CHAPTER III : RESEARCH METHODOLOGY

This chapter describes the study's research design, location, and demographic sample, including who was included and excluded. In addition, this chapter explains the instrument used to collect data from the sample, the reliability and validity of the scoring technique, and the analytic procedure.

3.0 RESEARCHER DESIGN

According to Creswell (2009), research designs are plans and procedures for conducting research that encompasses decisions ranging from broad hypotheses to specific data collection and analysis techniques. The quantitative approach is the most appropriate for the problem, identifying elements that influence an outcome, the utility of an intervention, or discovering the most accurate predictors of outcomes. It is also the most effective method for testing an idea or explanation.

Based on the preceding statement, the survey method is the best option for this study to determine the level of acceptance towards the decriminalization of medical marijuana in Malaysia from two randomly selected sample groups, as well as their perceptions of the risks associated with medical marijuana because survey research will provide a quantitative or numerical description of that population's trends, attitudes, or opinions. Through this method, precise statistical data will be produced.

3.1 LOCATION OF THE STUDY

This study focused on the population in Kuala Lumpur. Kuala Lumpur is the capital of Malaysia and has a population of 1,875,900. Although Kuala Lumpur has a

very high population density and rapid development, the ratio of Drug Addicts and Substance Abusers to residents in Kuala Lumpur is at a moderate level of 0.38 for 2020.

Figures 3.1

Number of drug addicts and substance abusers by state and estimates population in 2020.

NEGERI	BILANGAN PENYALAH GUNA & PENAGIH DADAH SERTA BAHAN 2020	%	ANGGARAN JUMLAH PENDUDUK 2020 ('000)	NISBAH BILANGAN PENYALAH GUNA & PENAGIH DADAH SERTA BAHAN / ANGGARAN PENDUDUK	BILANGAN PENYALAH GUNA & PENAGIH DADAH SERTA BAHAN BAGI PER 100,000 PENDUDUK
TERENGGANU	12,499	9.7%	1,258.50	0.99	993
PAHANG	12,170	9.5%	1,676.80	0.73	726
KELANTAN	13,649	10.6%	1,904.90	0.72	717
PERLIS	1,778	1.4%	254.70	0.70	698
NEGERI SEMBILAN	6,589	5.1%	1,127.10	0.58	585
MELAKA	4,855	3.8%	931.80	0.52	521
KEDAH	10,518	8.2%	2,182.60	0.48	482
PULAU PINANG	7,633	5.9%	1,770.40	0.43	431
JOHOR	16,138	12.6%	3,773.50	0.43	428
WP KUALA LUMPUR**	7,117	5.5%	1,875.90	0.38	379
PERAK	8,604	6.7%	2,507.90	0.34	343
SARAWAK	7,963	6.2%	2,813.10	0.28	283
SABAH*	7,857	6.1%	3,982.20	0.20	197
SELANGOR	10,955	8.5%	6,524.60	0.17	168
JUMLAH	128,325	100.00%	32,584.00	0.39	394

Note: Adapted from Buku Maklumat Dadah 2020 by AADK, 2020, p.16.

Buku Maklumat Dadah 2020 by AADK (2020) also shows a decreasing trend in the number of addicts detected in Kuala Lumpur from 2016 until 2020. The number of individuals who detected drug addiction in Kuala Lumpur in 2016 was 1663, but this number decreased to 1011 individuals in 2020.

Figures 3.2

Number of drug addicts detected by state in 2016 until 2020.

