UNIVERSITY of York

This is a repository copy of *Rising numbers of older and female cannabis users seeking treatment in England and Wales*.

White Rose Research Online URL for this paper:
http://eprints.whiterose.ac.uk/132063/

Version: Accepted Version

Article:

Lloyd, Charlie orcid.org/0000-0003-3524-0947, Hamilton, Ian and Monaghan, Mark (2018) Rising numbers of older and female cannabis users seeking treatment in England and Wales. Drugs: education, prevention and policy. pp. 205-207. ISSN 1465-3370

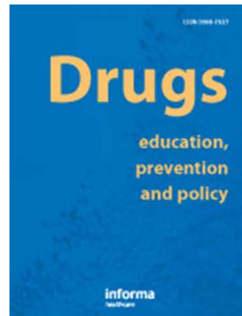
https://doi.org/10.1080/09687637.2018.1478948

Reuse
Items deposited in White Rose Research Online are protected by copyright, with all rights reserved unless indicated otherwise. They may be downloaded and/or printed for private study, or other acts as permitted by national copyright laws. The publisher or other rights holders may allow further reproduction and re-use of the full text version. This is indicated by the licence information on the White Rose Research Online record for the item.

Takedown
If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.

White Rose
university consortium
Universities of Leeds, Sheffield & York

eprints@whiterose.ac.uk
https://eprints.whiterose.ac.uk/



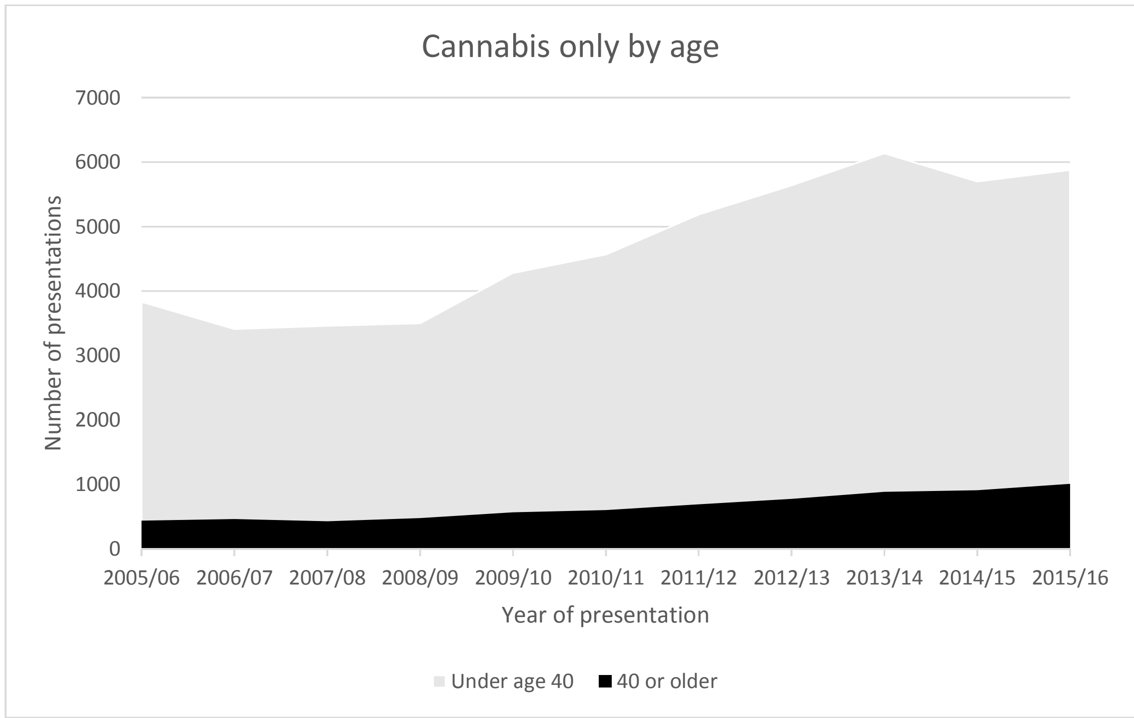
For Peer Review Only

Rising numbers of older and female cannabis users seeking treatment in England and Wales.

