of drinkers: a “normal” drinker, who could consume alcoholic beverages in moderation and alcoholics who surpassed the line of moderate drinking (Hall 2010; Blocker 2006). The idea of alcoholism meant only a small

percentage of drinkers endured problems related to alcohol rather than alcohol itself being a problem. The perceived health risk associated with alcohol use lessened as a line was drawn between alcoholics who consumed too much alcohol (and thus suffered the worst health affects associated with alcohol consumption) and normal drinkers who consume alcoholic beverages in moderation (Hall 2010; Blocker 2006).

Similar to that of marijuana, and alcohol, tobacco acceptance lowers as information on the health risks associated with tobacco smoking rises. Scientific study surrounding tobacco has steadily grown, as well as public education surrounding the dangers associated with tobacco use (DePierre et al. 2014; Simpson and Lee 2003). It is well known now in the United States that smoking tobacco is highly addictive and can lead to numerous health complications, including but not limited to certain cancers, heart disease, emphysema and COPD (DePierre et al. 2014; Simpson and Lee 2003). In contrast, developing countries are seeing a rise in tobacco smoking; this is due to the populations' lesser awareness of health risks than wealthy countries (Simpson and Lee 2003). Smoking tobacco has become less socially acceptable in the United States over time as more research on the effects of tobacco has emerged.

The increase of perceived health risks associated with substance use leads to users making more informed decisions regarding substance use. When it comes to marijuana, there is limited research surrounding the effects of the substance. Since marijuana is listed as a Schedule I drug, there are federal bans in place that restrict and prevent research surrounding marijuana. Thus due to a lack of solid research, social stigmas surrounding marijuana use are lessening as perceived health risks of smoking marijuana are questioned.

Peer Norms in Relation to Substance Use

Social norms can act as guidelines for what is and what is not acceptable regarding societal behaviors and attitudes. Social norms are influenced by the values, attitudes, behaviors and beliefs of a population. It is important to note that actual social norms and perceived social norms can be different. As such, individuals may try to meet unrealistic expectations in order to be accepted by peers. Peer influences have a strong effect, either positive or negative on youth when it comes to activities and associations (Denham 2011; Warr 2002). This is because secondary socialization of adolescents happens in peer-groups (Vogel et al. 2015; Warr 2002). The culture of the school, including institutional rules and peer interaction, are agents of socialization, which influences students' attitudes and actions (Vogel et al. 2015).

Studies regarding peer-norms and substance abuse show that as the perceived norm of substance use increases, so too does actual use (Vogel et al. 2015; Page and Roland 2004; Cleveland and Wiebe 2003; Norton et al. 1998). Students who attend schools where large numbers of individuals use substances such as tobacco, alcohol, and marijuana, among other substances, are likely to use substances themselves (Vogel et al. 2015; Ennett et al. 2008; Cleveland and Wiebe 2003). Peers provide strong influences for initial and continued substance use (Ennett et al. 2006, 2008; Lakon et al. 2010). However, the perceived norm of substance use among students is usually higher than actual use reported by students (Barry et al. 2014; Wolfson 2000). This poses a significant issue, as students may try to conform to these false peer-perceptions in order to be accepted by their peers (Barry et al. 2014; Warr 2002; Wolfson 2000). However, in schools where there is a perceived norm of the majority of students disapproving of substance use, students are less

likely to engage in the use of substances such as alcohol, tobacco, and marijuana (Kumar et al. 2002). Thus, perceived use of substances among peers plays a key role in student use.

In school environments where substance use is perceived as normative, substances may be used in order to gain a higher social attainment, as students are willing to engage in activities, which will receive support from their peers (Vogel et al. 2015; Allen et al. 2005). Peer acceptance and pressure in organized sports, in particular, may lead to higher use of substances of both alcohol and marijuana (Denham 2011). The use of drugs shared amongst youth participants in ritualistic activities can invoke a sense of community and bonding (Pawson and Kelly 2014; Dunlap et al. 2006). Or perhaps this is due to athletes' high status. A student's high status would influence and (most likely) increase their popularity, which only furthers the need to continue to conform to social and cultural norms of school in order to keep their place in the school hierarchy (Vogel et al. 2015).

While drinking is correlated with peer influence, the use of tobacco and cigarette smoking is surprisingly not (Ennett et al. 2010; Vogel et al. 2015). Perhaps this is due to changing social norms regarding the decline of acceptance of tobacco use (Barry et al. 2014; Patton et al. 2005). Media surrounding tobacco and cigarette smoking has become more negative than in previous years. Smoking cigarettes also tends to be more a singular activity, versus drinking which is more social, as one alcoholic bottle can be easily shared amongst a group.

Marijuana in Relation to Alcohol and Tobacco

Marijuana has been referred to as a "gateway" drug, opening the door for adolescents to try other drugs. However, there has been conflicting research as to whether

or not marijuana creates this “gateway” effect to harder drugs (Barry et al. 2014; Denham 2011; Harvard Mental Health Letter 2010; Patton et al. 2005; Welte and Barnes 1985). Additionally, some research suggests that alcohol instead is the gateway (Denham 2011; Welte and Barnes 1985). Denham, in his work on athletes and drug use, notes, “that alcohol use might act as a ‘gateway’ for greater use of cannabis among athletes: If those who participate in competitive sports consume alcohol more frequently than others, and if alcohol consumption correlates with marijuana use, then one might expect greater use of marijuana among those who consume more alcohol” (2011: 366). Alcohol in this case, provides a positive relation to marijuana, not the other way around. This goes against stereotypes that marijuana is the main culprit for adolescence exploration of other substances.

In the 1980s, tobacco may have served as a gateway for marijuana use (Barry et al. 2014; Patton et al. 2005). There are inherent similarities between tobacco and marijuana. For example, both can be smoked using a cigarette (or joint), a cigarillo (or known as a ‘blunt’ when the tobacco is replaced with marijuana, or a spliff is when marijuana and tobacco are used together in the cigarillo), a pipe, a water pipe (often referred to as a ‘bong’), and can even be vaporized (Barry et al. 2014; Ramo et al. 2012; Golub et al. 2006). As e-cigarettes and vaporizing are becoming a more popular way to ingest nicotine, marijuana can also be turned into a wax to be used in special vaporizing pens. However, many current social norms surrounding tobacco are negative compared to those social norms of tobacco in the 1980s, thus declines the social acceptability of tobacco and cigarettes. This, in addition to the rise in acceptance of marijuana, may have reversed tobacco’s gateway effects (Patton et al. 2005).

The decline of tobacco may be due to the increased awareness of tobacco's adverse effects. On every box of cigarettes is a Surgeon General's warning of the negative health effects associated with smoking tobacco. In comparison, many young people believe that marijuana has no, or relatively low health and social risks associated with use of the substance (Pawson and Kelly 2014; Parker et al. 2002). Not only that, but marijuana has been proven to have some medicinal purposes, with further research needed in order to better and fully understand the medicinal properties of marijuana (Noonan 2015; Meng 2016).

Those in support of the legalization of marijuana claim that the social costs, as well as health costs, associated with marijuana are more beneficial and less harmful than other already-legal substances such as alcohol and tobacco. Alcohol and tobacco use is associated with higher risks of mortality and illness, which then leads to state spending on Medicaid (Barry et al. 2014; Joffe et al. 2004). Not only that, but taxes placed on legal marijuana can provide the state with additional revenue to be used for the people. The money generated from marijuana taxes can be put back into schools, helping the homeless, funding veteran services, among other things (Barry et al. 2014; Levine and Reinerman 1991). In addition, legalization of medical marijuana gives easier access to those using cannabis for medical reasons, as well as allowing further research on marijuana in order to examine its unknown possibilities.

