Perspectives on daily cannabis use: Consumerism or a problem for treatment?

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ABSTRACT
AIM – To discuss similarities and differences in the way cannabis users with and without treatment experiences present their trajectories into daily use of cannabis. To observe the differences in patterns between the cannabis users’ descriptions of their recreational use and the development from a recreational to a more problematic use of cannabis. METHODS – Qualitative interviews were conducted with 32 adult cannabis users in Denmark. All respondents used cannabis daily. The respondents were 22–61 years old; 16 had had experiences with cannabis treatment while 16 had not. By using a mixed sample of respondents with and without treatment experiences, we were able to compare perspectives on cannabis initiation and trajectories not commonly examined. FINDINGS – All the respondents had started to use cannabis socially as adolescents in the company of peers, using it with specific peer groups and in particular social contexts. All the respondents viewed it as a positive practice. The respondents highlighted certain differences of why, how and when cannabis was used as crucial in explaining how cannabis use had remained a recreational activity or had become problematic. Four trajectories into daily cannabis use were constructed from the users’ narratives. For some respondents, daily cannabis use in adulthood was an inclusive and non-problematic activity while others described their cannabis use developing into a problematic and exclusive habit. CONCLUSIONS – Trajectories into and continuation of daily use is understood and perceived in different ways by daily cannabis users. It is not the amount of cannabis that determines whether daily use is considered problematic nor not. Rather, it is how, when and with whom cannabis is used that forms experiences and perceptions of problematic or unproblematic use.

KEYWORDS – cannabis, narratives, qualitative, recreational and problematic use

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Introduction
Cannabis is the world’s most widely and commonly used illicit substance (UNODC, 2012; Room, Fischer, Hall, Lenton & Reuter, 2008; EMCDDA, 2012). Although most cannabis users stop using the drug on their own as a result of changes in their life circumstances, such as getting married, getting a job, starting or finishing an education, or having children, (Kandel, 1996; Chen & Kandel, 1998; Kaplan & Johnson, 1992; Room et al., 2008), the demand for treatment as a result of problematic canna-

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Cannabis use has increased immensely over the last couple of decades (EMCDDA, 2012; Kronbæk, 2012; Sznitman, 2008; Simon & Kraus, 2008). The growing realisation of the increased demand has been accompanied by a growing need for research to investigate problematic use of cannabis, and especially the transition from recreational use to problematic use. Given this need for more research, the aim of our paper, through data from in-depth interviews, is to examine and compare the similarities and differences in the consumption experiences of cannabis users who have been in treatment with those who have not. To do this, we will focus primarily on the similarities and differences within the social context of their consumption.

In examining the available research on cannabis use, and more specifically, research based on either qualitative research into users’ perspectives or on self-reported survey results, we discovered a predominant emphasis on the role of the social context and the social group nature of cannabis use (Fountain & Korf, 2007; Hathaway, 1997; Maume, Ousey, & Beaver, 2005). Research, on cannabis use among adolescents and young adults in particular, in fact highlights the extent to which cannabis use is often associated with distinctive subcultures (Becker, 1963; Johnson, 1973; Glassner, Carpenter & Berg, 1986; Hammersley & Jenkins Reid, 2001; Zimmermann & Wieder, 1977; Sandberg & Pedersen, 2010). Getting high and enjoying the effects of cannabis are thus related to both the social context and the social group. However, research on problematic cannabis use has emphasised the extent to which the continuous involvement in particular peer groups can encourage individuals to maintain daily or regular cannabis use as a result of either peer selection or peer pressure (Simons-Morton & Chen, 2006; Dunlap, Johnson, Sifaneck, & Benoit, 2005; Kandel, 1980; Haynie & Osgood, 2005; Liebregts et al., 2011; Verveke, van Deursen & Korf, 2008; Chen & Kandel, 1998). The social context of cannabis use has therefore been identified as a significant factor in both initiation and continuation of cannabis use among young people.