NEGERI / TAHUN	KES / INDIVIDU	2016	2017	2018	2019	2020
JOHOR	PER KES	2,565	2,108	2,352	2,371	2,564
	PER INDIVIDU	2,548	2,092	2,346	2,365	2,536
KEDAH	PER KES	3,862	2,655	2,693	3,582	2,372
	PER INDIVIDU	3,835	2,642	2,683	3,556	2,363
KELANTAN	PER KES	3,233	3,700	4,153	2,998	2,271
	PER INDIVIDU	3,064	3,566	4,022	2,922	2,224
TERENGGANU	PER KES	1,676	2,044	2,057	2,123	2,240
	PER INDIVIDU	1,664	1,995	2,043	2,104	2,188
PERAK	PER KES	2,639	1,557	1,820	2,046	1,821
	PER INDIVIDU	2,617	1,540	1,808	2,038	1,787
PULAU PINANG	PER KES	5,081	3,844	2,303	2,893	1,727
	PER INDIVIDU	4,702	3,592	2,247	2,832	1,656
SELANGOR	PER KES	3,176	2,375	2,228	2,385	1,712
	PER INDIVIDU	3,146	2,358	2,218	2,368	1,702
PAHANG	PER KES	2,419	2,088	1,749	1,672	1,395
	PER INDIVIDU	2,339	2,048	1,726	1,649	1,366
WP KUALA LUMPUR	PER KES	1,695	1,655	1,223	1,023	1,024
	PER INDIVIDU	1,663	1,597	1,214	1,011	1,011
SABAH	PER KES	1,044	1,047	1,200	1,574	834
	PER INDIVIDU	1,041	1,045	1,200	1,573	834
MELAKA	PER KES	930	613	736	819	829
	PER INDIVIDU	916	608	734	815	816
NEGERI SEMBILAN	PER KES	1,172	1,012	1,374	1,244	812
	PER INDIVIDU	1,163	990	1,365	1,227	794
SARAWAK	PER KES	534	440	693	852	634
	PER INDIVIDU	530	438	693	852	632
PERLIS	PER KES	692	654	582	316	281
	PER INDIVIDU	674	628	569	315	278
WP LABUAN	PER KES	79	92	72	139	90
	PER INDIVIDU	78	92	72	139	90
WP PUTRAJAYA	PER KES	47	38	32	43	37
	PER INDIVIDU	47	38	32	37	36
JUMLAH	PER KES	30,844	25,922	25,267	26,080	20,643
	PER INDIVIDU	30,027	25,269	24,972	25,803	20,313

Note: Adapted from Buku Maklumat Dadah 2020 by AADK, 2020, p.39.

Kuala Lumpur also has the best data network coverage in Malaysia. It contributes to a better information disclosure factor about decriminalizing marijuana than other states. According to a study conducted by OPENSIGNAL LIMITED in 2020, most states in Malaysia have a high percentage of 4G network coverage. However, only Kuala Lumpur has a percentage above 90%.

In addition, Oshi et al. (2019) conducted a study on the factors associated with awareness among the public in Jamaica of the decriminalization of marijuana. This study was conducted after the Jamaica government amended the Dangerous Drugs Act (DDA, 2015) in 2015 to decriminalize marijuana to allow possession of marijuana in specified small quantities, the smoking of marijuana in specified circumstances, a scheme of licenses, permits, and other authorizations for medical, therapeutic, or scientific purposes. The results of this study show that those in the city and with a higher level of education have a better level of awareness regarding the decriminalization of marijuana. Based on the above factors, Kuala Lumpur was chosen as the location for this study.

3.2 POPULATION AND SAMPLING

3.2.1 THE NARCOTICS DEPARTMENT OF PDRM

The Narcotics Crime Investigation Department is one of the departments within the Royal Malaysian Police (PDRM). This department was established to combat the symptoms of drug distribution and abuse. This department was reorganized on January 2, 1996, and headed by a director with the rank of Police Commissioner. The main goal of the Narcotics Department is to achieve an efficient and excellent service in dealing with the country's drug problem. This department has achieved various successes in combating narcotics crime in Malaysia.

Apart from the Bukit Aman Narcotics Department, the narcotics team is also at the Kuala Lumpur Contingent Headquarters and the District Police Headquarters. There are five District Police Headquarters in the Kuala Lumpur Contingent: Dang Wangi, Brickfields, Cheras, Sentul and Putrajaya. Each of these districts has its own narcotics enforcement unit. Concerning the significant role played by the department, it is

inevitable that the decriminalization of marijuana in Malaysia will significantly impact the implementation of narcotics law enforcement. So, this study chose these enforcement units based on their extensive experience in narcotics in general and marijuana in particular.