Marijuana has become a part of a normative environment in the United States similar to that of alcohol and tobacco (Thompson et al. 2015). Part of this positive change is due to recent decriminalization, as well legality (both medically and recreationally) in some states (Pawson and Kelly 2014; Hathaway et al. 2011). Not only that, but marijuana

is more positively represented across media (as opposed to the 1980s), from television to social media, due to changing social norms and support for legalization (Stringer and Maggard 2016; Gonzenbach 1996; Schwartz 2002; Stryker 2003). It is vital for the public perceptions of marijuana to be explored, especially with changing laws.

Much of the research that currently focuses on marijuana only includes quantitative studies. This current study goes beyond any current research surrounding the public perceptions of marijuana by conducting qualitative interviews in order to understand people's personal thoughts, beliefs and feelings surrounding marijuana. This study also builds upon research that already exists among marijuana, tobacco, and alcohol, but specifically focuses on college-aged individuals, rather than adolescent youth. Marijuana gained popularity in the 1970s on college campuses, so it is relevant to see how college students today perceive marijuana use with regards to changing norms surrounding marijuana. The main focus of this study is to answer three primary research questions: what are the perceptions of marijuana use, how does marijuana use relate to other substance use, and how do people make sense of their relationship with marijuana?

Methods

Research for this thesis was conducted in late December 2016 and ended in March 2017. The research focuses on the current perception of marijuana use among college-aged individuals. With changing laws in Massachusetts regarding and surrounding marijuana passed in the November 2016 elections, it is important to understand the feelings and attitudes of those affected. Much of the research that already exists only focuses on

quantitative analysis of marijuana. By conducting interviews, this study will add an important qualitative component that is lacking from current research on marijuana.

The research included conducting and analyzing qualitative interviews. The sampling group for this data included individuals between the ages of 18-32 who live in Southeastern, MA. This sample is relative to the age of students attending colleges. Interviewing college-aged students also allows for comparison of views between today's college students and college students in the 1970s, where marijuana use gained popularity. It is specific also to those in Southeastern Massachusetts, due to the ease of access of participants and also because it is relative to those students attending colleges in this area.

Participants were chosen through snowball sampling. Due to the sensitive nature of research surrounding drug use target populations can be hard to find, due to marijuana users seeking anonymity. Snowball sampling is a non-probability technique that is helpful in studies where the target population is hard to locate. Heckathorn (2011) explains:

Sampling these populations is difficult because standard statistical sampling methods require a list of population members (i.e., a "sampling frame") from which the sample can be drawn. Yet for a hidden population, constructing the frame using methods such as household surveys is infeasible when the population is small relative to the general population, geographically dispersed, and when population membership involves stigma or the group has networks that are difficult for outsiders to penetrate. Groups with these characteristics are relevant to research in many areas, including public health (e.g., drug users), public policy (e.g., illegal immigrants), and arts and culture (e.g., musicians) (356).

Due to the secretive nature surrounding marijuana, the researcher will collect information on the target population using individuals she knows, then ask those subjects to locate other members of the target population for the study. Each new subject interviewed can potentially locate more new subjects to participate in the research study. Thus, a "snowball" effect is created.

Sixteen interviews were conducted and audiotaped. Each interview lasted approximately 30 minutes. Memos were written after each interview in order to help the researcher organize information later on. The interviews were broken down into three different groups: college students, non-college students, and college graduates (See Table 1). This stratification of the target population is vital to the research in order to determine if level of education has an effect on views of marijuana. After data collection, the segmentation of groups allowed for analysis between groups. Part of the research included examining for possible similarities or differences between education levels in regards to feelings and attitudes related to marijuana and other substances.

Table 1: Interviewee Information

NAME	GENDER	AGE	EDUCATION	USE OF ALCOHOL	USE OF TOBACCO	USE OF MARIJUANA
Eric	Male	26	Non-College	Yes	No	Yes
George	Male	27	Non-College	Yes	No	Occasionally
Jake	Male	25	Non-College	Yes	No	Previously
Mary	Female	23	Non-College	Yes	Yes	Yes
Becky	Female	23	Non-College	Yes	Yes	Yes
Sean	Male	31	Non-College	Yes	Yes	Yes
Charlie	Male	22	Non-College	Yes	No	Yes
Shayla	Female	24	Non-College	Yes	No	Yes
Kayla	Female	22	Non-College	Yes	No	Yes
Todd	Male	23	Current College	Yes	Yes	Occasionally
Bridget	Female	25	Current College	Yes	No	Yes
Elizabeth	Female	22	Current College	Yes	Previously	Yes
Tim	Male	23	College Graduate	Yes	Yes	Yes
Shelly	Female	22	College Graduate	Yes	No	Yes
Rebecca	Female	24	College Graduate	Yes	Previously	Occasionally
James	Male	30	College Graduate	Yes	No	Yes

While sixteen participants is only a small section of the population, this study adds an important part of the research that is lacking surrounding marijuana. It is not a representative selection of the entire population of Massachusetts, or even Southeastern Massachusetts. However, this study is more exploratory in nature in order to provide a better understanding of some of the attitudes that exist surrounding marijuana. The study provides information on the feasibility of the subject as well as provides methodology for future research done on the topic. This study may provide future researchers with direction for a more in depth study.

Each interview started with questions regarding personal life and education. These questions are essential, for not only do they add relevant information regarding education to the study, but also provides participants with an easy subject in order to help participants become comfortable with talking. An example of an opening question is, “tell me a little about yourself” (see Appendix A for full interview guide). These opening questions will be used to try and establish trust between the interviewer and interviewee before moving onto more sensitive subjects.

The next set of interview questions explored participants’ views on different substances. It started with the less sensitive subjects of tobacco and alcohol and then moved into the focus on the perceptions of marijuana. Questions regarding views of marijuana were specified as recreational use and medical use. The last segment of the interview explored participants’ use of specific substances, again starting with tobacco, and alcohol and then moving onto marijuana. Questions were directed towards current use, previous use, and how the use of the specific substance makes the interviewee feel. More

specific questions were asked about marijuana such as asking for descriptions of the first time marijuana was used and why the participant uses marijuana (if applicable).

The interview included demographic questions, regarding age, college status, race, and gender. These demographic questions were asked of the participants after the interview was conducted, in the form of a questionnaire for participants to fill out. This information allowed for further segmentation of the research group in order to examine the possibility of trends in the data. Coding was done open-ended to see what themes would arise. The data was coded in relation to age, relations to tobacco and alcohol, and the beginnings of substance use. The data revealed four themes: the positive perceptions and normalization of marijuana use, comparisons between alcohol and tobacco with marijuana, the perceptions of tobacco and alcohol as worse than marijuana, and the contradictions of living in the changing norms of marijuana use.

Findings

Among the respondents, there is no consensus of how marijuana makes users feel as a whole. Yet, public perceptions of marijuana are more positive in relation to alcohol and tobacco. Notably, there were few concerns regarding the long-term effects of marijuana use. Most participants in the study viewed marijuana as less harmful than tobacco and alcohol. However, tobacco and alcohol, there is very limited research on the health affects of long-term marijuana use. In light of this, one must question however the unknown, long-term effects of marijuana use. The three themes that arose were the positive perceptions of marijuana use, the perceptions of tobacco and alcohol as worse than marijuana, and the contradictions of living in the changing norms of marijuana use.

Positive Perceptions and Normalization of Marijuana Use

Marijuana users and supporters interviewed had different first exposures when it came to marijuana. Family members, such as older cousins or older siblings, introduced some users to marijuana while others were introduced by their peers. For some, even though a family member may not have openly used marijuana directly in front of the individual, the respondent still knew that the family member was using marijuana. Knowing that a family member uses marijuana helps make marijuana part of the normative environment.

Jake (age 25) when asked to describe how marijuana is present in his peer group, states,

Very present in my peer group. I hung out a lot with my older cousins, not too much older, but they were just old enough to be in the next mentality of life. So they started smoking and I was exposed to it. Then a couple years later my friends started doing it.

Jake had older family members who introduced him to marijuana at a young age. This normalization of marijuana may influence the fact that while Jake is no longer a marijuana smoker, he still supports legalization of marijuana.