Furthermore, studies have also highlighted the extent to which substance use, whether problematic or not, is associated not only with the properties of a drug but also, and often more importantly, with the set and setting of drug use (Zinberg, 1984; Liebregts et al., 2011). An examination of cannabis use cannot therefore be undertaken only by examining the drug itself, but must also consider the social context of cannabis use and the life trajectories of individual users. This is important whether we consider recreational or problematic use. In this paper, we will examine adult cannabis users who engage in different social relations, belong to and/or participate in different peer groups in different social contexts as well as those who lack social group engagements. Using data from the interview narratives, we will also attempt to show how focusing solely on a specific consumption pattern, in this case a pattern of daily use, ignores the role of other significant factors in accounting for the transition from recreational to problematic use. More specifically, we will stress the importance of examining three additional factors: how cannabis is used, with whom and when.

As noted above, most of the research...
on cannabis use has tended to focus either on recreational use or on problematic use. Far fewer studies have examined the processes from the perspective of the user by which recreational use develops into problematic use. Moreover, most studies concentrate on adolescence and youth, while few examine the use of cannabis among older or adult populations (Frank & Dahl 2012; Frank & Dahl, 2012; Hathaway, 2004a, 2004b; Hathaway, Comeau, & Erickson, 2011; Osborne & Fogel, 2008). Finally, research based on either the perspectives of cannabis users in treatment populations or comparing these perspectives with cannabis users not in treatment is also relatively sparse (Hathaway et al., 2011; Andrews, Kramer, Klumper, & Barrington, 2012; Duff et al., 2012; Decorte 2001). This paper will attempt to bridge these gaps within the literature by discussing the key elements that cannabis users cite in their narrative accounts of the processes involved in the transition from recreational to problematic cannabis use. By using data from in-depth interviews with a mixed sample of respondents – both with and without treatment experiences – we believe that we can include comparative perspectives on cannabis initiation and trajectories not commonly compared (cf. Hathaway, Macdonald, & Erickson, 2008; Rooke, Nordberg, & Copeland, 2011). In so doing, we will emphasise the subjective experiences of cannabis users and pay attention to those aspects of our respondents’ cannabis use which they perceive as problematic and in need of treatment.

In the following sections, we will first introduce the sample and the methods employed as well as the analytical perspective adopted. This will be followed by presenting the results as four different types of narrated trajectories into daily cannabis use that emerge from the individual narratives. Finally, we will examine the potential implications of our analysis for the development of treatment and prevention strategies.

Data, methods and analytical perspective

The article is based on interviews with 32 daily cannabis users about their experiences of using cannabis on a daily basis. Half of the respondents had had experience with cannabis treatment, while the other half had not. Using semi-structured qualitative interviews, we explored the users’ own stories about their cannabis use in order to uncover the chronological flow, the processes by which they used on a daily basis and the social contexts within which their use occurred (Miles & Huberman, 1994). We also explored their views and experiences of using cannabis daily and the potential problems they encountered.

The respondents were between 23 and 61 years old. Ten were women and 22 were men. All respondents were currently using or had a history of using cannabis at least once a day and had done so for at least two years. The respondents had smoked cannabis between 2 and 43 years. The average period was 19.5 years, with a median of 17 years. Those respondents who had treatment experiences were recruited through public cannabis treatment agencies offered by the Copenhagen municipality. Respondents were recruited from different forms of cannabis treatment including inpatient treatment, intensive day treatment, evening group treatment and an
anonymous evening group. Respondents without treatment experience were recruited as follows: 10 were found through advertising for participants for the study on different websites which specialised in cannabis use. These 10 were selected out of 53 answers, to be as similar as possible as participants in treatment in relation to age, gender, educational level, employment status and number of years of using cannabis (see table 1). Three respondents were found through personal networks, talking to friends who could refer a person, or this person could refer to another person who would match the study. No respondents were personal friends of the authors. Three respondents were found through snowballing techniques from the respondents in treatment, i.e. respondents in treatment made contact with friends without treatment experience, or these friends referred another friend (Biernacki & Waldorf, 1981).

