

# Cannabis Use: Attitudes, Benefits & Risks

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## Introduction: Defining Attitudes and Cannabis

Attitudes toward **cannabis use** represent a complex psychological construct, deeply rooted in historical context, individual experience, and evolving socio-legal frameworks. In psychology, an attitude is defined as a relatively enduring organization of beliefs, feelings, and behavioral tendencies directed toward a socially significant object, group, event, or symbol. When applied to cannabis, these attitudes reflect not merely whether an individual uses the substance, but the underlying cognitive evaluations, emotional responses, and readiness to act in favor of or against its consumption, legalization, or social acceptance. Understanding these attitudes is crucial, particularly as cannabis transitions from a highly restricted, illicit substance to a regulated commodity in many jurisdictions globally, necessitating a shift in public perception and policy implementation. This entry explores the multifaceted nature of these attitudes, examining their formation, the factors that influence their strength and valence, and their ultimate impact on public health behaviors and legislative outcomes, emphasizing the dynamic interplay between personal psychology and the broader social environment.

The object of the attitude--cannabis--itself is highly ambiguous and multidimensional, contributing significantly to the variance observed in public opinion. Attitudes may be directed towards various aspects of cannabis, including recreational use, medicinal application, cultivation, distribution, and taxation. For instance, an individual might hold a positive attitude toward **medical cannabis** for treating chronic pain while simultaneously maintaining a strongly negative attitude toward recreational use due to concerns about impaired driving or addiction risk. This differentiation highlights the need for precise measurement in attitude research, recognizing that global attitudes towards "marijuana" often obscure nuanced beliefs about specific contexts of use. Furthermore, the psychoactive component, **tetrahydrocannabinol (THC)**, and the non-psychoactive component, cannabidiol (CBD), elicit distinct psychological and physiological effects, which in turn shape the affective and cognitive components of attitudes held by both users and non-users.

The significance of studying attitudes toward cannabis extends beyond academic interest, directly influencing critical societal outcomes. Strong, negative attitudes often fuel prohibitionist policies and contribute to stigma against users, which can impede access to necessary medical treatment and undermine harm reduction efforts. Conversely, overwhelmingly positive attitudes, particularly among younger populations, can sometimes underestimate potential risks associated with heavy or early use, leading to increased public health challenges related to dependence or mental health comorbidity. Therefore, the measurement and analysis of these attitudes serve as a vital barometer for public readiness regarding policy changes and provide essential data for crafting effective, evidence-based public health campaigns designed to maximize benefits while mitigating potential harms associated with wider access.

## Historical and Societal Context of Cannabis Attitudes

Attitudes toward cannabis are inextricably linked to historical narratives, particularly the early 20th-century movements that led to its criminalization in many Western nations. The shift from relatively benign cultural acceptance in the early 1900s to widespread societal condemnation was driven largely by political maneuvering, racial prejudice, and sensationalized media campaigns, most notably the infamous *Reefer Madness* propaganda. This era successfully embedded a deeply negative cognitive framework--associating cannabis with criminality, moral decay, and madness--into the collective subconscious, forming the bedrock of negative attitudes that persisted for decades. Even today, the legacy of this historical stigma influences implicit attitudes and contributes to reluctance among certain demographic groups, particularly older generations, to accept legalization or normalization.

The latter half of the 20th century saw a significant counter-cultural shift, particularly during the 1960s and 1970s, where cannabis use became intertwined with civil rights, anti-establishment movements, and personal freedom. This period introduced a strong positive affective component to the attitude object for many younger individuals, viewing cannabis as a symbol of rebellion and cultural identity, directly contrasting with the formal societal disapproval enforced by the War on Drugs. This dualistic societal perspective--where cannabis was simultaneously celebrated by counter-culture and aggressively prosecuted by the state--created a profound attitudinal polarization, making consensus challenging and policy reform highly contentious. The ongoing debate over decriminalization versus legalization continues to reflect this historical tension between personal liberty and state control.