Those not introduced to marijuana through family members were introduced through peers. Peer acceptance and peer socialization have strong effects on youth (Denham 2011; Warr 2002). It is likely then, if a person belonged to a peer group who supported or used marijuana, that they too would try marijuana as well.

Sean (age 31), talks about how he was introduced to marijuana through his peers,

I started smoking marijuana at like 15. I think I was around it before then because all my friends had older brothers. It was common for people to smoke, same thing where we would all get together, go into the woods where our hang-out spot was or go into the park and smoke.

Sean and his friends saw their older brothers smoking. It seemed like a normal thing to do, because it was in the environment in which they grew up in. As the appearance of marijuana became more consistent, marijuana becomes more normal.

Bridget (age 25) recalls that “pretty much everyone, except a select few” people in her peer group all smoke marijuana. Sean also stated that marijuana was present in his peer group with “like 95%” of the people, claiming, “I know maybe a couple people who don’t smoke weed, but almost everyone does.” Research has shown that perceived use of substance by peers influences individual use of substances (Vogel et al. 2015; Page and Roland 2004; Cleveland and Wiebe 2003; Norton et al. 1998). It should be questioned then, if an actual overwhelming majority of peers of marijuana users are marijuana users themselves or if it is just perceived to be that way. In addition to that, I would argue that users of marijuana probably have peers and friends who use marijuana more so than a nonuser of marijuana since peer acceptance plays a roll in socialization.

When asked to reflect on his experiences with marijuana, Jake (age 25) comments, “my dad smoked, probably still smokes. He never smoked around me, but I just knew what it was because by the time I realized what my father was doing my older cousins were doing it and you could hear the sound of clinging pipes and stuff like that.” Jake was aware of what his father and cousins were doing even if it wasn’t directly in front of him. Jake was exposed to the acceptance of marijuana growing up, making it something normal in his life.

Slaughter in 1988 predicted that if marijuana became normalized, that “an adolescent would introduced to the drug through families and friend who practice moderate use” implying that the idea moderation, which applies to alcohol, would also apply to

marijuana (438). If marijuana were to be legalized, it would no longer need to be a taboo. Rather, parents can discuss with and demonstrate to their children the moderate ways to use marijuana, similar to that of alcohol.

Marijuana users had justifications for using marijuana. One of the major justifications for smoking marijuana by participants interviewed is that marijuana use has perceived benefits to the user's mental health. Along with that, marijuana use lead to participants feeling over all more relaxed, helped them sleep better, and recreational use of marijuana is considered fun.

Eric (age 26), explains his view on the legalization of medicinal marijuana, "Its been a long time coming. It will put some pharmaceutical companies out of business because it provides alternatives to harmful drugs...I'm suggesting here that a painkiller is more harmful than a marijuana cigarette." Medical marijuana has been proven to have effectiveness in treating certain medical conditions such as AIDS/HIV, arthritis, cancer, Chron's Disease, Multiple Sclerosis, epilepsy, among others as well as helping with the treatment of pain and increasing appetite (Noonan 2015; Meng 2016; *Harvard Mental Health Letter* 2010, Snelders 2009; Durand and Holland 2007). Despite this, research is still very restricted surrounding marijuana use. If more research were permitted, perhaps new uses for medical marijuana would emerge. That being said, more research may lead to the emergence of more serious negative consequences of marijuana use rather than positive outcomes.

Mary (age 23), uses Ativan for her anxiety but talks about how marijuana is easier, than using Ativan, saying:

If I'm stressed out I smoke a bowl and I calm down. Now they have me on that Ativan, I don't mind it but Pot is easier. Pot can be a social experience while you

medicate yourself... it does the same outcome. When you're stressed out in that aspect you're not using it recreationally. It slows everything down so everything stays alright, you know. Smoking a bowl, calms things down because you have to sit there and smoke. It takes the edge off and you can get yourself in check.

For Mary, there is a social experience included while medicating with marijuana. There is a lot of social stigma surrounding mental health (Watson et al. 2017; Pescosolido et al. 2013). So perhaps by using marijuana to medicate, Mary is able to avoid this social stigma associated with mental health issues while partaking in a socially acceptable activity. There seems to be less stigmas surrounding marijuana use than the stigmas surrounding mental health.

There is conflicting evidence on whether marijuana makes users less anxious or more anxious (*Harvard Mental Health Letter* 2010). However many participants in this study stated that their justification for smoking was marijuana was that it benefited their anxiety. Sean (age 31) talks about his current use of marijuana,

Currently I use marijuana everyday. I think it helps with some of the anxiety, stuff I was suffering from before. The medication they put me on for depression and anxiety, I didn't like how it made me feel. Where if I smoke everyday it makes it to a level where I can maintain it and it makes it a lot easier to get by

This brings question to whether or not recreational users can use marijuana medicinally. Sean justifies not getting a medical card by saying "I could go and get my medical card but I just always used it recreationally as well so to me its not a big thing." While Sean's use of marijuana started as just for fun and recreation, he eventually perceived his marijuana use to be for medical purposes rather than entertainment.

Shayla (age 24), a recreational user of marijuana, also discusses how her recreational use lead to perceived medical benefits:

Umm....Well I didn't start smoking that until after I graduated from high school.

Um...but...I figured out that it was a great thing for me because I used to be on a lot of medication and weed was the only thing that would help. Even now I still smoke to keep myself from getting anxious. I use that as a natural medicine.

Shayla perceives marijuana to be a natural alternative to pharmaceutical medications.

Rather than taking a manmade substance, she would rather medicate with something that grows naturally out of the ground. However, despite the fact that marijuana is a plant, the unregulated distribution of illegal marijuana means that users are unaware of any chemicals or pesticides applied to the plant during the growing process. If marijuana were legalized, the growth of marijuana plants would be able to be regulated and documented, so that consumers are aware of any pesticides used in the growing process. Perhaps it would make a new market for “organic” marijuana.

James (age 30) explains why he chooses to use marijuana,

I use it as a stress reducer. Sometimes I feel like when I exhale I feel like I'm literally breathing out smoke that is stress. It's a way to escape and chill. Just chill. Personal uses, as well as I think food tastes better or things are funnier or things are more enjoyable.

Stress plays a role in mental health. There are both healthy outlets to relieve stress, such as working out at the gym, or unhealthy ways to release stress such as having a mental breakdown. While James does not claim for marijuana use to be particularly healthy, there is an idea that any negative consequence associated with marijuana use is less harmful to him than the stress that he is relieving with his marijuana use.

Despite the numerous participants who claimed that marijuana use helped their anxiety, there were a couple participants that spoke about the paranoia associated with smoking marijuana. Due to the increase in anxiety and discomfort, rather than relaxation, these participants disclosed that they do not regularly, if at all, smoke marijuana.

Along with the different justifications for using marijuana, there were conflicts on how marijuana makes the user feel. There was no general consensus of exactly how marijuana users felt after using the substance. Some users did talk about how different highs can be associated with different strains of weed. However, without access to dispensaries currently in Massachusetts, marijuana users don't know exactly what they are buying. Having dispensaries would allow for users to find a blend of marijuana to best suit their needs.

Charlie (age 22), describes how marijuana makes him feel, saying,

I've never really had any bad experiences at all. I've come up with some amazing things while I was smoking whether it be music or drawing. It really opens my mind, it destroys a lot of boundaries in my mind and it allows me to think further, think more focused, more rational. This is why I think weed is a great thing.

Rather than the preconceived idea that marijuana makes users forgetful, lazy, and less attentive, Charlie believes marijuana helps him see more clearly and be more focused. This focus due to his marijuana use allows him to be creative, and less judgmental towards his works of art and music.

Rebecca (age 24), talks about how marijuana use can result in different feelings.