All the interviews were face-to-face interviews and lasted on average from one hour to three and a half hours. The interviews took place between February 2011 and August 2011. All interviews were transcribed and analysed using Nvivo, a computer-based text analysis program. The coding was structured around themes such as inclusion and exclusion; reasons for smoking cannabis; social groups; solitary use; and reasons for continued cannabis use in adulthood. The inductive approach for analysing qualitative data (Thomas, 2006) was used to identify life narratives. In the 32 interviews, we found four different types of stories/narratives in the respondents’ descriptions of their situation at the time of the interview, as well as their accounts of how they progressed to using cannabis on a daily basis. The article is built around these four types of stories/narratives. We use the term “narrative” to describe the stories the respondents told. Following Holstein & Gubrium (2012), we define narrative as a constructed process by which respondents make sense of their life circumstances. They narrate their experiences in generalised cultural forms, creating a sequence of events in order to make sense of their lives (McAdams, Josselson, & Lieblich, 2001; Holstein & Gubrium, 2012). We understand the respondents’ stories about their cannabis use as stories about both their past and present where certain experienced events, episodes or incidents are attributed meaning in a contemporary perspective. The stories are constructions of the world, but at the same time they are meaningful to the respondents. The interviews are expressions of how the respondents themselves articulate their cannabis use. So, what is communicated in the interviews is taken seriously and we do not reduce their stories to an expression of something else (Luhmann, 1998). For example, if a respondent says that she smokes cannabis because she likes to be affected by cannabis, we accept that and do not interpret the statement as something else. However, what we do is look for patterns in the respondents’ statements and stories, and analyse how these patterns become expressions of more general structures, or in this case, four different trajectories into daily cannabis use. The analysis of the respondents’ stories about cannabis use thus entails observing stories of the past where incidents are given meaning in a contemporary perspective. The purpose of the analysis is to reveal and explain how the respondents de-
scribe and attribute meaning to their cannabis consumption.

When designing the research project which underpins this article, we sought to be able to compare interviews of daily cannabis users with and without treatment experiences. Therefore, the 32 respondents were chosen from the respondents at hand in order to make the two groups resemble each other as much as possible in relation to age, gender, education, work and drug use. None of the participants in treatment used other illegal drugs nor did they use alcohol more than once a week. Table 1 shows that the two groups of daily cannabis users with and without treatment experience overall ended up very similar. Table 1 also shows which respondents refer to which kind of daily cannabis use trajectory. The first trajectory – *Integrated into social life in adulthood* – is based on interviews with respondents who have never experienced cannabis treatment and who are unemployed and have either little or very basic vocational training as their highest level of education. The second trajectory – *A relaxant in everyday life* – is constructed from interviews with respondents without treatment experience who are employed and possess a higher professional degree or are currently university students. The third trajectory – *Feeling different and lonely* – comes from interviews with respondents who are in treatment and either have a secondary higher or higher professional education;