3.2.2 PUSPEN SUNGAI BESI

On 30 December 2004, in line with environmental challenges and long-term needs, the Government approved the AADK Act 2004. Also, it approved the establishment of the National Anti-Drug Agency (AADK), which was given a mandate and main functions in the aspects of prevention, detection, arrest, enforcement, investigation, and prosecution of offenders involving drug offenses as the treatment and rehabilitation of drug addicts. The AADK Act 2004 empowers the AADK to carry out special preventive detention for those who are related to any activity related to or involving drug trafficking. In addition, the AADK also has the power to confiscate property associated with any activities related to drug offenses and collect security intelligence related to drug activities.

Pusat Pemulihan Penagihan Narkotik (PUSPEN), formerly known as Pusat Serenti is a drug rehabilitation center funded by AADK. There are 30 PUSPENs in Malaysia divided into nine categories. PUSPEN Sungai Besi began operating in 1989 as an Extended Care Center and was upgraded to a Serenti Center in 1992. PUSPEN Sungai Besi is the only PUSPEN in Kuala Lumpur. The uniqueness of PUSPEN Sungai Besi is that it is one of the five PUSPENs that accept trainees who attend voluntarily. Able to accommodate up to 150 people at a time, PUSPEN Sungai Besi is a second chance for drug addicts to do rehabilitation. This study chose this organization as the intended sample because there are individuals who have involved with drug and

voluntarily want to recover themselves from drug. These individuals might have a unique opinion on the decriminalization of medical marijuana in Malaysia.

3.2.3 SAMPLING

The sample size for this study was determined using Krejcie and Morgan's (1970) table for determining sample size. The sample size determination table was the calculation by the sample size, n, required to generate a confidence interval (usually + 5%) around the sample percentage that contains the actual population percentage in 95% (confidence level) of all samples equal to n. In addition, convenience sampling techniques are used to select the sample.

Figures 3.3

Krejcie and Morgan's (1970) table.

Populasi	Sampel	Populasi	Sampel	Populasi	Sampel	Populasi	Sampel	Populasi	Sampel	Populasi	Sampel
10	10	85	70	220	140	440	205	1200	291	4000	351
15	14	90	73	230	144	460	210	1300	297	4500	354
20	19	95	76	240	148	480	214	1400	302	5000	357
25	24	100	80	250	152	500	217	1500	306	6000	361
30	28	110	86	260	155	550	226	1600	310	7000	364
35	32	120	92	270	159	600	234	1700	313	8000	367
40	36	130	97	280	162	650	242	1800	317	9000	368
45	40	140	103	290	165	700	248	1900	320	10000	370
50	44	150	108	300	169	750	254	2000	322	15000	375
55	48	160	113	320	175	800	260	2200	327	20000	377
60	52	170	118	340	181	850	265	2400	331	30000	379
65	56	180	123	360	186	900	269	2600	335	40000	380
70	59	190	127	380	191	950	274	2800	338	50000	381
75	63	200	132	400	196	1000	278	3000	341	75000	382
80	66	210	136	420	201	1100	285	3500	346	1000000	384

Note: Adapted from *Determining Sample Size for Research Activities* by Krejcie and Morgan's (1970), p.608.

Based on Krejcie and Morgan's table, 168 respondents have answered the questionnaire that has been distributed, with 98 respondents being from PUSPEN clients and 70 being police officers.

Table 3.1

The sample size table for this study.

Location	Population	Sampling
PUSPEN Sungai Besi	130	98
Enforce team for The Narcotics Department of PDRM at Kuala Lumpur and Bukit Aman	85	70

Note: Population is based on 2022.

3.2.4 INCLUSION AND EXCLUSION OF SAMPLE

Inclusion of sample for Police officers:

i. Consists of those directly involved in drug enforcement

Inclusion of sample for Substance abusers:

i. Consists of those directly involved in drug

ii. Older than 18 years of age.

Exclusion of sample:

i. Responding to the questionnaire while under the influence of drugs, without a sound mind or insanity.