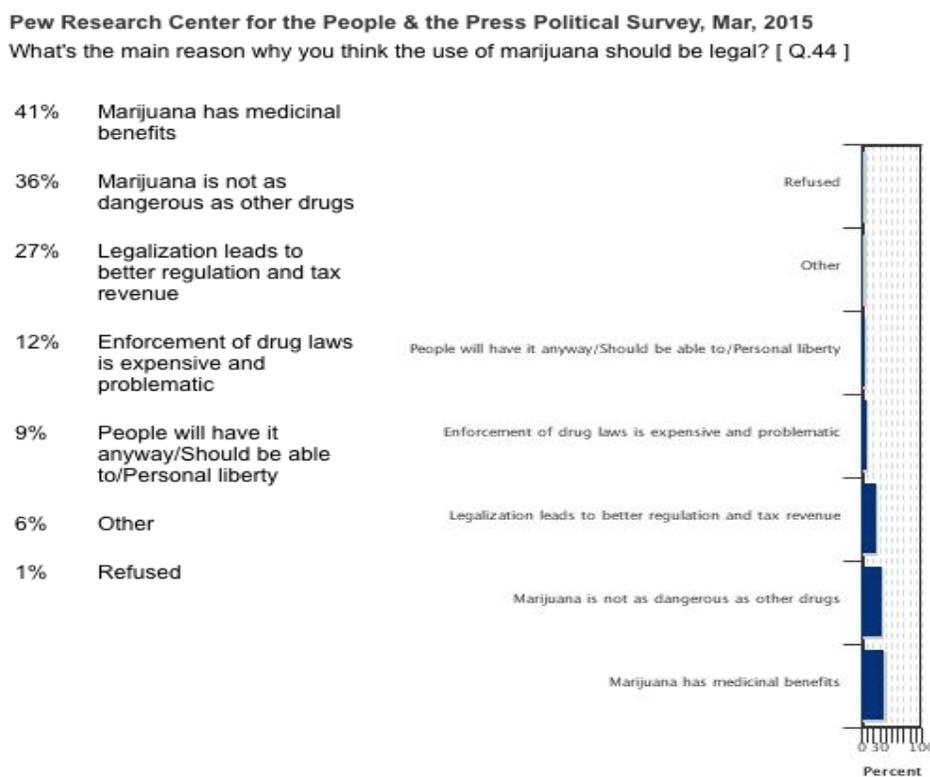
When asked about how marijuana makes her feel, Rebecca responded:

Um...I don't know. I like how it relaxes me but I don't like how it makes me paranoid. I guess when its not making me paranoid it relaxes me, I get loose, I get talking about things I don't think I would normally talk about. I feel like I connect with people on a deeper level, I connect with everything on a deeper level. I just see the world through a kaleidoscope and you think of things from different vantage points than you normally would (Rebecca, age 24).

Rebecca has conflicts about whether marijuana use results in her relaxation, or whether it hinders her relaxation and makes her paranoid. Perhaps Rebecca's conflicting perceived

effects of marijuana use are due to the strain of marijuana smoked or amount of marijuana smoked. The only way to know for sure however is to conduct more studies.

A poll taken by Pew Research Center for the People & the Press Political Survey in March 2015 (see figure 1) asked respondents who agreed with legalization why the use of marijuana should be made legal. The number one response was the perceived notion that marijuana carries medical qualities. Which marijuana use being seen to have medical properties, it undermines negative health effects which could be also associated with marijuana use. The second most popular answer was that marijuana is not as dangerous as other drugs. Again, the perceived dangers regarding marijuana use are very minimal.



Subpopulation/Note: Asked of those who think the use of marijuana should be legal (53%). Adds to more than 100% due to multiple responses.

Survey by Pew Research Center for the People & the Press. Methodology: Interviewing conducted by Princeton Survey Research Associates International, March 25 - March 29, 2015 and based on 1,500 telephone interviews. Sample: National adult. 525 respondents were interviewed on a landline telephone, and 975 were interviewed on a cell phone, including 567 who had no landline telephone.

Figure 1: Reasons for Legalization of Marijuana

Source:

https://ropercenter.cornell.edu/CFIDE/psearch/webroot/question_view.cfm?qid=1862508&pid=50&ccid=50#top

Further research regarding the effects of marijuana use must be done. Research can allow for people to make their own informed choices regarding substance use, and the actual effects of the substance rather than just perceived ideas regarding substance use.

Comparisons Between Alcohol and Tobacco with Marijuana

Smoking tobacco has become less socially acceptable as more information regarding the health risks associated with tobacco use emerges. Eric (age 26), comments when asked about his views of tobacco, “I think there’s enough information out there that you should realize its not a good decision.” There has been a lot of research over the years regarding the negative long-term effects of tobacco use (DePierre et al. 2014; Simpson and Lee 2003). As discussed earlier, public perceptions of tobacco use change with time, part of it being that research has shown that tobacco use has negative effects on the body. The availability, both in ease of access and quantity of information revealing the ill effects of tobacco influences public perceptions of tobacco,

Another participant compared the addictive qualities of tobacco to brainwashing.

Kayla (age 22), says,

It’s a strong thing to me. The use of tobacco to me is one of the most brain-washing.... its one of the most powerful, addicting, drugs I can think of. Like, there’s just something about it that it just mentally brainwashes people into thinking they need it. There's a bunch of tobacco products but mainly cigarettes. I feel like people trick themselves into believing they need it when they don't. I think that’s something that should be illegal. A lot of people do it openly, on their break. It shouldn't be as easy. I don't think that, I feel like it should be a lot more strict on tobacco...the rules...the laws and regulations. There are a lot of negative effects from it, as far as second hand smoke, as far as the smell, the pollution, its polluting the air, when it comes to children. Second smoke is worse. There are so many negative things. A lot of people truly trick themselves into thinking they need it and I don't agree with it at all. It’s never shunned. People look at it as cool

or whatever the case. Don't get me wrong I've found myself in positions where I give in or where I'm having a great time and I'm like let me smoke a cigarette and I'm drunk and I see everyone around me doing it. I don't know if it's the second hand smoke convincing me to try some or what.

Kayla discusses about how tobacco is easily accessible, that people can “do it openly,” unlike marijuana. Kayla also discusses how despite her negative views of tobacco, she sometimes partakes in smoking cigarettes due to peer influences. Friends and other peers can have strong influences on a person (Denham 2011; Warr 2002). She talks about seeing everyone around her doing it, and thus being influenced by the group she is around to partake in smoking tobacco.

She also argues that tobacco should have stricter laws, because research has shown how bad not only tobacco smoke is, but second hand smoke from tobacco use. The idea of second hand smoke being bad for another, nontobacco smoking person only became relevant when research was conducted. If research hadn't been done proving the ill effects of second hand smoke, it wouldn't be a concern. If there were more research on marijuana and the effects of second hand marijuana smoke, would public perceptions regarding marijuana change?

James (age 30), explains how he refrained from tobacco mostly due to his mother:

I don't smoke butts. But, when I was a youth my mom was basically like, be responsible. She doesn't want me to go crazy, but the one thing she asked was to not smoke butts. And since that was her one thing I was like okay, I can do that one thing. Which is weird, because she never mentioned anything else and there are way worse things in the world...I had a girlfriend that smoked, I actually got her to quit for a little bit. There seems to be a lot of costs and not a lot of benefits to tobacco.

James's mom had influenced his decision to never smoke tobacco. In his mother's mind, tobacco was worse than alcohol. James, like many participants, discusses once

again the widely researched negative effects of smoking tobacco. Research is important and allows for individuals to make health-conscious decisions regarding substance use.

Despite widespread research that tobacco has negative health affects, some people still choose to smoke tobacco. However, even tobacco users have negative stigmas and views regarding tobacco. When asked to explain his views on tobacco use, Todd (age 23) explained:

I think its definitely going away. I do use tobacco. Um...but I don't know. I think with our generation and younger people it is definitely on the way out. You know, I mean...I feel like more and more people our age smoke less and less....they're getting smatter. You learn from a younger age how bad it is for you compared to previous generations.