| Table 1: Participant demographics (n=32) |
|------------------------------------------|
| Participants | Outside treatment | Inside treatment | All in and outside treatment |
| Groups       | Integrated into social life in adulthood | A relaxant in everyday life | Feeling different and lonely | Loss of self-control, and misuse behaviour |
| Age range    |                             |                     |                          |                      |          |
| 21–30        | 1                           | 4                   | 5                        | 1                    | 4         | 5 irritation |
| 31–40        | 3                           | 3                   | 6                        | 2                    | 3         | 5 irritation |
| 41–50        | 3                           | 1                   | 4                        | 4                    | 1         | 5 irritation |
| 50–62        | 1                           | -                   | 1                        | -                    | 1         | 2 irritation |
| Sex          |                             |                     |                          |                      |          |
| Male         | 4                           | 5                   | 9                        | 6                    | 7         | 13 irritation |
| Female       | 4                           | 3                   | 7                        | 2                    | 1         | 3 irritation |
| Educational level (achieved or attending) | 6 | - | 6 | 2 | 2 | 8 |
| None/basic vocational | - | 2 | 2 | 3 | 2 | 5 |
| Secondary lower | - | 2 | 2 | 3 | 2 | 5 |
| Secondary higher | - | 2 | 2 | 3 | 2 | 5 |
| Higher professional (academic) | 2 | 4 | 6 | 4 | - | 4 |
| Employment status | 1 | 3 | 4 | 2 | 2 | 3 |
| Student | - | 2 | 2 | 3 | 2 | 7 |
| Employed | 4 | 4 | 8 | 5 | 2 | 7 |
| Unemployed/on social welfare | 3 | 1 | 4 | 2 | 4 | 6 |
| Years of using cannabis on average | 19.5 | 19.5 | 19.5 |
| Number of years respondents have smoked cannabis | 2–43 | 8–41 | 2–43 |
| Median | 17 | 16 | 17 |
some of them are unemployed, because they are currently in residential or intensive day treatment. Finally, the fourth trajectory — *Loss of self-control and misuse behaviour* — emerges from interviews with respondents who are in treatment and mainly unemployed or students. The level of education in this category is very diverse. While the groups of respondents with and without treatment experience are broadly similar, there are nevertheless differences especially in their educational background and work situation. In general, studies show that the socio-economic background of cannabis users in treatment is very varied (Pedersen, 2010). This is not the case with, for example, clients in substitution treatment (Pedersen, 2005), who tend to come from lower socio-economic backgrounds. Our aim in this article is therefore to research other aspects of daily cannabis users’ lives. While it is possible to explore our respondents’ socio-economic background in relation to the four narratives of trajectories into daily cannabis use, our contention is that socio-economic factors alone cannot explain why daily cannabis use is defined as either recreational and hence unproblematic or problematic and in need of treatment.

**Results**

In the four trajectories that emerged from the 32 interviews, we focus on how our respondents describe their introduction to cannabis use and the processes by which they have developed a pattern of daily use. More specifically, we examine the meanings they attach to their continued cannabis use and how they explain the ways in which cannabis fits into their lives. By doing this, we have uncovered significant differences between the four trajectories. Most importantly, we will argue that the respondents’ perception of daily cannabis use as problematic is related to how the use is situated in their social lives.

While we concentrate on the dissimilarities, we need to underline that important similarities also are present. In all the interviews, the respondents reported that they had started to use cannabis in adolescence, in specific peer groups and in particular social settings such as in school, in a band or political youth organisation or in alternative settings such as Christiania or while squatting in empty houses with others. All the respondents saw cannabis use as a positive practice and as a social glue of belonging in different peer groups and social settings, albeit for different reasons as we will show below.

In the following section, we will first present trajectories into daily use for respondents without treatment experience, followed by trajectories into daily use by respondents in treatment. The aim is to compare the different characteristics of problematic and non-problematic cannabis use.

*Integrated into social life in adulthood*

This type of trajectory is constructed from interviews with respondents who have no treatment experience. Their initiation into cannabis use begins in early adolescence with friends from the immediate neighbourhood. The interviews show that cannabis use was integral to the peer groups that the respondents were already part of, and the interviewees did not change their circles of friends or social contexts when starting to use cannabis. As Paul, 47, says:
Half of the crowd I think was smoking marijuana when I was 12–13. I did too, smoked with my peers. It was not the primary focus in our peer group, we just did it, I guess because we had to do something.

The quote illustrates how the trajectory into daily cannabis use was something Paul did not pay any particular attention to. What is common for all respondents in this group is that their initiation was also an initiation into (almost immediate) daily cannabis use.

Another significant characteristic for this category is that cannabis use remains an important part of their adult social lives. The respondents use cannabis with friends, often those they have known for a long time, maybe even since adolescence. Kathrin, 36, says:

I only have friends who smoke cannabis. Because of that, my use of cannabis is not something I hide from my friends, but something I enjoy together with my friends.

