Abstract

Rates of cannabis use are highest during emerging adulthood (EA) relative to other age groups (CAMH, 2014; Forum Research Inc., 2015; Health Canada, 2013, 2017; Ialomiteanu Adlaf, Hamilton, & Mann, 2012; Rotermann & Langlois, 2015; Statistics Canada, 2015; United Nations Office on Drugs and Crime [UNODC], 2012) and emerging adults (EAs) overwhelmingly supported the recent legalization of recreational cannabis use in Canada (Forum Research Inc., 2015). Researchers have found that involvement with substances influences EAs’ perceptions of this time of life (e.g., Allem, Lisha, Soto, Baezconde-Garbanati, & Unger, 2013; Goodman, Henderson, Peterson-Badali, & Goldstein, 2016; Lapsley & Hill, 2010; Lisha, Grana, Sun, Rohrbach, Spruijt-Metz, Reifman, & Sussman, 2014; Mostaghim & Hathaway, 2013), but there is limited empirical research on how the experience of EA influences perceptions of cannabis use. In addition, current research conceptualizations in Clinical Psychology tend to focus on cannabis use as a risky behaviour or indication of maladjustment (Temple, 2015). There is a need to understand alternative views, particularly with the shift in public opinion towards cannabis use as an increasingly socially acceptable (and legal) behaviour. Using a mixed methods approach, this research examined perceptions of cannabis use in EA and the relationship between cannabis use and critical tasks associated with this developmental stage.

Study One sought to examine the influence of the developmental context on cannabis use in a community sample. One hundred and eight-two EAs partially completed an online survey. Results of the multivariate analyses indicate that certain core features of EA were associated with cannabis use problems, but not frequency of cannabis use. Specifically, viewing EA as a time of instability and cannabis use as related to this instability was associated with
greater cannabis problems. Non-daily to daily use of cannabis was associated with viewing EA as a time to *focus on others* – a feature not typically associated with EA.

**Study Two** aimed to better understand how EAs with current, lived experience using cannabis conceptualize cannabis use and the relationship between their cannabis use and this developmental period. Twenty semi-structured interviews were completed with EAs (18 - 29 years) who reported current cannabis use. Most participants described cannabis use as a normative and socially acceptable behaviour for their age. Cannabis use was described according to whether problems were experienced, reasons for using cannabis, social context, frequency and quantity, and use in combination with other substances. The majority of the sample related their cannabis use to the developmental features of EA; however, they spoke about Arnett’s (2005) features in overlapping ways, rather than as mutually exclusive categories. Participants believed the conditions of EA were conducive to cannabis use, and used cannabis to regulate their EA experience and facilitate self-reflective practices. They also recognized ways in which cannabis use could interfere with their development.

**Conclusions.** In this research, EAs described a breadth of cannabis use experiences. Moreover, a vast majority of EAs who participated in this research viewed their cannabis use as connected in some way to the developmental period. Participants described how the conditions of EA were conducive to using cannabis and the functions it served, and how using cannabis could interfere with their development. Not all cannabis use constituted problem use, and not all features of EA related to problem cannabis use. Rather, views of EA as a time of *instability* and one’s *cannabis use as related to this instability* was most likely to be associated with cannabis use problems. Interestingly, no features of EA were consistently related to frequency of cannabis use. Based on these findings, psychologists involved in research and clinical practice with EAs
who use cannabis are encouraged to critically evaluate what constitutes problem cannabis use and consider the function of the individual’s cannabis use in the developmental context. The theoretical implications of these current findings for Arnett’s framework and the clinical implications for assessment, referral, and treatment of cannabis use are discussed.