Todd discusses how research regarding the effects of tobacco use is more widely available and discussed than previous generations, who smoked more heavily. The availability of information regarding the negative effects of tobacco may not stop all people from using the substance, but it does deter people.

Tobacco smoker Sean (age 31), discusses his views on the use of tobacco, “Uh....Very hypocritical actually. I’ve been smoking since I was 15. My dad smoked when I was younger and he quit. But I hate cigarette smoke. Um, I don't like the smell of it. I would rather date a girl who doesn't smoke cigarettes.” It is rather interesting that while Sean continues to smoke cigarettes, he says he hates them.

People perceive the effects of tobacco to be long term rather than short term. A few participants in the interviews listed diseases or death associated with tobacco use rather than short-term consequences such as yellowing teeth or bad breath. Only one participant mentioned the smell of burnt tobacco as a negative consequence. When participants expressed their views on tobacco they focused on the long-term health risks

associated with tobacco use. Tim (age 23), says, “[tobacco products] they kill people.” Shelly (age 22), when asked on her views of tobacco said “You should probably not use it because it causes cancer and is very bad for you.” Tobacco is perceived as a killer, ultimately leading to users’ death. In comparison however, negative effects regarding the long-term use of marijuana were seldom.

Rebecca (age 24), discusses how she lost her mother due to tobacco, “my mother had COPD and died of COPD. When I was real little she smoked cigarettes and when I was 5 that’s when she was diagnosed and quit.” Rebecca is a previous tobacco smoker. She became a heavy user when she dated a person who smoked tobacco. Although her boyfriend provided a peer influence to smoke, Rebecca was motivated to quit because she knew the dangers of smoking tobacco due to her mother’s death. Rebecca’s perceptions of long-term tobacco use leading to premature death is what made her stop using the substance.

Becky (age 23) describes how she has lost family members due to the use of tobacco, “I’ve had other family members die from it, My uncle bobby, my aunty Ray, My aunty Judy, my uncle frank, my uncle Andy. Yet I still smoke.” Becky grew up in an environment where tobacco smoking was common and part of the normative environment. As tobacco use ultimately resulted in the death of her family members, Becky began to question her own use, stating that she “wanted to quit.” When asked how tobacco makes her feel, Becky (age 23), states “I don’t know there are just moments when I feel like I need one.” Despite knowing and personally witnessing the damaging effects of tobacco use, Becky continues to smoke tobacco because it is highly addictive.

Tobacco users who were interviewed commented on the highly addictive properties of tobacco. Sean (age 31), explains his reasoning for smoking tobacco, “I smoke because it is very, very hard to quit. Even with the awareness of that when you're younger, I don't think people try enough to stop young people from smoking.” He continues when asking how tobacco makes him feel, “Nothing. It seems like it calms me down... Sometimes I find I just smoke because I smoke, not because I really want to go enjoy a cigarette. I don't really know” (Sean, age 31). Sean, much like Becky, cannot pinpoint a reason for smoking tobacco, other than it's hard to quit. The addictive properties of tobacco are overriding the awareness of tobacco's dangers for current tobacco smokers.

Tim an active tobacco smoker at age 23, states, “I smoke, well I'm trying to quit but they're addictive for sure.” He continues to discuss how tobacco makes him feel later on in the interview saying, “tobacco makes me feel like I want more tobacco. Smoking a cigarette makes me want to smoke another cigarette” (Tim, age 23). Tobacco smoking leads to smoking more tobacco; those interviewed who smoke tobacco smoked an average of a pack per day. Interestingly enough, tobacco users who were also marijuana users do not comment on the addictive qualities of marijuana. However, I would also argue that marijuana addiction is harder to define than tobacco addiction. Tobacco use is widely known to cause addiction, while studies on the addictive properties of marijuana vary. A person who is addicted to tobacco smoking will continue to smoke tobacco despite knowing the negative health consequences associated with use. When it comes to marijuana however, people are using marijuana without perceived negative risks.

Another tobacco smoker, Mary (age 23), comments on her views on the use of tobacco:

I've been smoking for about 10 years and I'm 23 years old. Inconsistently, but I was 12 when I had my first cigarette. I've always wanted to quit smoking and I always say I will....it's expensive, its terrible for you. I don't like that I smoke but I've smoke about half a pack of day since I was 18.

Mary struggles not only with addiction in relation to tobacco, but she recognizes that smoking tobacco is an expensive habit. Mary, like the other tobacco smoker interviewed, did not describe marijuana as being addictive however. Mary (age 23) discussed her struggles of being a tobacco smoker for 10 plus years, yet she was able to stop her use of marijuana in order to acquire the job she has know, saying "I quit smoking Pot for a month to get the job I have now." Quitting marijuana smoking was not a problem for her unlike quitting tobacco.

In contrast to tobacco and marijuana, alcohol has mind altering effects, leading people to feel like a "different person." James (age 30), explains, "Alcohol is dependent on the person. Some people really become a different person and I don't respect that." James continues with this idea when asked how alcohol makes him feel, saying, "I don't have to abide by strict social norms, or I'm willing or able to just not really care about how or what I do or say and how that will make other people think or feel. I can just do whatever I'm thinking." James' use of alcohol results in him doing things he might not normally do. When James uses marijuana however, he simply just "feels better" and does not mention a lax in respect towards other people's feelings. Alcohol makes users feel more impulsive than marijuana users (Warner 2014).

Sean (age 31) reinforces this idea, stating "[alcohol is] probably one of the worst drugs out there because it's so common and not technically a drug. You can't drive on it. It really does change people. I've had several people close to me struggle with alcoholism." Sean discusses how because alcohol use is so normalized, people can forget that alcohol is

still a dangerous and addictive drug. Sean continues with the idea of how alcohol can be used to change perceptions of reality, saying:

Alcohol....definitely makes you feel happy. It gives you that temporary relief. It's not a long-term solution but I can see how people become alcoholics and want to have that feeling everyday. When things are going bad if you go out and get drunk it lets you forget about it for the night and enjoy yourself, but it's not always a good thing. Because you don't want to put your problems away you want to face them

While alcohol makes Sean forget his problems, marijuana simply “takes the edge off.” So rather than simply forgetting his problems temporarily through alcohol, Sean is able to still deal with his problems while smoking marijuana. Marijuana use, for Sean, does not result in the same mind-altering affects of alcohol.

Charlie (age 22), also describes how alcohol alters reality for him, “it makes you feel like another person. It makes you feel like you aren't even you and that's why people go crazy and just say what they want and do what they want. They have an ambition where they just don't give a damn.” Again, we see an example of the impulsiveness that is associated with alcohol, which sometimes makes people engage in aggressive behavior or drive faster than normally, etc. (Warner 2014).

Rebecca (age 24), talks about how alcohol use makes her “feel better” about herself, saying, “I think I'm the greatest singer and problem solver and everything. I'm super woman I guess.” Feeling indestructible, or like super woman, can lead people to act recklessly and do things they might not normally. For example, a person who has consumed too much alcohol may drive under the influence while feeling “like super woman” thinking that nothing bad will happen. Alcohol makes users feel good, similar to marijuana, but alcohol seems to change reality (temporarily) for people where marijuana seems to just make users more calm without the impulsiveness.

While tobacco use is perceived to have long-term effects, there are physical consequences associated with alcohol consumption that are not associated with marijuana use. Mary (age 23), talks about the rollercoaster experience of drinking alcohol, “well...when you're drunk it's wonderful. And afterwards... it's... its terrible feeling. Financially pretty bad. At the time, emotionally good. Physically like shit in the morning and nauseous.” While alcohol might make Mary feel good temporarily, she suffers physical consequences of alcohol the morning after drinking. When Mary describes her experiences and use of marijuana however, she does not mention this ill-feeling the morning after use. Rather, for Mary (age 23), marijuana is perceived to have only positive effects, making her “feel good.” She continues saying,

It lightens the mood, makes you laugh, its a fun time. Or if you get home from work and had a terrible day it helps you relax. If you need to go to sleep it helps you sleep. If you have an upset stomach you're happy because hey, it takes the nauseous away.