Kathrin still lives in the old neighbourhood where she grew up, and she has known most of her friends since adolescence. Another respondent, Peter (aged 42), has not left his small home town, either:

I love to smoke cannabis. My life is dedicated to smoking cannabis…. I smoke cannabis from a bong and I take my bong with me when I go visit my friends.

Cannabis use is not a hidden practice for either Paul, Kathrin or Peter. The respondents and their friends, who are often also users, rather consider it “normal” or “acceptable”. Paul and Kathrin are now working and have switched from their teenage practice of doing cannabis at any time of the day to primarily using after work. Peter, on the other hand, has kept the old habit and smokes whenever he feels like it. He is unemployed and has never had a real job.

The general trajectory here is that daily cannabis use began almost concurrently with initiation into cannabis use. Today, the daily use can take place at any time of the day in a recreational way with friends, except that those respondents who are working do it after working hours. None of the respondents saw their cannabis use as problematic.

A relaxant in everyday life

This trajectory is also constructed from interviews with respondents who have had no treatment experience. These respondents began using cannabis in late adolescence with high school or neighbourhood friends, but did not use cannabis daily as teenagers. They describe developments in their social life and getting involved with several different peer groups. Some groups used cannabis, while others did not. This pattern continued into their twenties. For example, Jenny (now 46), living in a hipster neighbourhood with her two children and working in a public service institution, was introduced to cannabis when she was 20:

No, I did not really get any new friends because I started smoking cannabis. But later when my friend moved to a college where there was cannabis, I started to hang out there a bit, and got
to know some people and we smoked cannabis....but, it was just a bunch of friends I saw once in a while.

Describing experiences of flowing in and out of peer groups was characteristic of these respondents. They would join new groups where cannabis use was common, enlarging their circles of friends, but at the same time they could also still belong to other groups where cannabis was not used.

This pattern changed when the respondents turned adults. From using with friends as teenagers, they now started to use on their own. For example, the 39-year-old Sarah, who lives in central Copenhagen, runs her own company and has no children, says that she smokes cannabis when her “daily duties” are over. She usually smokes alone. The following quote illustrates how respondents describe changes in cannabis use from being a social activity in adolescence to a mainly solitary practice.

I would say it has evolved in the way that I have no children, and many of my acquaintances have obviously established themselves and have children and then they dropped smoking cannabis because it did not fit into their new family lifestyle. So there are clearly fewer in my circles today.... So now I mostly smoke cannabis alone, using it as a reward. If I have had a hard day, ahhh, now it will be nice to sit and relax. It is like my sister’s red wine.

The change from using with one’s peers to using on one’s own is also related to explanations about lifestyle and taste. Sarah compares her current cannabis use to that of moderate wine consumption in Denmark, drinking a glass or two as a relaxant after work. She uses cannabis to relax, enjoy and enrich her life – similarly to those who consume wine moderately.

The general trajectory here is that of daily cannabis use beginning in late adolescence but of using irregularly in particular peer groups. Today, these respondents use cannabis only in the evenings and after daily duties are over, primarily on their own. Like other consumer goods, cannabis is seen as a relaxant. Using cannabis on a daily basis is considered unproblematic and part of everyday life, as a reward at the end of a busy day, for example (cf. Frank et al., 2013).

**Feeling different and lonely**

This trajectory is constructed from interviews with respondents in treatment, especially those in out-patient group therapy. As a defining characteristic, their cannabis use started as a sporadic and social activity, not necessarily during adolescence, but it has then developed into a practice that they do unwillingly on their own and on a daily basis. These respondents started to use cannabis to be able to identify with and belong to a specific peer group. The respondents describe how they, in various ways, had felt different and alone as teenagers. They lacked close friends or any peer group. As a result of different changes in their lives, such as starting college or a youth education programme, they had the opportunity to establish new relationships. They then began to hang out with peers or a group of peers who smoked cannabis, often on a daily basis. By smoking themselves, they were able to be part of the
The 42-year-old Steven, for example, goes to treatment for cannabis dependence in an anonymous evening group and recounts how:

When I was about 26 years old I deliberately began to use cannabis because I wanted to hang out with “real men”. I’m gay, but at that time I tried to be heterosexual, and I also had an idea that I should be friends with other young men. I wanted to learn something from them, to become a heterosexual man myself. And these men smoked a lot of cannabis.

