



## 2020 DART Virtual Summer Research Day

### Severity of Cannabis Use Disorder and Perceived Problems in Adolescents With and Without Depression or Anxiety

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**Background:** The complex relationship between youth cannabis use and mental health disorders such as depression and anxiety remains unclear. Youth may use cannabis to help alleviate depression or anxiety symptoms and this pattern of use may be associated with increased cannabis-related problems. The aim of this secondary analysis was to investigate if emerging adults with versus without a depressive or anxiety disorder who regularly use cannabis were more likely to meet diagnostic criteria for moderate or severe cannabis use disorder (CUD) versus mild or no CUD, report greater quantity/frequency of use, and self-perceive a problem with their usage. **Methods:** Emerging adults (18-21) who use cannabis  $\geq 3$  times weekly (N=42) tracked their cannabis use via mobile phone on a direct entry application for two weeks. At baseline, each participant was assessed for CUD, depression, and anxiety using a Diagnostic and Statistical Manual of Mental Disorders (DSM-5) structured interview and completed a questionnaire that measured cannabis problem recognition. **Results:** Twenty-six percent of participants met criteria for depression or anxiety. Participants who met diagnostic criteria for a depressive or anxiety disorder, compared to those who did not, were more likely to meet criteria for moderate or severe CUD ( $p=0.045$ ). There was not a significant difference in cannabis problem recognition scores ( $t= - 0.608, p=0.547$ ), number of cannabis use episodes ( $U=102, p=.284$ ), estimated grams of cannabis used ( $U=105, p=.332$ ), or amount of money spent on cannabis ( $U=84, p=.093$ ) between the two groups over two weeks. **Conclusion:** Cannabis users with depression or anxiety may be more likely than those without these disorders to meet criteria for moderate to severe CUD, despite not perceiving their use as more problematic. Differences in CUD severity cannot be explained by differences in quantity or frequency of use, suggesting that other factors contribute to increased CUD severity among individuals with depression or anxiety.