So rather than making Mary nauseous like alcohol, marijuana use for Mary combats this feeling. Medicinal marijuana has been proven to decrease nausea in patients (Noonan 2015; Meng 2016; Snelders 2009). Thus it is likely that Mary, as a recreational user, can also achieve the same effects.

Similarly, Shelly (age 22) speaks about the negative short-term consequences of alcohol saying alcohol makes her feel, “good and then bad. It makes you feel happy, and loose, and fun. And then bad because you drank too much and then you're sick.” Yet when asked to describe how marijuana makes her feel, Shelly, similar to Mary, does not mention any ill effects, saying marijuana makes her feel “Happy. And also relaxed. And...having less anxiety and nervousness and just more calm. Its lovely.” Shelly's descriptions of how alcohol makes her feel versus marijuana is interesting. Both

make her feel happy, however there is a clear line between alcohol's perceived temporary positive effects and consuming too much alcohol resulting in physical sickness.

People report on the consequences of driving drunk, but not of driving while under the influence of marijuana. Drinking alcohol is known to impair motor vehicle function, but Kayla believes the same standard does not apply to marijuana; Kayla (age 22) says, "there is no real way to abuse marijuana. You don't hear of people crashing high like you do when people drive drunk." There are conflicting arguments on how exactly marijuana impacts operation of motor vehicles, however it is not suggested to smoke marijuana and drive. It is considered a driving under the influence (DUI) if a person operates a vehicle under the influence of marijuana or alcohol. Unlike alcohol, which is water soluble, marijuana is stored in fat tissue, which takes a much longer time to fully disappear. This means a person could be tested one of the chemicals in marijuana, THC, while sober, and still have THC in their body long after they had last taken a toke (Warner 2014).

Alcohol and tobacco both have well-known negative effects. The effects of marijuana are not as heavily studied or publicized in comparison to tobacco and alcohol. When asked about the negative consequences associated with marijuana, many respondents described a stereotypical "lazy stoner." Becky (age 23), comments on her perceived effects of marijuana smoking, saying that negative effects of marijuana only apply to certain individuals: "[there are no negative effects] if you are in a proper state, and have your stuff together. I don't know, not being productive and smoking isn't good but if you can smoke and be productive and keep your shit together I don't see a problem with it." This makes a distinction similar to what AA had categorized as 'normal drinkers' and 'alcoholics,' lending to the idea that only certain individuals are at risk for alcohol abuse,

putting the blame on the individual rather than alcohol itself. Thus, Becky thinks the only negative affect of marijuana is becoming a 'lazy stoner,' which can be avoided if the person using marijuana is also productive.

Mary (age 23) was asked if there were any negative effects of using marijuana. She said, "no....not particularly. Other than being lazy afterwards and eating half a pizza afterwards. Those are physical choices that you do, that you know, that you'll do when you are drunk and its already legal." Is being lazy an actual effect of using marijuana or is it just a perceived stereotype that people believe? Despite that many participants described this fear or association with marijuana smokers and laziness, most participants still continued to smoke marijuana. Not only that, but all participants were employed, with some being college graduates. One must question then, if marijuana actually makes people lazy and unmotivated or if it is just an association that has been made with marijuana through negative propaganda over the years.

Sean (age 31), combats the idea of the lazy stoner stating, "there is a saying someone told me, if you're lazy before you smoke you're lazy after you smoke. If you're productive before you smoke you are going to be productive after. A lot of people use marijuana as their scapegoat but in reality they were lazy before, they just feel lazier after smoking." Sean is essentially saying that he believes the stereotype of the lazy stoner is not true, rather it is a quality that is dependent on the person.

Other than that, there were very little perceived negative health effects of smoking marijuana. Kayla (age 22) thinks the food she eats is worse, "as far as negative effects to the body, I feel like there are things that are a lot worse such as processed foods." Kayla,

like many participants in the study, believes that marijuana use has medicinal benefits, which counter the negative (if any) perceived effects of marijuana use.

Without widespread, available, and conclusive research regarding the effects of marijuana, people perceive marijuana as less harmful than tobacco and alcohol. However, because research is lacking and inconclusive in many cases, people do not actually know what risks they are subjecting themselves to. Rather, many participants mentioned the stereotype of being a lazy stoner, which is probably heard more often than any new research regarding the effects of marijuana use. Thus, when participants are able to use marijuana and be productive, the perceived negative effects of marijuana are lessened even more.

Perceptions of Alcohol and Tobacco as Worse than Marijuana

There is a strong perceived acceptance of alcohol in moderation. Nearly all interviewees when discussing their views on alcohol expressed that alcohol is socially acceptable, in moderation only. If alcohol is consumed past the point of moderation, it becomes no longer socially acceptable and results in loss of control and feeling physically ill.

If alcohol users consume too much of alcohol, it results in loss of control. George (age 27), explains:

It depends on what you drink and how much you drink. I usually try to stay in control but occasionally you know when I'm hanging out with a large group of friends I haven't seen in a while and I know I don't have my son the next day I drink a little bit more. So...its one of those things where you do it once in a while but you have to be smart about it and know your limits

There is a limit to how much alcohol can be consumed. Not only that, but alcohol's effects on a person both while they are using the substance, and the day after or while drinking (making them feel ill and dehydrated if they have consumed too much alcohol). Marijuana use is not perceived to make users feel sick after use, rather it is perceived to help feelings of nausea.

Marijuana's perceived affects do not result in feelings of loss of control, unlike alcohol. Kayla (age 22), discusses this,

I think that if people are recreationally smoking cigarettes and recreationally drinking alcohol and the effects of those are way worse than smoking marijuana. Its a wonderful thing for people who only smoke marijuana recreationally and don't drink liquor or smoke cigarettes. Most people I know personally who like to smoke marijuana don't like to drink alcohol. One thing about marijuana, especially if you do it recreationally, is that you have full control. Your body might feel a little different, your reaction time may be a little slower, you may be a little more forgetful but when it comes to a serious situation or time for control, I feel like its really easy for people to snap into go-mode. To get right back into whatever it is. When it comes to liquor people get into fights, you can't drive and need to find a DD, it is a lot of money, same thing with cigarettes. People smoke cigarettes everyday. With recreational marijuana people are more organized. It's a lot of money but you can balance it out and take things a little bit slower. It's a great opportunity for people to come together when you smoke marijuana.

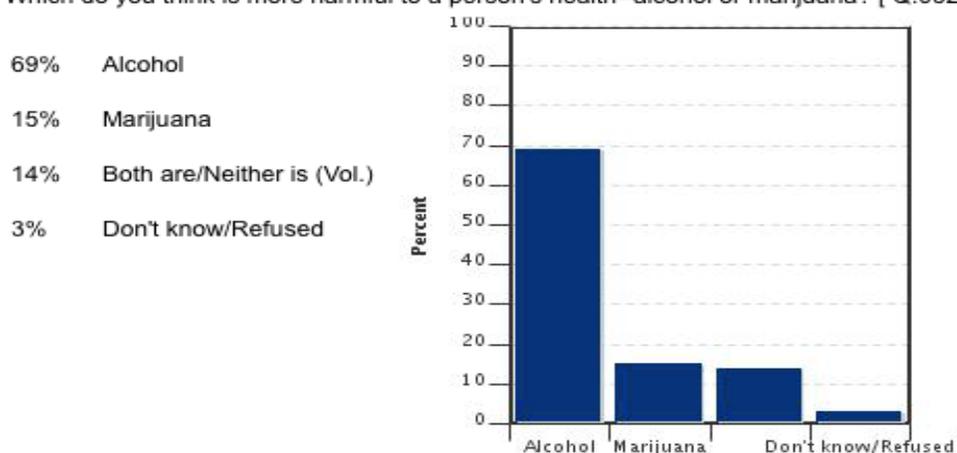
Kayla perceives marijuana as a better alternative than tobacco and alcohol. While both are expensive, Kayla feels as though she has more control while using marijuana than when using alcohol. As discussed earlier, marijuana did not seem to have the same reality-altering effects associated with alcohol.