Journal:	*Drugs: Education, Prevention & Policy*
Manuscript ID	CDEP-2018-0006.R2
Manuscript Type:	Short report
Keywords:	Cannabis, older, female, Treatment

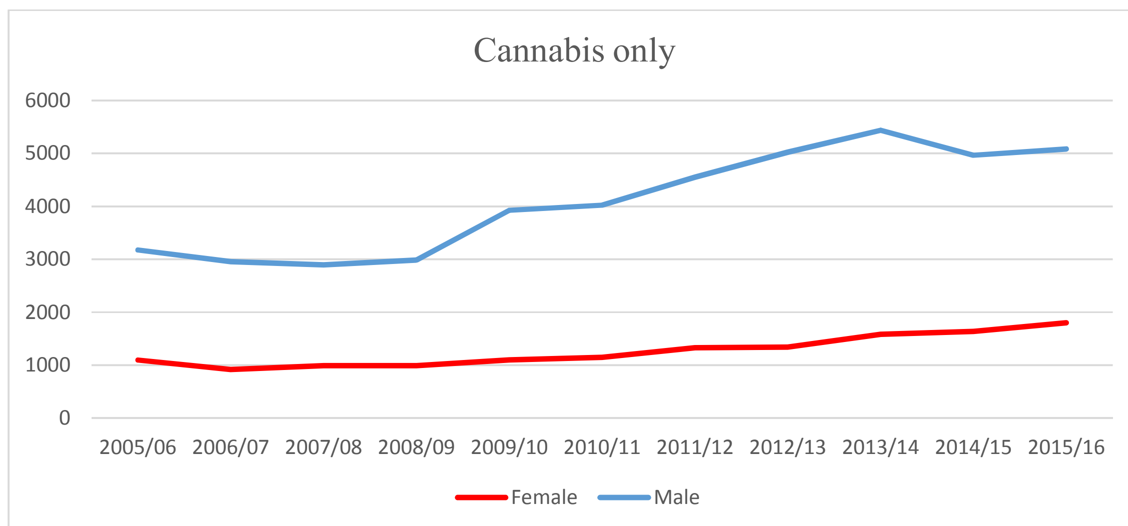
SCHOLARONE™
Manuscripts

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60



Review Only

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60



For Peer Review Only

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Rising numbers of older and female cannabis users seeking treatment in England and Wales.

Abstract

Presentations to specialist drug treatment services in England for cannabis have been rising in recent years. As cannabis is no longer disaggregated in annual reports of drug treatment presentations published by Public Health England, we requested access to a detailed data-set to explore the treatment population in more detail. Analysis of the data revealed two important issues which were not apparent in the published reports. Males and females over the age of forty are a rapidly growing sub-group. This reflects the parallel growth in those in treatment primarily for problems due to opiates.

Keywords: Cannabis, older, female, treatment

For Peer Review Only

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Rising numbers of older and female cannabis users seeking treatment in England and Wales.

Introduction

Cannabis continues to be the most popular illicit drug in the United Kingdom and Europe, with 2.2 and 23.5 million adults respectively having used the drug in the last year (Home Office 2017, EMCDDA 2017). Up to 70% of those trying and using cannabis will not develop a dependency that requires treatment (Hasin et al 2015). However some will require help and support as a result of developing dependence, commencing cannabis use before the age of eighteen and being male are two factors that increase the risk of developing dependence (Copeland and Swift, 2009). Presentations to treatment services where cannabis is cited as the primary problem drug have been rising in England over recent years, although several factors are thought to have led to this increase in demand such as increasing potency of cannabis, net widening by treatment services as they accept requests for help from individuals who report problems as a result of using cannabis (Hamilton et al 2014, McCulloch 2017).

Methods

As cannabis is no longer disaggregated in annual reports of drug treatment presentations published by Public Health England, we requested access to a detailed data-set to explore the treatment population in more detail.

The data Public Health England provided detail in relation to gender and age, recorded age spanned from 18 to 60 plus with age intervals provided in bandings of four years, for example 20-24 years old. Two categories of cannabis assessment were included the first was where cannabis was cited on assessment the second where cannabis was recorded as the primary drug problem.