3.3 INSTRUMENT

This study adopted a questionnaire from a 2022 study conducted by Mohd Hafizuddin on the approval of the decriminalization of medicinal marijuana among adults in Selangor, Malaysia (as cited in Rahmat Dapari et al., 2022). This study employed self-administered questionnaires in two language versions (English and Malay) and two forms (Google Form and Paper Form). This questionnaire is administered in two languages and formats for the subject's convenience and comfort when responding to the questions. The questionnaire contains three sections as below:

3.3.1 SECTION 1: SOCIODEMOGRAPHIC, SOCIOECONOMIC AND LIFESTYLE FACTORS

Section 1 consists of 19 mixed questions to collect data on sociodemographic, socioeconomics and lifestyle factors. This section was adapted from a study on Support for Marijuana Legalization and Predictors of Intentions to Use Marijuana More Often in Response to Legalization Among U.S. Young Adults. This study was conducted by Cohn A. M. et al. (2017) using 3532 samples from the United States. This study explores the prevalence and correlates of support for marijuana legalization among U.S. young individuals and the intention to use marijuana more frequently if legalization occurs. According to the study's findings, 39% of the sample and 9% of non-marijuana users supported the legalization of marijuana. Perceptions that marijuana is less dangerous than cigarettes are substantial risk factors supporting marijuana legalization and plans to use more frequently among nonusers, according to multivariable models.

Section 1 initially consisted of 21 multiple-choice questions but was reduced to 19 multiple-choice questions. Based on the findings of a previous study conducted by Rahmat Dapari et al. (2022), only nine independent variables made a statistically

significant contribution to the investigation. However, this modification does not affect the instrument's reliability because it only involves socioeconomics, namely Monthly individual and household income. These two items also do not give a suitable picture for this study because of the unbalanced economic demographics of the two groups studied. The Employment Status item is sufficient to describe the respondents' socioeconomic status.

3.3.2 SECTION 2: PERCEIVED RISK OF MEDICAL MARIJUANA

This section was also adapted from a study titled Marijuana Legalization and Predictors of Intentions to Use Marijuana More Frequently in Response to Legalization Among U.S. Young Adults for the perceived risk of harm associated with medical marijuana use and perceived approval of the use of medical marijuana. While for the perceived danger of medical marijuana, the component was developed from a Michigan study examining the factors related to opinions for marijuana legalization. Ellis J. D. et al. (2019) conducted this study utilizing data from a statewide sample of Michigan people. This study investigated whether people who support, oppose, or are unclear about legalization change according to demographics, marijuana use, and perceived danger associated with marijuana use. According to the study's findings, those who are older and believed to have a more significant potential for marijuana users are less likely to be uncertain about legalization compared to relative to those who are against legalization. At the same time, those who had left the center or reported lifetime marijuana use were more likely to be uncertain about legalization. In addition, those who reported recent or lifetime marijuana use were more likely to support legalization than those who were older, female, or viewed marijuana use as risky.

Part 2 contains ten questions using a 5-point Likert scale to assess the perceived risk of medical marijuana and is divided into three subsections. For the first subsection, four questions focus on the Perception of Medical Marijuana Use among respondents. Each item of this question is rated with a score scale of 0 to 4 (0 = Strongly Disagree, 4 = Strongly Agree) to reflect their level of perception. For the second subsection, 3 questions focus on the Risk Perception of Medical Marijuana Use. Each item in this question is rated on a score scale of 0 to 4 (0 = No Risk, 4 = High Risk). While for the third subsection, 3 questions focus on the Perception of Acceptance of Medical Cannabis Use. Each item in this question is rated with the same score scale as the first, which is 0 to 4 (0 = Strongly Disagree, 4 = Strongly Agree).

3.3.3 SECTION 3: ACCEPTANCE TOWARDS DECRIMINALIZATION OF MEDICAL MARIJUANA IN MALAYSIA

This part was also derived from the Michigan study on the traits related to marijuana legalization beliefs. This section focuses on whether the sample is willing to use medical marijuana as an alternative therapy or for their families and are they agree with the decriminalization of medical marijuana in Malaysia.

Section 3 consists of five questions using a 5-point Likert scale to assess the overall acceptance towards decriminalization of medical marijuana in Malaysia with a score scale of 0 to 4 (0 = Strongly Disagree, 4 = Strongly Agree).