All participants in the study expressed negative views surrounding tobacco use. Not a single person who was interviewed, including tobacco smokers, perceived tobacco use positively. On the other hand, these same tobacco smokers were in support of marijuana. While there are laws that restrict tobacco usage, tobacco use remains a legal activity despite awareness of tobacco's negative consequences.

Interviews directly noted that they thought marijuana was a better alternative to tobacco or alcohol. Eric (age 26), explains, “I indulge with marijuana as a stress relief. I equate it to having a beer or two after work. And I would suggest it is less harmful than having two beers.” Eric believes marijuana use is less harmful than alcohol use, even when alcohol is used in moderation. This view is consistent with the overall public perceptions regarding marijuana.

A poll taken by Pew Research Center for the People & the Press Political Survey in February 2014 asked respondents “what do you think is more harmful to a person’s health—alcohol or marijuana?” An overwhelming majority of respondents (69%) voted that alcohol is in fact worse than marijuana. Only 15% of respondents thought that marijuana use was worse than alcohol use, and 14% of respondents thought that both/neither alcohol or marijuana are worse. Perhaps these perceptions are influenced by research. Much research exists on the harmful effects of alcohol consumption but not a lot of conclusive data exists regarding the effects of marijuana use.

Pew Research Center for the People & the Press Political Survey, Feb, 2014
Which do you think is more harmful to a person’s health—alcohol or marijuana? [Q.052]



Survey by Pew Research Center for the People & the Press. Methodology: Interviewing conducted by Princeton Survey Research Associates International, February 14 - February 23, 2014 and based on 1,821 telephone interviews. Sample: National adult with an oversample of 18-33 year olds. 481 respondents were interviewed on a landline telephone, and 1340 were interviewed on a cell phone, including 786 who had no landline telephone. Results were weighted to be representative of a national adult population.

Figure 2: Perceptions of Alcohol or Marijuana as Worse to a Person’s Health

Source:

https://ropercenter.cornell.edu/psearch/question_view.cfm?qid=1848030&pid=50&ccid=50#top

Jake (age 25), notes, “I think legalization of recreational marijuana is also fine [in addition to legalization of medicinal marijuana]. Liquor is allowed to be used relationally but I'm sure there is much more death with that. I haven't head of anyone dying from marijuana use.” Jake is correct, there have been no reported death which can be attributed solely to marijuana use or overdose (Ammerman et al. 2015; Warf 2014; Iverson 2000; Green 2002).

Kayla (age 22) speaks about the differences in experiences between alcohol and marijuana, “I've had alcohol make me feel really good and I've had alcohol make me feel really bad. I've had instances where I say I'm never drinking again. I don't want liquor, I've called it the devils juice.” Yet she is much more positive when describing her marijuana use, “Its my first real love, my first true love. Its never done me wrong (laughs).” Kayla has more positive experiences associate with marijuana use than she does with alcohol use; leading Kayla to believe that marijuana use is a better alternative to alcohol use.

Bridget (age 25) discusses how she thinks tobacco is “gross” explaining that, “It's worse than marijuana by far because you're just killing yourself.” Next Bridget commented on her views of alcohol saying, “its just as bad as tobacco...well not maybe as bad. It depends...you have to choose how much you consume.” Again, as was persistent with other respondents, Bridget mentions how alcohol is acceptable only in moderate consumption. However, the idea of moderation is not applied to marijuana use.

James (age 30) notes,

I think there are much worse vices out there. I don't know why it was singled out in the first place in the 30s, its an interesting history. The whole refer madness is completely made up and has nothing to do with reality. I think there are..umm...I don't want to say health benefits...but in terms of being able

to relax, mental health is really important. Certainly there are adverse affects, any type of smoke in the lungs can't be good for you. In comparison though to other vices I'm unclear why it was singled out

James talks about how he thinks the positive effects of marijuana outweigh the negative consequences of marijuana use. James supports the legalization of recreational marijuana because he believes that marijuana is a healthier alternative to other vices, and can be beneficial to his mental health. Thus, one could only wonder if there was more research on the long-term effects of marijuana use, if James's opinion would still be the same. The perceived health affects of a substance affects use of the substance more so than the law, as demonstrated by James.

Contradictions of Changing Norms Surrounding Marijuana Use

As marijuana becomes legalized and accessibility to marijuana becomes easier, positive perceptions surrounding marijuana rise. Despite the federal ban prohibiting marijuana, it has become part of the normative environment. Marijuana is seen more commonly and more frequently, so it is not something out of the ordinary. Marijuana has evolved from a taboo to something fun to do. Due to the federal ban, marijuana research has been tightly limited and restricted. People are unsure what marijuana actually does due to conflicting research. Thus, while public perceptions of marijuana are rising with ease of access and normalization, the public is still mostly uninformed about the health affects of marijuana use.

When tobacco and alcohol were first around, there was little research regarding the effects of these substances. Little to no perceived negative health risks associated with tobacco or alcohol use accounted for a rise in the number of tobacco smokers and alcohol

consumers. Research was conducted over the time of legality for these substances, and still continues. Research regarding tobacco use showed that tobacco was highly hazardous for personal health. Alcohol, though the distinction is made between alcoholics and “normal” drinkers, has also shown to have negative health risks. As the public became more aware of these health risks associated with tobacco use and alcohol consumption, they also became less accepting of tobacco and alcohol use. Thus, research regarding marijuana’s health effects will affect the public perceptions of marijuana use. However, there is little research for the public to access. When participants were asked to discuss the negative effects of marijuana use, they struggled. Participants either took an extended period of time to answer the question or they would contradict themselves by saying both yes and no. If there was more research and it was widely accessible, perhaps there would be a conclusive answer among participants about the effects of marijuana use.

As discussed previously, laws do not necessarily dictate the amount of marijuana people use. Marijuana prohibition, as with alcohol prohibition, does little to stop or discourage users from using. Elizabeth (age 22) expresses her views on the legalization or recreational marijuana, “well people are just going to smoke it anyway so why not just legalize and tax it? I think its foolish for them not to.” Similar to when alcohol was under prohibition, the laws surrounding the legality of marijuana use does little to prevent marijuana users from using.

When asked to discuss his views on the legalization of recreational marijuana, Charlie (age 22), says,

I mean yeah, its cool but I'm going to smoke either way. What I think needs to be done is for marijuana to be taken off the schedule 1 list. It makes it a lot harder for scientists to you know, take it and study it and actually learn its actual, you know, benefits, and what it really does to us. Because its a

schedule 1 we can't really advance, marijuana as a whole. Recreation is cool; the only real benefit is cops aren't going to bother us as much. Cops are still going to give you a hard time if they smell marijuana or see baggies, they are still going to give you a hard time. Recreational, you can be 21 and smoke it but I think it's a lot more than recreational. We shouldn't just be comfortable with recreational legalization, we need to have a federal push to get it off the schedule 1 list so we can reap the full benefits of the plant

Whether or not marijuana gets legalized on a federal level, Charlie will continue to smoke.

The law does not influence Charlie's decision to smoke marijuana. Rather, it is the believed health benefits associated medical marijuana use that has more of an influence.

Charlie notes however that due to the government's schedule I listing of marijuana, research has been limited regarding the effects of marijuana use. For Charlie, moving marijuana off of the schedule I list and allowing for more, less restrictive research of marijuana use, should be the main goal when it comes to marijuana legalization.

