



Short Communication

Cannabis-related impairment: The impacts of social anxiety and misconceptions of friends' cannabis-related problems

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HIGHLIGHTS

- Undergraduates reported how many cannabis-related problems a friend experienced.
- Students overestimated friend problems related to cannabis.
- Perceived friend problems were strongly related to one's own cannabis problems.
- Social anxiety was positively related to cannabis-related problems.
- Greater social anxiety and perceived friend problems were related to impairment.

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ABSTRACT

Objective: Socially anxious cannabis users are especially vulnerable to cannabis-related impairment, yet mechanisms underlying this vulnerability remain unclear. Socially anxious persons may use cannabis despite related problems if they believe such problems are common, and thus socially acceptable. Yet no known studies have examined the impact of beliefs regarding others' cannabis-related problems on one's own use-related problems.

Method: This study investigated the impact of beliefs about a close friend's experience with cannabis-related problems on the relationship between social anxiety and cannabis-related problems. The sample consisted of 158 (75% female) current (past-month) cannabis-using undergraduates.

Results: Believing one's friend experienced more cannabis problems was related to experiencing more cannabis-related problems oneself. In fact, perceived friend's problems accounted for 40% of the unique variance in one's own cannabis problems. Descriptive norms (others' use) and injunctive norms (others' approval of risky use) were unrelated to the number of one's own problems. Social anxiety was related to experiencing more cannabis problems. This relation was moderated by perceived friend's problems such that greater social anxiety was related to more cannabis-related problems among participants who believed their friend experienced more cannabis-related problems. This was not the case among participants who believed their friend experienced fewer problems.

Conclusions: Normative beliefs regarding a close friend's cannabis problems were robustly and uniquely related to experiencing more cannabis-related impairment. Beliefs regarding friends' experience with cannabis-related problems may play an especially important role in the experience of cannabis-related problems among socially anxious users.

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1. Introduction

Cannabis is the most commonly used illicit substance among young adults (Substance Abuse and Mental Health Services Administration, 2010). Cannabis use among this population is

concerning given that nearly 25% of cannabis-using undergraduates meet criteria for cannabis use disorder (CUD; Caldeira, Arria, O'Grady, Vincent, & Wish, 2008). Social anxiety appears to be a risk factor for cannabis-related impairment given that it tends to onset prior to CUD among those with co-occurring social anxiety disorder (SAD; Buckner et al., 2012). The cannabis-social anxiety co-occurrence is related to greater impairment than either condition alone (e.g., Buckner, Heimberg, Schneier, et al., 2012), including greater suicidality (Buckner, Joiner, Schmdit, & Zvolensky, 2012). Thus, identification of potentially malleable cognitive vulnerability

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factors contributing to cannabis-related problems among socially anxious persons could inform personalized treatment protocols for these at-risk individuals (as per National Institute of Drug Abuse, 2010).

Socially anxious persons may use cannabis despite related problems if they believe such problems are common (and thus socially acceptable). In partial support of this hypothesis, individuals with greater social anxiety tend to use cannabis for conformity motives and when others are present (Buckner, Bonn-Miller, Zvolensky, & Schmidt, 2007; Buckner, Crosby, Wonderlich, & Schmidt, 2012). However, we know of no studies investigating whether believing that others experience more cannabis-related problems is related to one's own experience of cannabis-related impairment.

The current study sought to elucidate understanding of psychosocial factors related to cannabis-related impairment in several ways. First, we tested specificity in the relations between normative beliefs and cannabis-related variables such that beliefs regarding friend's problems were hypothesized to be positively correlated with one's own cannabis problems, whereas beliefs regarding frequency of friend's use (descriptive norms) and approval of risky use (injunctive norms) would be related to more frequent cannabis use. Second, we examined the relative contribution of specific norm type in the prediction of cannabis use frequency and cannabis-related problems. Consistent with our specificity hypothesis, we expected that perceived friend's problems would be strongly, uniquely related to participants' cannabis-related problems, whereas descriptive and injunctive norms would be uniquely related to cannabis use frequency. Third, we tested the hypothesis that perceived friend's problems would moderate the relationship between social anxiety and cannabis problems such that among participants who believed their friend experienced more cannabis problems, those with greater social anxiety would experience more cannabis-related problems than those with lower social anxiety and those who reported their friend experienced fewer cannabis problems. Participants reported normative beliefs regarding a same-sex friend given that gender differentially relates to beliefs regarding others' substance use (Lewis & Neighbors, 2004). Gender was included as a covariate in analyses given that gender is related to undergraduate cannabis use (Simons, Gaher, Correia, Hansen, & Christopher, 2005) and to social anxiety among cannabis users (Buckner, Heimberg, Schneier, et al., 2012).