3.4 DATA COLLECTION PROCEDURE

This study examined the perception of the risk of medicinal marijuana and the acceptance of decriminalization of medical marijuana in Malaysia among police officers and substance abusers in the Kuala Lumpur area by using a model quantitative

and convenience sampling method. The instrument was adapted from a 2022 questionnaire study by Mohd Hafizuddin (as cited in Rahmat Dapari et al., 2022). Data were collected by two methods, online (Google form) and face-to-face (paper form). These two methods are used due to limited response time where police officers are more bound by strict duty hours, so the online method (Google form) is more suitable for them compared to substance abusers; they have freer to spend time to answer the questions face-to-face (paper form).

Convenience sampling was chosen because it is more practical to implement due to the confidentiality of respondents' information and the difficulty of gathering them simultaneously at the same time. According to Stratton (2021), convenience sampling is the most excellent strategy for researching specific populations when collecting data or information from the entire population is impractical. It may occur when population members cannot be identified or contacted individually or when the population is too vast to permit a census-based study (one in which each individual is invited to participate). In situations where the entire population cannot participate in a study or the individuals of the target population cannot be recognized individually, sampling is used to collect data presumed to be representative of the target population. In population research, there are two primary sorts of sampling strategies. Probability approaches are more objective than non-probability procedures. They are a sampling in which the researcher does not invite every member of a target population to participate in an experiment. Participants are referred to the researcher by the researcher or self-select to participate in a study. It is vital that non-probability sampling does not let researchers extrapolate study outcomes to the broader population; instead, non-probability sampling research results can only be applied to the research participants.

Non-probability sampling studies cannot determine sample error or data precision about the target population.

A total of 168 respondents consisting of 98 PUSPEN clients and 70 police officers, answered the questionnaire. Before completing the questionnaire, approval was sought from each participant through a paper or electronic consent form authorizing the use of the information they provided for the research.

3.5 DATA ANALYSIS

Compare Means Analysis was used to answer research questions one and two to examine this association. According to Tae Kyun Kim (2015), T-test is a statistical test used to compare the means of two groups. It is one of the most common statistical hypothesis tests in scientific research. Two types of statistical inference exist parametric and nonparametric approaches. The term "parametric techniques" refers to a statistical methodology in which the probability distribution of probability variables is defined, and inferences are made about the distribution's parameters. When the probability distribution cannot be determined, nonparametric approaches are utilized.

In this study, the Mann-Whitney U Test is used to show the validity of the hypothesis for research questions three and four because the data obtained is a non-normal distribution. According to Kasuya (2001), the Mann-Whitney U test is one of behavioural science's most commonly used non-parametric statistical tests. The Mann-Whitney U test can answer the researcher's question regarding group differences.

Table 3.2

A model frame of data analysis for research question.

Research Question	Data Analysis
What is the level of acceptance towards decriminalization of medical marijuana in Malaysia among police officers and substance abusers in Kuala Lumpur?	Compare Mean Analysis
What is the perceived risk of medical marijuana among police officers and substance abusers in Kuala Lumpur?	Compare Mean Analysis
Is there a difference between police officers and substance abusers on the acceptance of decriminalization of medical marijuana in Malaysia?	Mann-Whitney U Test
Is there a difference between police officers and substance abusers in the perceived risk of medical marijuana?	Mann-Whitney U Test

3.5.1 RELIABILITY TEST

The reliability test objective is to check whether a scale indicates that it is free from random error. In addition, the reliability of a measure indicates the extent to which it is without bias in ensuring consistent measurement across time and various items in the instruments. The reliability of the scales instrument used in this study was tested through Cronbach's alpha coefficient.

In this study, the reliability test was conducted and the alpha values is 0.749. Similarly, the previous study conducted by Ramat Dapari et al. (2022) obtained alpha values is 0.708. Both of these results show that this questionnaire has acceptable reliability. According to Nunnally (1978) and DeVellis (2003) a minimum level of 0.70 for the scale of variable is considered as being high reliability.