One participant discusses how his perceptions of marijuana changed after he had done some research on marijuana use:

So through out all of high school I thought it was the worst thing in the world. The kids who smoked in high school I wanted nothing to do with them. Um, even into college I was super against it. But then I got kind of curious about it and did my own research on it. I found out you can still be functional and smoke marijuana. Um...And like...and just be a normal person. Not fall into the stoner category so I became more interested in it. (Todd, age 23)

While Todd had been previously against marijuana use, research regarding marijuana use led him to use it recreationally. It was the perceived idea that marijuana users were nonfunctioning members of society, rather than federal laws prohibiting marijuana, that influenced his decision.

Sean (age 31) describes how his experiences of smoking marijuana have changed since when he first started smoking marijuana 16 years ago:

When I first started smoking everyone knew it was illegal, you had to run and hide from the cops for just little amounts of weed. It always felt like you were doing something wrong but like, the way, me and my friends were, we didn't care it was wrong we thought it was fun. Back then it was just because it was a fun thing.

While some people may argue that legalization or decriminalization of marijuana increases usage of marijuana, Sean and his friends were using marijuana when it was still illegal to possess. Previously, when Sean and his friends engaged in marijuana use it was seen as a deviant behavior and something fun but not something that should be done. Now that recreational marijuana has become legalized in Massachusetts, Sean continues to use marijuana, only now he does not have to worry about criminal charges being brought against him for the possession on marijuana. Sean no longer has to hide in the woods to use marijuana; it has become a very different experience for him.

Laws regarding marijuana legality seem to have little effect on the actual use of tobacco. Rather than tightening laws and restriction, the federal government should loosen the restrictions around marijuana in order to allow for more research. Research will lead to a greater public awareness of the health risks and benefits associated with marijuana use so individuals can make their own educated decisions regarding use.

Another dilemma of living within the changing norms of marijuana legality is employment drug testing. Mary (age 23) discussed her struggles to attain a newer higher paying job, and how she had to stop her use of marijuana in order to acquire the job she has now, saying "I quit smoking Pot for a month to get the job I have now." Quitting marijuana smoking was not a problem for her unlike her 10-year struggle to quit tobacco.

It is noteworthy that at the time of the interview with Mary, recreational use of marijuana had been legalized in Massachusetts. Despite the state of Massachusetts allowing for the recreational use of marijuana, the job Mary was applying for in MA required her to pass a drug test, which tested for marijuana as well as other federally illegal drugs. Tobacco and alcohol are not flagged in the drug test, however because they are federally legal substances. Marijuana, because it is stored in the fatty parts of the body, stays in the system longer than any other drug. Drug tests in this way are targeting marijuana users. If a person used both cocaine and marijuana a week before a drug test, only marijuana would be flagged as positive because it lasts a much longer time in the body. The drug test, much like the DUI testing regarding marijuana, is not specific enough to show whether or not the person is using marijuana at work or after work on their own time. Despite the legalization of recreational marijuana, users of marijuana may be prevented or discriminated against when it comes to employment.

We know about almost as much as marijuana's affects as we did in the 80s. In Slaughter's examination of marijuana prohibition in the United States in 1988, he noted, "on the key question of marijuana use and long-term psychological effects, Marijuana and Health acquitted the drug: 'There is not yet any conclusive evidence as to whether prolonged use of marijuana causes permanent changes in the nervous system or sustained impairment of brain function and behavior in human beings'" (428). While this may sound like a positive for marijuana, Slaughter is really commenting on how don't know much about marijuana's long-term effects to draw any conclusions, negative or positive, on prolonged marijuana use. With marijuana's Schedule I listing, almost 20 years after's Slaughter's analyses, we are still left questioning marijuana's long-term effects.

Many interviewees also expressed this concern. Jake (age 25), comments on his views on the legalization of medical marijuana, “I think there’s a lot of research that could be done but that has been stopped, so I’m perfectly fine with the legalization of medical marijuana and I think it could lead to different cures and stuff like that.” Lack of research means we still don’t know the full benefits or potential harm associated with marijuana use.

James (age 30), also explains the paradox:

Right now in 2017 there’s a catch 22 with medical marijuana. There have been some proven medical health benefits yet at the same time there is not a lot of research being done. There isn't research being done because they can't get their hands on it, and they can't get their hands on it because there isn't enough research. I believe that once research expands they will find more health benefits, but its sort of a weird time for medical marijuana. I anticipate that moving forward we will see it more common

Medical marijuana is really in just the developmental stages. There is some, but limited research regarding medical marijuana use. In order for research to progress, marijuana must be removed from the schedule 1 listing, which claims that marijuana has no medical properties. However, because there is limited research of marijuana use, we cannot conclusively say what exact health benefits and drawbacks are associated with marijuana use.

Conclusion

Public perceptions of marijuana are changing to become more positive. However, there is little consideration to long-term effects with marijuana use. Possible concerns of the adverse affects of marijuana were mainly limited to the negative stereotypes surrounding marijuana; many interviewees expressed concerns over short-term risks such as becoming a “lazy stoner” or over eating. Only one participant expressed concern over

the long-term effect of marijuana smoke in the lungs, but she also admitted to not really knowing how exactly marijuana affects the body. Health concerns regarding marijuana use are slim, with no real evidence or research surrounding long-term affects of marijuana use. Marijuana's medicinal properties have people perceiving marijuana as more beneficial than harmful to health.

As marijuana stigmas are loosening, negative stigmas surrounding alcohol and tobacco are growing. Marijuana is perceived to be less harmful than alcohol and tobacco, but again, research is limited regarding the exact affects of marijuana use over time. This analysis suggests then that perceptions regarding marijuana may change depending on what new research discovers regarding the effects of marijuana use. In order for any research to be conducted however, marijuana must be first removed from the federal Schedule 1 label.

Removing marijuana from the Schedule 1 label would have more benefits than drawbacks. For one, despite the fact that marijuana remains illegal on a federal level, marijuana still remains the drug of choice for many Americans. Laws restricting use of marijuana seem to have little affect on actual marijuana use. Removing marijuana from the Schedule 1 list would also allow for the acknowledgement of, on a federal level, the medical value of marijuana. Lastly, the removal of marijuana from the Schedule 1 listing would allow for research to be conducted on marijuana (both medicinally and recreationally). It is vital to the community, especially in the states that have allowed medical and/or recreational use of marijuana, for more research to be conducted regarding marijuana in order to know the benefits and dangers associated with marijuana use.

With laws regarding marijuana legalization changing on a state level, future research should focus on the long-term health risks associated with marijuana use as well as further examining the undeveloped potential behind the medicinal properties of marijuana. Conducting thorough, long-term research is the only way to ensure that the public can make well-informed decisions. It will be interesting to see how exactly public perceptions of marijuana change as new research emerges, and thus more information regarding the health benefits and risks associated with marijuana use becomes more easily accessible.

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Appendix A

Interview Guide

Question 1: First tell me a little about yourself?

Question 2: Tell me about the last year you attended school

Question 3: Describe for me the work you do now

3b: Do you like it?

3c: How long have you been in the industry?

Question 4: Describe a typical day for me

SUBSTANCE VIEWS:

Question 5: Describe your views on the use of tobacco

Question 6: Describe your views on the use of alcohol

Question 7: Describe your views on the legalization of medical marijuana

Question 8: Describe your views on the legalization of recreational marijuana

Question 9: Do you believe there are any negative consequences with marijuana use?

SUBSTANCE EXPERIENCE:

Question 10: Tell me about how tobacco was present in your life growing up

Question 11: Tell my about your use of tobacco currently

11b: Tell me about your previous use

11c: Describe for me how tobacco makes you feel?

Question 12: Tell me about how alcohol was present in your life growing up

Question 13: Tell me about your current use of alcohol

13b: Tell me about your previous use

13c: How does alcohol make you feel?

Question 14: Tell me about your experiences with marijuana?

Question 15: How was it present in your peer group?

Question 16: Tell me about any current use of marijuana

Question 17: Describe any previous use of marijuana

Question 18: Why do you use marijuana?

18a: How does marijuana make you feel?

Question 19: Tell me about your first experience with marijuana?