The data covers England and Wales and includes all new presentations to specialist drug treatment services between 2005/06 and 2015/16. Total presentations varies annually, 2006/07 recorded the lowest total with 108,638 new presentations and 2008/09 the highest with 147,578.

A simple analysis of the data was performed by exploring trends in age of presentation for cannabis by year and then by gender for these groups, this revealed two important issues which were not apparent in the published reports.

Results

Age

This new data set shows that, although there has been an increase in presentations for cannabis as the only drug problem across the whole adult age range, the rise in those over the age of 40 years old is more marked. 471 people presented in 2005/06 but by 2015/16 this had risen to 1008, an increase of 114%. Over the same period presentations for all drugs in those aged 40 or older increased by 137% from 27,092 in 2005/06 to 64,195 in 2015/16.

For Peer Review Only

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

By contrast those aged 39 and under showed a 53.4% increase over the same period in time, however this age group still account for the majority of these presentations with 5,879 in 2015/16. Overall presentations for all drugs for those aged 39 and under decreased by 12% from 83,595 in 2005/06 to 73,886 in 2015/16.

Figure 1 Presentations to treatment where cannabis is the primary problem aged 40 and over.

The rising number of older people presenting to treatment for cannabis suggests the need for a greater focus on older users. In the United Kingdom the majority of people who use cannabis are thought to combine it with tobacco (Hindocha et al 2016). It is therefore likely that this older cohort of cannabis users will be at greater risk of developing the range of health problems associated with prolonged tobacco exposure (Meier et al 2016).

As cannabis potency has increased over the same time period it is possible that all age cohorts have increasingly experienced problems and this could have contributed to the rise in treatment presentations (Montanari et al 2017). The comparatively greater rise in those aged forty and over might be explained by changing market supply over recent years from comparatively weak cannabis 'resin', to newer, stronger strains of herbal cannabis, with accompanying problems of titrating dosage and eventual appearance in drug treatment (Freeman and Winstock 2015).

For Peer Review Only

Gender

Further analysis of the data shows the gender ratio for those who cite cannabis as their only drug problem is just under 3:1 in favour of males, however this gender ratio widens to 4:1 for those in treatment citing cannabis as one of several drugs they have problems with. Over the last decade there has been a 95% increase in the number of females citing cannabis as the only problem drug, compared to a 72% increase for males. Traditionally treatment services have been populated and designed for men (Wincup 2016). This suggests change in treatment design and delivery is required to cater specifically for the rise in female presentations. There is increasing evidence and calls for treatment services to tune into the needs of women who are likely to have experienced trauma such as intimate partner violence (Gilchrist and Hegarty 2017).

Figure 2 Presentations to treatment by gender

Discussion

Overall demand for treatment where cannabis is cited as the primary problem has increased over the last decade. The majority of the rise is accounted for by males under the age of forty. However further analysis of the PHE data reveals a significant rise in those age forty or over. Also a marked rise in female presentations of all ages has taken place over the same time period.

It is worth noting that the last decade has seen a decline in reported cannabis use for the general population. The crime survey estimates 2.2 million people used cannabis in 2005/06

this fell to 1.4 million by 2015/16. So the rise in females and those aged forty or over presenting to treatment could in part be accounted for a time lag between initiating cannabis use and developing problems with the drug which prompt individual treatment presentations.

The higher risk of treatment presentation for males than females can in part be explained by the greater number of males using cannabis than females. However it is likely that factors other than cannabis use influence treatment presentation. There are well documented reasons why females might avoid treatment or at least consider that specialist drug treatment is not a safe option for them (Salter and Breckenridge 2014).

Treatment services have faced two significant changes over the last decade, first funding for drug treatment in England and Wales has been reduced. Secondly fewer people have developed problems with opiates which has reduced demand for treatment from this group. It is possible that treatment services have responded to this fall in demand by accepting and treating more of those with cannabis problems (Hamilton et al 2014).

Conclusion

This data suggests that the majority of people seeking treatment for cannabis are male and aged under forty. However males and females over the age of forty are a rapidly growing sub-group. This reflects the parallel growth in those in treatment primarily for problems due to opiates, this group develop complex co-morbidities which require referral to specialist physical and mental health treatment providers, it is not clear if this also applies to the ageing cohort of cannabis uses who are presenting in increasing numbers to specialist drug treatment.