Steven started to use cannabis in order to become friends with straight men to deal with his own insecurity and feelings of being different, of being homosexual. He emphasised being able, at least for a period of time, to “solve” the problem of feeling different. While Steven felt different because of his sexual orientation, other respondents reported feeling different for reasons such as being geeky, introvert or shy. In general, these respondents described coming into contact only with peers or friends who smoked cannabis when they joined a peer group and adopted the group’s lifestyle. Smoking cannabis together provided the social life that they had longed for.

Another defining characteristic of this category was that the peers or group of peers they hung out with eventually dissolved, which led to the respondents’ using cannabis alone. Because it was difficult for them to make friends and find their way into social groups with people they could feel attached to, they reported having a hard time getting used to this new situation. Bob, who is now 55 and goes to group treatment, explains how the cannabis use has influenced his adult life:

If I had not smoked cannabis, I’m sure I would have had friends, a social life. I would probably also have had a family and some children. A wife and a family was what I wanted.

Like many other respondents, Bob describes how he suddenly found himself alone. Respondents in this category said that while their peers stopped smoking, they did not and that they now smoked on their own. The respondents describe how their use of cannabis had led to a state of passivity: they did not bother to get out among other people and they therefore no longer had social interaction with others. The isolation made them feel that they were doing something wrong while smoking on their own. For example, Patrick (43) lives alone, has acquaintances who are primarily online, and goes to treatment for cannabis dependence in an anonymous evening group:

The price for smoking cannabis has been that I have isolated myself socially. But in my situation perhaps other elements also produce problems, which make it difficult to find out what is due to just cannabis, but I know it is not right for me to sit in my apartment and smoke. For me it’s slow suicide.

Patrick works as a public servant, but in the quote he underlines how unproductive it is for him not to socialise with other people, and how he is getting more and more isolated. He describes how his isolation
affects his personality negatively, which in turn causes problems in his socialising at work. However, he still is unsure of the exact problem: is it smoking cannabis or something else?

The general trajectory here is that the respondents start to smoke cannabis, often on a daily basis, in order to belong to a peer group. They start to use cannabis to socialise with other people, to obtain friends and handle their feelings of loneliness and/or feeling of being different. The respondents also recount how the peer group they belonged to eventually dissolved, how they were again on their own, but their cannabis habit still continued. The stories about continuous use of cannabis are also related to stories about not being able to socialise and of cannabis use making them feel isolated. As in a downward spiral, they began to smoke to get friends and social relations, but now their continuing cannabis use prevents them from being able to socialise at all. Even though the cannabis use began as a pathway into a peer group, these respondents have ended up being as isolated as before. Getting out of this isolation has been a major reason for this category to seek treatment (see also Kronbæk, 2013).

Loss of self-control and misuse behaviour
The final trajectory also draws on interviews with respondents in treatment, primarily those in residential or day treatment. The most important characteristic of this trajectory is loss of self-control, and misuse behaviour. The respondents report having started their cannabis use in adolescence, but unlike their friends they themselves were not able to stop using cannabis at entering adulthood. In this category, the stories are more centred on not being able to end daily cannabis use rather than how the habit started. The respondents stress their inability to stop using cannabis as not only embarrassing, but as a sign of misuse and loss of self-control. They underline having unwillingly ended up using cannabis on their own, not being able to stop and their use interfering with work and family life. Robin, who is 36, has a girlfriend and works as a social worker, has entered treatment in an evening group in order to get help to quit his habit. His reasons for entering treatment:

I simply could not justify to myself that I should in any way be intoxicated at work. I am a social worker and I was responsible for so many children…. I simply could not cope with my lack of ability to control my drug misuse.