Crucially, societal attitudes are heavily influenced by the legal status of cannabis, demonstrating a powerful feedback loop between policy and perception. When jurisdictions move from prohibition to regulated markets, the perceived risk associated with use generally declines, and the social acceptability increases, a phenomenon observed in states like Colorado and Washington. Legalization inherently communicates a message of reduced societal disapproval, shifting the attitude framework from one of moral failing to one of personal choice and consumer responsibility. This normalization process is critical, as it changes the subjective norms--the perceived social pressure to engage or not engage in a behavior--which are powerful predictors of individual behavioral intent, as articulated in models like the Theory of Planned Behavior.

## Psychological Models of Attitude Formation

To systematically analyze attitudes toward cannabis, psychologists frequently employ the multi-component model, often referred to as the **ABC Model**, which posits that attitudes are comprised of three distinct, yet interconnected, elements: the Affective component, the Behavioral component, and the Cognitive component. The Affective component refers to the emotional

reactions or feelings an individual has toward cannabis, ranging from strong feelings of relaxation and pleasure to intense anxiety, moral disgust, or fear of legal repercussions. These emotional responses are often the most difficult to change and can be powerful drivers of overall attitude valence, particularly in cases where the individual has had direct, highly charged personal experiences with the substance or its consequences.

The Cognitive component encompasses the beliefs, knowledge, and thoughts an individual holds about cannabis. This includes factual beliefs (e.g., "Cannabis is effective for treating nausea"), perceived risks (e.g., "Cannabis impairs memory"), and evaluative judgments (e.g., "Legalization will increase tax revenue"). As the scientific literature on cannabis expands, the cognitive component of public attitudes is becoming increasingly complex, challenging long-held myths and demanding the integration of new, evidence-based data regarding both therapeutic benefits and potential long-term risks. Furthermore, the source credibility of information--whether from scientific journals, government warnings, or anecdotal reports from peers--significantly mediates the strength and impact of these cognitive beliefs on the overall attitude structure.

Finally, the Behavioral component refers to past behaviors or intentions to engage in behaviors related to cannabis, such as actual use, willingness to advocate for policy change, or avoidance of individuals who use the substance. While attitudes are often assumed to predict behavior, the relationship is bidirectional: engaging in a behavior (e.g., trying cannabis recreationally) can fundamentally shift the cognitive and affective components of the attitude, often through mechanisms like cognitive dissonance reduction. If an individual tries cannabis and enjoys the experience, they may subsequently rationalize away previous negative beliefs about its dangers, thereby aligning their attitude with their behavior. Conversely, negative behavioral outcomes, such as experiencing a panic attack or facing legal trouble, can immediately solidify a negative attitude, even if previous cognitive beliefs were neutral.

## Key Determinants of Individual Attitudes

Individual attitudes toward cannabis are shaped by a confluence of demographic, experiential, and personality factors. **Age** and **generational cohort** are among the most robust predictors, with younger individuals consistently displaying more permissive and positive attitudes compared to older adults, reflecting the cultural shifts that have occurred over the past few decades regarding substance use and social norms. Furthermore, gender differences, while often subtle, sometimes emerge, with males historically reporting slightly more positive attitudes toward recreational use, though these gaps are rapidly closing in areas where cannabis is legalized and normalized. Socioeconomic status and educational attainment also play a role, often correlating with greater access to diverse information sources, leading to potentially more nuanced and less polarized cognitive attitudes regarding risks and benefits.

Perhaps the most influential determinant is **direct personal experience** with cannabis. Individuals who have used cannabis, particularly those who report positive subjective effects, are overwhelmingly likely to hold positive attitudes toward its continued use and legalization. Conversely, negative experiences, whether psychological (e.g., paranoia, anxiety) or consequential (e.g., job loss, legal sanctions), often solidify intensely negative attitudes. Beyond direct use, vicarious experience--observing the use and outcomes among family members or close friends--also significantly shapes attitude formation, particularly among adolescents who rely heavily on peer reference groups for establishing subjective norms. The perceived prevalence of use within one's social circle often acts as a powerful normalizing factor, reducing the perceived psychological and social risk associated with the behavior.