3.5.2 VALIDITY TEST

The objective of the validity test is to evaluate whether the questionnaire's questions address the appropriate idea (Sekaran, 2003). For content validity, the questionnaire was evaluated by subject experts to ensure that the items used in the instrument were in line with the objectives of the study. The questionnaire was then translated into Malay to ensure reliability.

3.6 CONCLUSION

Data sampling for this study was focused on two groups, namely police officers of the narcotics branch and clients at PUSPEN Sungai Besi, normality tests indicate that the distributed sample is abnormal. The Cronbach's alpha coefficient test confirms the validity and reliability of the instrument adopted in this study.

CHAPTER IV :FINDINGS AND ANALYSIS

This chapter describes the analyses of the data collected from Police officers and drug addicts in the Kuala Lumpur area from a questionnaire. A total of 168 valid and usable data were analyzed. It starts with the demographic characteristics of the respondents. After that, the Means comparison and Mann-Whitney U Test. Finally, the analysis of the result is presented.

4.0 DEMOGRAPHIC CHARATERISTICS OF RESPONDENTS

This section includes information obtained from respondents' Sociodemographic, socioeconomic and lifestyle profiles. The information contained in these three profiles is gender, race, academic background, employment status and smoking and alcohol lifestyle. A detailed overview of the demographic profiles of the respondents is presented in Table 4.1.

Based on the sample collected through the distribution of questionnaires, 165 (98.21%) respondents were male, and only three (1.79%) were female. For the breakdown of ethnic group, 146 (86.9%) respondents are Malay, 13 (7.74%) are other races, seven (4.17%) respondents are Indian, and two (1.19%) respondents are Chinese. The majority of the respondents have SPM/ STPM/ Matriculation/ Diploma as their highest educational qualification achieved 60 (35.71%). 70 (41.67%) respondents were government employees, and 98 (58.33%) were unemployed.

Table 4.1

The Demographic Profiles of the Respondents.

			Frequency, n	**Percentage, %**
Gender	Male		165	98.21
	Female		3	1.79
		Total	168	100
Race	Malay		146	86.90
	Other races		13	7.74
	Indian		7	4.17
	Chinese		2	1.19
		Total	168	100
Higher Qualification	Primary School		0	0
	Secondary School		31	18.45
	SPM/ STPM/ Matriculation/ Diploma		60	35.71
	First Degree		59	35.1
	Second and Third Degree		18	10.71
		Total	168	100
Status	Government Servant		70	41.67
	Working with Private Company		0	0
	Self-employed		0	0
	Unemployed		98	58.33
		Total	168	100

Note: Sample size of $N = 168$.

For smoking and alcohol lifestyle, 116 (69.04%) respondents have an experience with smoking, while 52 (30.96%) do not smoke. Of those smoking, 90 (77.58%) had stopped smoking, and 26 (22.24%) respondents were still smoking, with 23 (88.46%) of them admitting to actively smoking during the 30 days of the study while 3 (11.53%) respondents admitted not smoking during that same period. While 108 (64.29%) respondents have an experience with alcohol, and 98 (90.74%) of that already stop taking alcohol. Of the remaining 10 (9.26%) who still consume alcohol, 9 (90%) admit to having consumed alcohol within 30 days of the survey.

4.1 DESCRIPTIVE ANALYSIS

Prior to analysis, the normality test was conducted. The Kolmogorov-Smirnov (K-S) test is one of the most widely used tests for assessing normality (Oztuna et al., 2006). A Kolmogorov-Smirnov test indicates that the data is not normally distributed ($p<.001$).

The mean of the perceived risk of medical marijuana and acceptance level towards decriminalization of medical marijuana in Malaysia, tested according to each variable, are presented in Table 4.2. All items in perception of medical marijuana use have a mean score of 5.00 to 7.11, with an overall mean is 18.86 (*SD* = 8.560). This indicates that most of the 168 respondents were unsure of the perceived risk of medical marijuana. While the mean score for the decriminalization of medical marijuana is 13.86 (*SD* = 4.010), this indicates that the majority of the 168 respondents agree with decriminalizing medical marijuana in Malaysia.