Robin recounts how he really wants to control his use and how prior to entering treatment he had been unable to wait until after work to smoke cannabis. This had made him think that he had a cannabis problem. Like Robin, other respondents describe their daily cannabis use as representing a lack of self-control, a lack of control over their lives, and a misuse behaviour.

In general, these respondents describe using cannabis throughout the day. The practice of smoking cannabis before going to work and being intoxicated at work is recounted as especially problematic and unjustifiable (cf. Frank, Christensen, & Dahl, 2013). It embarrasses them. They report having concealed their cannabis use from family and friends. George, who is 24, has in the past undergone residential treatment for cannabis use and is still en-
rolled in supportive services. He has no housing, partner or qualifications. When asked why he wanted to enter treatment, George said:

Yes, it was also because I did not feel very well, my housing situation and work situation. Everything had become a big chaos, while I was smoking cannabis. My social worker wanted me to enter residential treatment and become “clean”.

The general trajectory here is that cannabis use started in adolescence with friends, but the respondents had not been able to stop their use when entering adulthood. It is a story about not being able to control cannabis use, and today, at least before they entered treatment, the respondents would use cannabis at any time of day. Their own definition of their cannabis use as being misuse behaviour emerges as the major reason for seeking treatment. The narratives show that cannabis use becomes problematic when the respondents find it difficult to control and find themselves starting to use in situations where they feel it is out of place.

Conclusion

A key question in research on drug use is why drug use progresses from recreational to problematic use for some individuals but not for others. As noted above, this cannot be explained solely by the drug itself. In this paper, we have focused on the social context in which cannabis is initiated in adolescence and the developments that have led to daily cannabis use in adulthood. Given that the respondents’ frequency of use was the same – they were all daily users – and that none of the 32 respondents had used any other kinds of drugs, and that the two overall groups of respondents were similar in terms of age, education and employment, it would seem that the reasons for the respondents to define cannabis use as either problematic or not, must be found elsewhere. In the trajectories presented here, the respondents did not describe their daily use as the only reason for them to perceive their use as problematic or not. Instead, the narrative trajectories focused on selected episodes about how, where and when they used cannabis. For our respondents, it is these episodes that account for the differences between recreational or problematic cannabis use.

As pointed out above, the respondents all began their use of cannabis in adolescence, although adolescence was not the exclusive starting point of daily use. To begin with, cannabis was a “social” drug taken primarily in the company of friends or peers. All the respondents highlighted social inclusion into friend or peer groups as an important factor for using cannabis. However, we can see a difference between those who had started to use cannabis with friends and peers who they already socialised with, and those who started solely in order to become part of a peer group. Starting to smoke on a daily basis in order to prevent loneliness or feelings of not “fitting in” is very different from smoking with friends one is already familiar with and feels attached to (cf. Simons-Morton et al., 2006). This suggests that focusing on the reasons why adolescents become part of cannabis-smoking peer groups may be important in teasing out the developments of problematic cannabis use.
Second, and related to the point above, there seems to be a difference between those respondents who have only one circle of friends or peers who all smoke cannabis, and those belonging to several different peer groups, some of which use cannabis and others do not. In the first and third trajectory, the respondents primarily refer to one peer group, while respondents in the other two trajectories include several different social circles they belong to. This suggests that it is not possible to definitively argue that belonging to only one or a few peer groups makes individuals more vulnerable, or that belonging to several different smoking and non-smoking peer groups makes individuals less vulnerable to developing problematic cannabis use. Instead it implies that it depends on the meaning of one’s position within the peer group(s) and the ways in which one can enter or leave the group (cf. Simons-Morton et al., 2006).