Personality traits also mediate attitude formation. Individuals high in traits such as **openness to experience** and **sensation seeking** tend to exhibit more favorable attitudes toward cannabis and other novel or potentially risky activities, driven by a desire for varied and intense sensory input. Conversely, those high in conscientiousness or neuroticism may exhibit stronger negative attitudes, often rooted in concerns about control, adherence to rules, and potential health consequences. Furthermore, underlying psychological factors, such as coping styles and perceived levels of stress, can influence attitudes toward cannabis as a potential coping mechanism, where individuals who view the substance as an effective stress reliever are more likely to develop positive affective and cognitive attitudes toward its utility.

## The Role of Media, Policy, and Legislation

Mass media plays a fundamental, though often contradictory, role in shaping public attitudes toward cannabis. Historically, media coverage was dominated by negative framing, emphasizing risks, addiction, and criminality, aligning with government prohibition efforts. However, in the modern era, the media landscape has diversified significantly, introducing complex narratives that highlight medicinal benefits, economic opportunities related to legalization, and the social injustice resulting from past enforcement. This shift in framing affects the cognitive component of attitudes, forcing individuals to reconcile conflicting information. The rise of social media further complicates this dynamic, creating echo chambers where attitudes are reinforced through selective exposure to content--users seeking positive information about cannabis are disproportionately exposed to advocacy and positive testimonials, strengthening their initial positive valence.

Government policy and legislation are arguably the most powerful external forces influencing public attitudes. The very act of **decriminalization** or **legalization** acts as an institutional signal, significantly lowering the perceived societal threat and moral repugnance associated with cannabis use. This institutional endorsement alters subjective norms almost immediately; what was once considered deviant behavior becomes a regulated consumer choice. Conversely, policies that maintain strict prohibition, even when faced with growing public support for change, reinforce

negative attitudes among compliant citizens and conservative demographic groups, maintaining the perception of high risk and social unacceptability. The specifics of the policy--such as restrictions on public consumption, age limits, and advertising regulations--also subtly shape attitudes toward responsible use versus potential misuse.

The economic implications of policy shifts also profoundly influence attitudes, particularly the cognitive assessment of benefits. The reported tax revenues generated by legal cannabis markets often appeal to fiscally conservative segments of the population who might otherwise hold negative moral attitudes toward drug use. When funds from cannabis sales are earmarked for public goods, such as education or infrastructure, the perceived utility and public benefit of legalization increase, fostering a more positive overall attitude among the general public. Furthermore, the emergence of a legitimate, regulated cannabis industry creates new professional roles and investment opportunities, normalizing the substance within the economic sphere and further eroding the historical stigma associated with the black market.

## Attitudinal Change and Persuasion

Changing deep-seated attitudes toward cannabis is a complex process requiring targeted persuasive communication strategies that address the cognitive, affective, and behavioral components simultaneously. According to the Elaboration Likelihood Model (ELM), persuasion can occur via two routes: the central route, focusing on logical arguments and evidence (cognitive change), and the peripheral route, relying on emotional appeals and source attractiveness (affective change). Public health campaigns aimed at reducing adolescent use, for example, often utilize the central route by presenting rigorous scientific data on developmental risks, but must also employ peripheral cues, such as relatable messengers or fear appeals, to capture attention and influence immediate emotional response.

Effective attitude change often requires challenging existing cognitive schemas or deeply held beliefs. For individuals holding negative attitudes based on outdated information (e.g., believing cannabis is a "gateway drug"), persuasion must involve credible sources presenting refutational evidence that directly addresses and dismantles the specific, erroneous belief. However, individuals are often resistant to information that contradicts their existing attitudes due to confirmation bias. Therefore, persuasive messages are most effective when they frame new information in a way that aligns with the target audience's existing values. For instance, promoting legalization to a conservative audience might focus on personal liberty and the failure of prohibition, rather than solely on recreational pleasure.