Table 4.2

Summary of the mean of perception risk of medical marijuana uses and acceptance level towards decriminalization of medical marijuana in Malaysia.

	Mean	Std. Deviation
Perception of Medical Marijuana Use	7.11	3.697
Risk Perception of Medical Marijuana Use	5.72	3.050
Perceptions of Acceptance of Medical Marijuana Use	6.08	3.075
Overall Score Perception Risk of Medical Marijuana Use	18.86	8.560
Acceptance Level Towards Decriminalization of Medical Marijuana	13.86	4.010

Note: Sample size of *N* = 168

4.2 COMPARE MEAN ANALYSIS

Compare mean analysis is done on both groups to see the level of acceptance towards decriminalizing medical marijuana in Malaysia by a group. The mean score for police officers is 13.41 (SD = 3.946), while the mean score for the group of substance abusers is slightly higher (M =14.18, SD = 4.044). For Compare, the means of the perceived risk of medical marijuana is shown differently, with the mean for police officers (M = 20.97, SD = 7.620) being slightly higher than for substance abusers (M = 17.40, SD = 8.902). The summary of compare mean analysis is detailed in Table 4.3.

Table 4.3

Summary of the compare means of perception risk of medical marijuana uses and acceptance level towards decriminalization of medical marijuana in Malaysia.

		Mean	Std. Deviation	Std. Error Mean
Perception of Medical Marijuana Use	Substance Abusers	6.50	3.899	.394
	Police Officers	7.97	3.230	.386
Risk Perception of Medical Marijuana Use	Substance Abusers	6.28	2.681	.325
	Police Officers	6.28	2.681	.325
Perceptions of Acceptance of Medical Cannabis Use	Substance Abusers	5.56	3.022	.305
	Police Officers	6.81	3.018	.361
Overall Score of Perception Risk of Medical Marijuana Use	Substance Abusers	17.40	8.902	.899
	Police Officers	20.97	7.620	.924
Acceptance Level Towards Decriminalization of Medical Marijuana	Substance Abusers	14.18	4.044	.409
	Police Officers	13.41	3.946	.475

4.3 MANN-WHITNEY U TEST

A Mann-Whitney U test was conducted to assess whether there is a difference between police officers and substance abusers regarding the acceptance level towards decriminalization of medical marijuana in Malaysia. The results show H1= retains the null hypothesis that there is a significant difference between police officers and substance abusers regarding the acceptance level towards decriminalization of medical marijuana in Malaysia, z = (-1.728), p = (.084). While different results for the perception risk of medical marijuana use where H2 = reject the null hypothesis where there is no significant difference between police officers and substance abusers regarding the perception risk of medical marijuana use, z = (-2.361, p = (.018). The result is presented on Table 4.4.

Table 4.4

Summary of the Mann-Whitney U test of perception risk of medical marijuana uses and acceptance level towards decriminalization of medical marijuana in Malaysia.

	Mann-Whitney U	Wilcoxon W	z	p
Perceptions of Acceptance of Medical Cannabis Use	2571.500	7422.500	-2.795	.005
Perception of Medical Marijuana Use	2631.500	7482.500	-2.593	.010
Risk Perception of Medical Marijuana Use	2611.500	7462.500	-2.597	.015
Overall Score of Perception Risk of Medical Marijuana Use	2615.000	7466.000	-2.361	0.18

Acceptance level towards Decriminalization Medical Marijuana	2854.000	5269.000	-1.728	.084

Note: Sample size of $N = 168$, $p < 0.05$

4.4 CONCLUSION

A total of 168 respondents consisting of police officers and substance abusers in Kuala Lumpur, answered the questionnaire. The Mann-Whitney U Test has shown a significant difference between police officers and substance abusers regarding the acceptance level towards decriminalizing medical marijuana in Malaysia but no difference between the perception of police officers and substance abusers on the perception risk of medical marijuana use. At the same time, the mean results show no significant score gap between these two groups regarding the level of acceptance towards the decriminalization of medical marijuana in Malaysia, where the level of acceptance for substance abusers is slightly higher than for police officers. In contrast, the perception risk of medical marijuana shows that police officers have a higher risk perception than substance abuse.