Third, three of the trajectories report solitary use in adulthood. The respondents describe how their cannabis use has changed from a social practice in adolescence to a solitary one in adulthood. While one could argue that this would change their understanding of their cannabis use from a non-problematic to a problematic use, since solitary use is often seen as problematic (Reinarman & Cohen, 2007), this was not the case for all respondents. There is a difference in the extent solitary use was defined as a consumption-oriented activity. In the second trajectory, the respondents also describe enjoying the intoxication simply because they find intoxication enjoyable (cf. Hathaway, 1997). They may also see it as a kind of “self-medication” from loneliness, as in the third trajectory, where they describe how their use of cannabis is a way of coping with an unwanted and unfortunate life situation, or is interpreted as a sign of loss of self-control and misuse as in the last trajectory. Smoking practices have an influence on these perceptions. Overall, there was a distinction between using cannabis only in one’s spare time and not using cannabis around the clock, and hence overlapping with work or other daily duties. In this sense, some of the narratives resemble Decorte’s (2000) work on cocaine users and their distinction between recreational and problematic use. The perception among cocaine users is also that recreational use must not interfere with daily life, such as work, studies or family.

Finally, we would wish to highlight that those of our respondents who have been in treatment all describe experiencing problems in relation to their cannabis use, going to work, with loneliness and with socialising. They emphasise that cannabis use has become too problematic or even damaging to them, which is also what pushes them towards wanting to stop using cannabis and entering treatment (cf. Kandel & Ravies, 1989). Robin, in the last trajectory, notes how cannabis use has jeopardised his performance at work, not because he smokes cannabis, but because his use was out of control and he smoked before going to work and came to work intoxicated. Patrick, in the third trajectory, understood his social isolation as having become too big an issue for him so he chose to enter treatment. These perspectives that cannabis use had become a hindrance in living one’s life, taking responsibility and adhering to social norms were not issues in the first two trajectories.
Most respondents in these two categories used cannabis only in the evening or in their spare time. Their ways of using cannabis did not interfere with the responsibilities they had in life, including work, studies or family. Consequently, when we examine users’ perspectives, we discover that it is not a question of how much cannabis is used, but rather how and when it is used.

These narrated ways of understanding trajectories into and the continuation of daily cannabis use reveal different characteristics that may need to be taken into consideration if we wish to prevent recreational use from developing into problematic use. It is not only a question of whether people use socially or in a solitary way, but more a case of how and why they use in groups or on their own (cf. Kandel, 1996; Chen & Kandel, 1998). Moreover, it is not only how adolescents get involved in cannabis-smoking peer groups and whether these groups dissolve in adulthood or not (cf. Simons-Morton et al., 2006), but rather the reasons for smoking in these peer groups. Finally, it is not only about control or loss of control (Decorte, 2000; Zinberg, 1984), but also about when and how cannabis is used during the day (cf. Frank et al., 2013). Daily cannabis use in adulthood can be an inclusive and non-problematic activity as well as a problematic practice.

Declaration of interest None.

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NOTES

1 Recreational use of drugs is a term used not only about cannabis use, but also of other illegal drugs to differentiate between different kinds of consumption patterns, usually between problematic and non-problematic use of drugs. The latter is referred to as occasional, for pleasure and not interfering with everyday functioning (Decorte, 2000; Parker, 2005; Hutton, 2006). The term does usually not include cannabis use in therapeutic or spiritual practices.

2 Research that builds on the perspectives of cannabis users in treatment populations or studies which compare these perspectives with cannabis users not in treatment are relatively rare, partly perhaps because of the fairly recent development of cannabis treatment facilities. Still, studies of user perspectives in other kinds of drug treatment are also fairly sparse (see e.g. Bourgois, 1997; Bourgois, Lettiere, Quesada, 1997; Dahl, 2007; Dahl & Hecksher, 2007; Hunt & Rosenbaum, 1998; Koester, Anderson, & Hoffer, 1999). This literature examines important aspects of treatment including reasons for entering treatment, staying in treatment or leaving.

3 Since it is not the particular treatment that we are examining in this paper but rather users who had sought treatment, the different types of treatment facilities are mentioned only briefly. For a detailed account of cannabis treatment in Copenhagen Municipality, see Københavns Kommune (2012) and Kronbæk (2012).

4 Christiania is an area in Copenhagen where alternative lifestyles and cannabis use and dealing have been going on since the beginning in 1971 (see Asmussen, 2007; Møller, 2009).
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