2. Method

2.1. Participants and procedures

The sample consisted of 158 undergraduates (75% female; $M_{age} = 20.28$, $SD = 2.41$) recruited from the psychology undergraduate participant pool who were at least 18 years old. The study was approved by the university's institutional review board, and informed consent was obtained before data collection. Participants completed an online survey via surveymonkey.com and received research credit for completion of the survey. Exclusion criteria included denial of past-month cannabis use ($n = 558$). The racial/ethnic composition was 8.9% African American, 5.1% Asian, 77.2% Caucasian, 8.2% Mixed, and 0.6% other, with 8.2% Hispanic/Latino.

2.2. Measures

2.2.1. Marijuana Use Form

Marijuana Use Form (MUF; Buckner et al., 2007) assessed cannabis use in the past three months from 0 (*less than once per month including never*) to 9 (*21 or more times per week*) (Buckner et al., 2007). This measure has demonstrated convergent validity with daily ratings of cannabis use (Buckner, Crosby, Silgado, Wonderlich, & Schmidt, 2012).

2.2.2. Daily Drug-Taking Questionnaire

Daily Drug-Taking Questionnaire (Parks, 2001) was modified to assess descriptive norms. Participants were asked to think of one close, same-sex close friend and indicate how many joints that friend used each day in a typical week in the past month. Perceived friend use frequency was calculated by totaling the number of days cannabis was believed to have been used by the friend.

2.2.3. Marijuana Problem Scale

Marijuana Problem Scale (MPS; Stephens, Roffman, & Curtin, 2000) consists of 19 items assessing severity of a given problem from 0 (*no problem*) to 2 (*serious problem*). A dichotomous scoring procedure was used in this study such that any level of severity indicated having experienced the given problem. The MPS has achieved good internal consistency in prior work (Lozano, Stephens, & Roffman, 2006) and demonstrated acceptable internal consistency in the current study ($\alpha = 0.92$). Participants also rated the problems they believed that their same-sex close friend experienced. Internal consistency of the MPS-perceived was acceptable in the current study ($\alpha = 0.95$).

2.2.4. Injunctive norms

Modified from a measure of injunctive norms of alcohol (Baer, 1994), four items assessed how the participant's friend would respond if the friend knew the participant engaged in risky cannabis use behaviors (e.g., smoking cannabis daily). Participants rated each item from 1 (*strong disapproval*) to 7 (*strong approval*). Items were summed. The scale demonstrated adequate internal consistency in our sample ($\alpha = 0.89$).

2.2.5. Social Phobia Scale

Social Phobia Scale (SPS; Mattick & Clarke, 1998) is a 20-item self-report questionnaire that assesses social anxiety, specifically, anxiety related to performance or observation. Anxiety in each situation is rated from 0 (*not at all*) to 4 (*extremely*). The SPS has achieved good internal consistency in prior work (Mattick & Clarke, 1998) and in the current study ($\alpha = 0.92$).

3. Results

3.1. Sample descriptives

Participants used cannabis twice per week, on average (Table 1). Participants believed their friends experienced significantly fewer problems than the participants experienced, $t(157) = 4.25$, $p < .001$, $d = 0.28$. Forty-one participants (26%) scored in the clinical range for social anxiety (see Heimberg, Mueller, Holt, Hope, & Liebowitz, 1992).

3.2. Relationships among study variables

Means, standard deviations, and correlations among study variables are in Table 1. Perceived friend's problems were strongly, positively related to one's own cannabis-related problems, but unrelated to injunctive norms and cannabis use frequency. Social anxiety was positively correlated with cannabis-related problems, and unrelated to

Table 1
Means, standard deviations, and correlations among study variables.

	1	2	3	4	5	M	SD
1. Cannabis use frequency	–					3.46	2.86
2. Social anxiety	–.09	–				17.29	12.51
3. Number of cannabis-related problems	.29**	.23*	–			3.64	4.82
4. Perceived friend's problems	.12	.14	.63**	–		2.28	4.40
5. Injunctive norms	.34**	–.04	.08	.03	–	12.96	5.45
6. Descriptive norms	.38**	–.09	.12	.38**	.23*	1.65	2.56

* $p < .05$.

** $p < .01$.

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