

Benefits, Risks, & Quality of Life

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INTRODUCTION

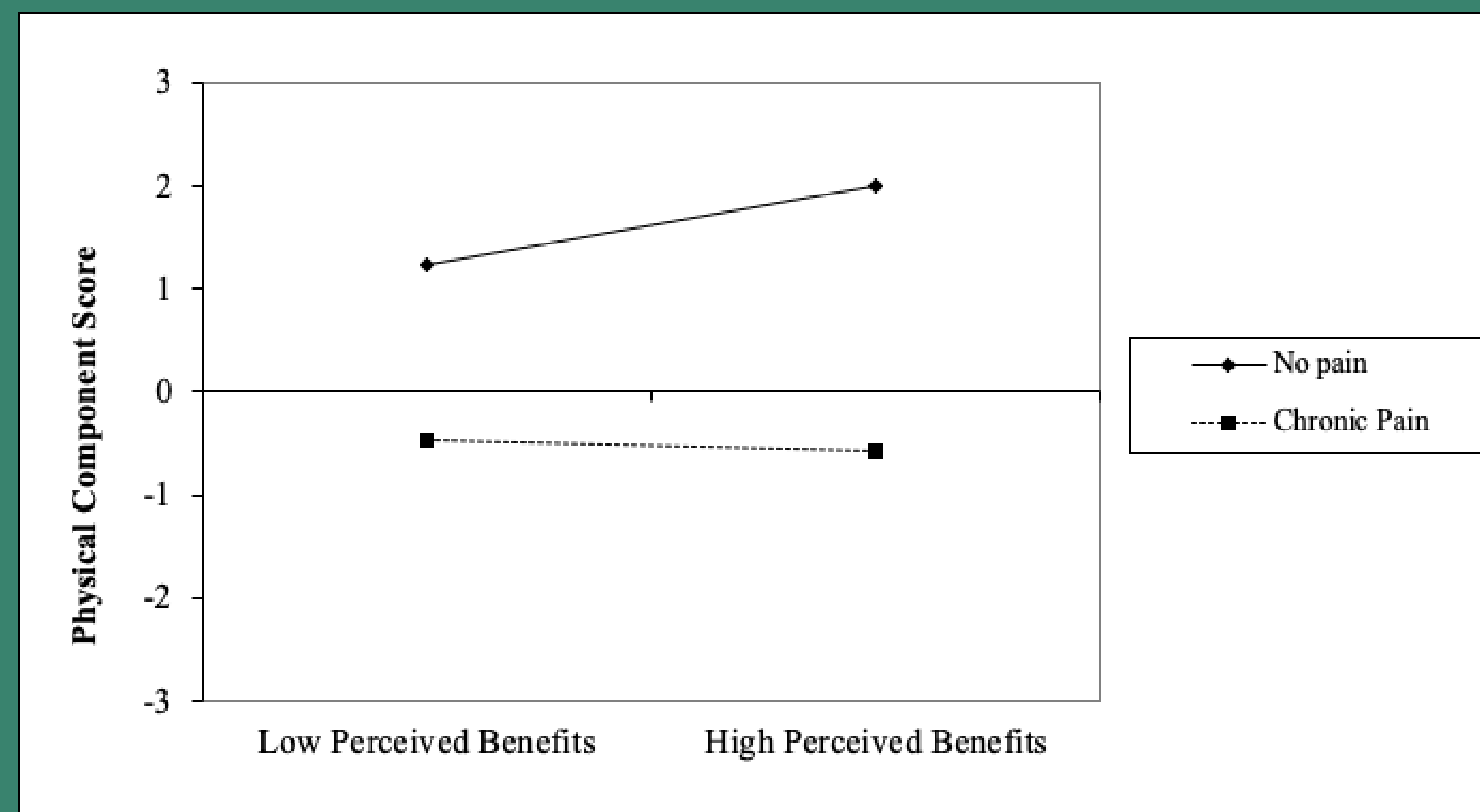
- Young adults users with and without chronic pain perceive high benefits and low risk of their cannabis use
- Little is known about whether perceived benefits and risks are associated with health outcomes, such as quality of life (QOL)
- RQ: Do young adults with and without pain differ in associations of perceived benefits, risks, and QOL?

METHOD

- N = 176, ages 18-29, Mage=21.14
- 42.7% female, 4.0% non-binary, 76.7% white
- 80.7% use \geq daily
- 51.1% met chronic pain criteria
- Reported perceived cannabis benefits and risks (e.g. "What are your chances of experiencing positive/negative health outcomes due to your marijuana use at some point in your life?" (1=Very low, 7=Very high))
- Mental and physical health were assessed using the RAND-36 measure of health-related QOL.
- T-test and Multiple regression planned analyses.

Perceiving higher benefits and lower risk
of cannabis use is associated with better
mental health

Young adults without chronic pain who
perceive more benefits report better
physical health



RESULTS

- No differences by pain status on overall perceived benefits ($d=.14$, $p=.37$) or risks ($d=.02$, $p=.91$)
- There were significant main effects of perceived benefits ($\beta=.19$, CI:0.03, 0.19, $p=.006$) and risks ($\beta=-.27$, CI:-0.50, -0.03, $p=.03$) on Mental health and no differences by chronic pain status.
- No main effect of perceived benefits ($\beta=0.06$, CI:-0.03, 0.11, $p=.30$) or risks ($\beta=-.06$, CI:-0.27, 0.15, $p=.56$) on physical health. There was a significant pain status X benefit interaction ($\beta=-.18$, CI:-.29, -.01, $p=.04$, $R^2\Delta=.015$).

DISCUSSION

- Mental health was associated with perceived benefits and risks of cannabis use for young adults, regardless of pain status
- Greater Physical health was associated with more perceived benefits in those without pain, but physical health did not vary by benefits in those with chronic pain.
- Future research should explore if these relationships remain for older cohorts given that long-term use may decrease QOL.