The most challenging form of attitude change relates to the affective component, particularly moral attitudes rooted in disgust or religious beliefs. These attitudes are resistant to purely cognitive appeals. Changing them typically requires repeated exposure to positive behavioral models and

systematic desensitization to the attitude object. For instance, the normalization achieved through medicinal cannabis use--where the substance is framed as necessary medicine administered by trusted healthcare professionals--has been remarkably effective in reducing the affective negativity surrounding cannabis for many older adults, decoupling the substance from its historical association with criminality and moral failure.

## Behavioral Outcomes and Health Implications

The primary psychological interest in attitudes toward cannabis lies in their predictive power regarding **behavioral outcomes**, especially substance use initiation, frequency, and adherence to legal regulations. Generally, a positive attitude toward cannabis strongly correlates with a higher likelihood of use and greater frequency of consumption, consistent with the principle of attitude-behavior consistency. However, this relationship is moderated by several factors, including perceived behavioral control (the belief that one can easily access or control the use of cannabis) and subjective norms (the perceived approval or disapproval of important reference groups, such as peers and family). When positive attitudes are coupled with strong perceived control and permissive subjective norms, the likelihood of frequent use increases substantially.

Attitudes also significantly influence public health behaviors beyond consumption. For example, negative attitudes toward treatment seeking, often fueled by the stigma associated with drug use, can prevent individuals from accessing necessary help for cannabis use disorder. Conversely, overly positive attitudes that minimize the risks of heavy use can contribute to risk-taking behaviors, such as driving under the influence or combining cannabis with other substances. Therefore, public health interventions must often target attitudes not only toward the substance itself but toward related behaviors, such as responsible consumption, adherence to legal limits, and willingness to seek professional intervention when dependence develops.

Finally, the collective public attitude dictates the success and shape of future regulatory frameworks. As attitudes continue to liberalize across many Western nations, policy debates are shifting from whether to legalize to how to regulate effectively. Positive collective attitudes create a political environment conducive to progressive regulation, focusing on consumer safety and social equity. Conversely, strong pockets of negative attitudes can lead to highly restrictive regulatory environments, such as excessive taxation or limitations on advertising, which may inadvertently sustain the black market. Understanding the distribution and intensity of these attitudes is therefore essential for policymakers aiming to craft legislation that is both socially acceptable and maximally effective in achieving public health and safety goals.

## Future Directions in Attitude Research

Future research on attitudes toward cannabis use must grapple with the increasing complexity

introduced by commercialization and product diversification. The emergence of highly potent concentrates, edibles, and specialized CBD products requires researchers to move beyond measuring generalized attitudes toward "cannabis" and assess attitudes toward specific delivery methods and cannabinoid profiles. This specificity is crucial because attitudes toward vaping high-THC concentrates may differ drastically from attitudes toward consuming CBD oil for anxiety, necessitating more granular measurement tools to accurately predict specific consumption behaviors and risk perceptions.

Furthermore, the role of **implicit attitudes**--unconscious, automatic evaluations that influence behavior outside of conscious control--is a burgeoning area of study. While self-report measures capture explicit attitudes, implicit association tests (IATs) can reveal underlying biases and emotional associations, particularly in populations where social desirability biases might skew explicit responses (e.g., adolescents reporting low use intentions despite high implicit positive associations). Understanding how implicit attitudes interact with explicit cognitive beliefs is vital for designing effective, non-obvious interventions that target automatic psychological processes driving behavior.

Lastly, longitudinal studies are necessary to track attitudinal shifts in newly legalized jurisdictions over time. As the novelty of legalization wears off, how do attitudes stabilize? Do initial positive attitudes among adults translate into long-term changes in perceived risk among adolescents? Research must focus on the long-term impact of normalization on subjective norms and the relationship between evolving attitudes and longitudinal health outcomes, providing the necessary evidence base to refine public health messaging and regulatory policy in a rapidly changing global environment.