These findings suggest that further investigation is required, first to explore this ageing cohort ~~This ageing cohort warrants further investigation~~ to try and understand what ~~their~~ specific problems they have experienced~~are~~, their reasons for entering treatment and investigate how effective that~~e~~ treatment ~~they receive~~ is. Secondly, as we found that female presentations had increased significantly it would also be useful to explore their specific problems in relation to cannabis and how treatment services respond to these needs. Finally research which investigates cannabis treatment presentations in other countries would provide a broader insight into other populations and treatment uptake.

References:

Copeland, J. and Swift, W., (2009). Cannabis use disorder: epidemiology and management. *International Review of Psychiatry*, *21*(2), pp.96-103.

European Monitoring Centre for Drugs and Drug Addiction, (2017) Statistical bulletin 2017. http://www.emcdda.europa.eu/data/stats2017_en (Accessed 14/12/17).

Freeman, T.P. and Winstock, A.R., 2015. Examining the profile of high-potency cannabis and its association with severity of cannabis dependence. *Psychological medicine*, *45*(15), pp.3181-3189.

Gilchrist, G. and Hegarty, K., 2017. Tailored integrated interventions for intimate partner violence and substance use are urgently needed. *Drug and alcohol review*, *36*(1), pp.3-6.

Hasin DS, Saha TD, Kerridge BT, et al. Prevalence of Marijuana Use Disorders in the United States Between 2001-2002 and 2012-2013. *JAMA Psychiatry*. 2015;72(12):1235-1242.

For Peer Review Only

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Hamilton, I., Lloyd, C., Monaghan, M., & Paton, K. (2014). The emerging cannabis treatment population. *Drugs and Alcohol Today*, *14*(3), 150-153.

Hindocha, C., Freeman, T.P., Ferris, J.A., Lynskey, M.T. and Winstock, A.R., (2016). No smoke without tobacco: a global overview of cannabis and tobacco routes of administration and their association with intention to quit. *Frontiers in psychiatry*, *7*.

Home Office (2017). Drug misuse: findings from the 2016 to 2017 CSEW. National Statistics https://www.gov.uk/government/statistics/drug-misuse-findings-from-the-2016-to-2017-csew

Johnston. Lidell, D. Browne, K. Priyadarshi, S. (2017). Responding to the needs of ageing drug users. European Monitoring Centre for Drugs and Drug Addiction http://www.emcdda.europa.eu/document-library/responding-needs-ageing-drug-users_en

McCulloch, L. (2017). Why did cannabis treatment presentations rise in England from 2004-2005 to 2013-2014?. *Drugs and Alcohol Today*, *17*(4), pp.218-231.

Meier, M.H., Caspi, A., Cerdá, M., Hancox, R.J., Harrington, H., Houts, R., Poulton, R., Ramrakha, S., Thomson, W.M. and Moffitt, T.E., (2016). Associations between cannabis use and physical health problems in early midlife: a longitudinal comparison of persistent cannabis vs tobacco users. *JAMA psychiatry*, *73*(7), pp.731-740.

Monaghan, M., Hamilton, I., Lloyd, C., & Paton, K. (2016). Cannabis matters? Treatment responses to increasing cannabis presentations in addiction services in England. *Drugs: Education, Prevention and Policy*, *23*(1), 54-61.

Montanari, L., Guarita, B., Mounteney, J., Zipfel, N. and Simon, R., (2017). Cannabis Use among People Entering Drug Treatment in Europe: A Growing Phenomenon. *European Addiction Research*, *23*(3), pp.113-121.

Salter, M. and Breckenridge, J., (2014). Women, trauma and substance abuse: Understanding the experiences of female survivors of childhood abuse in alcohol and drug treatment. *International Journal of Social Welfare*, *23*(2), pp.165-173.

Wincup, E., (2016). Gender, recovery and contemporary UK drug policy. *Drugs and Alcohol Today*, *16*(1), pp.39-48.

For Peer Review Only