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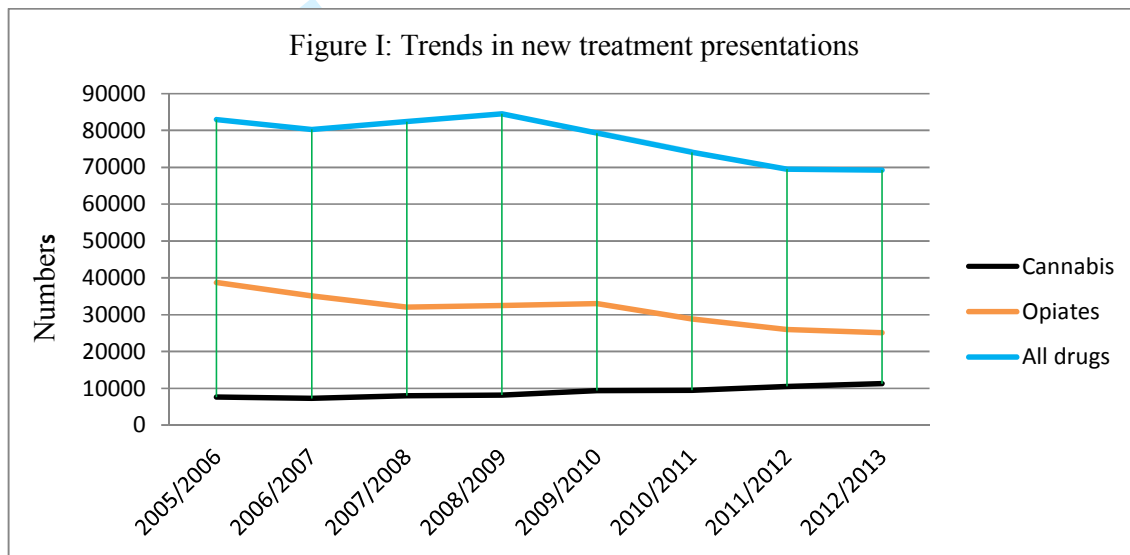


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The emerging cannabis treatment population

Presentations to treatment

Cannabis is the most widely used illicit drug in the UK with 6.4% of adults aged 16-59 reporting use in the last year (Home Office 2013), and accounts for 16% of new presentations for treatment to drug services in 2012/13 (Public Health England 2013). The number of new presentations where cannabis is identified as the primary drug has been growing since 2005/06 through to 2012/13, from 7579 to 11820, representing a 49% increase in eight years (Figure I).



Similar patterns are exhibited in Europe where despite significant variations between member states relating to data capture, treatment provision and national prevalence levels, in 2011 cannabis was the second most frequently reported primary drug for clients entering specialised drug treatment services. Across Europe some 60,000 people entered drug treatment for cannabis in 2011 up from 45,000 in 2006 (EMCDDA, 2013).

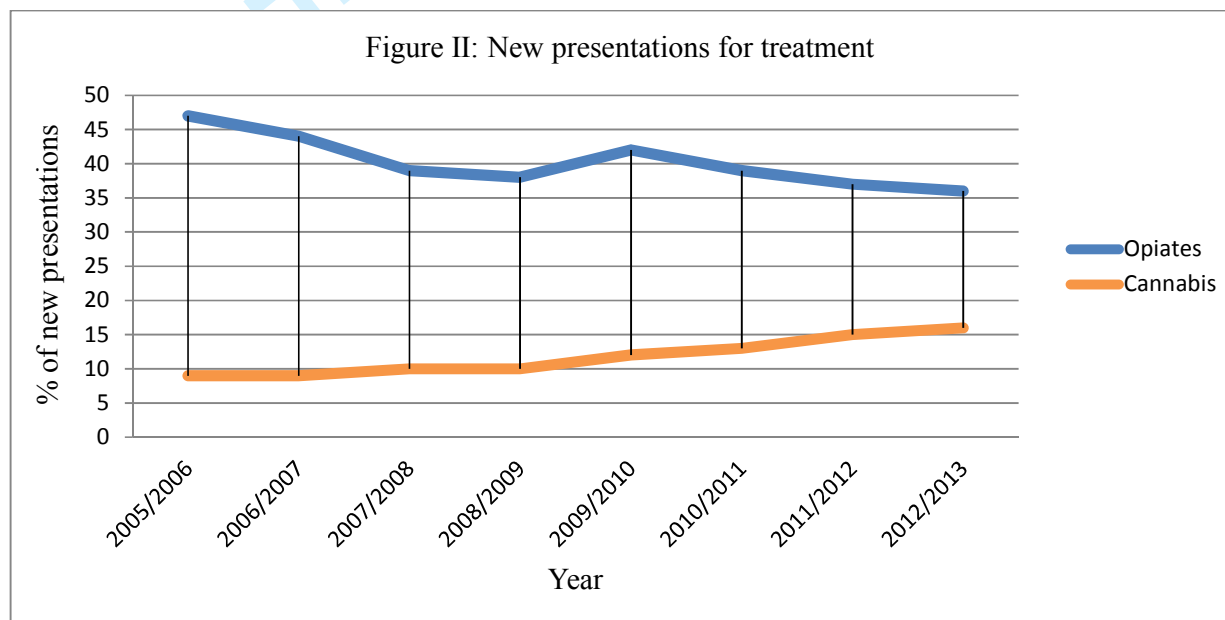
We examined the recently published data by Public Health England (2013) to explore trends in cannabis presentations for drug treatment. We looked at the trend in relation to new presentations where the primary drug recorded was cannabis. Compared with opiates new cannabis treatment presentations have increased for all age groups in the last eight years (2005/06 - 2012/13). Of note is the trend for cannabis users aged 40 and over, with a rise of 79.7%, albeit against a low baseline.

There is growing concern about the demographic changes in drug use and the potential impact this will have on treatment (Badrakalimuthu et al 2010). The Royal College of Psychiatrists in 2011 examined this issue in its report 'Our Invisible addicts' in which it made a number of recommendations including 'examination of trends in the extent, nature and predictors of substance use problems in older people' ((Royal College of Psychiatrists 2011).

This demographic change in people using cannabis and in those seeking treatment observed in the UK has also been observed in the USA where Burns (2013) found a particularly sharp rise in consumption of cannabis by those aged fifty and over.

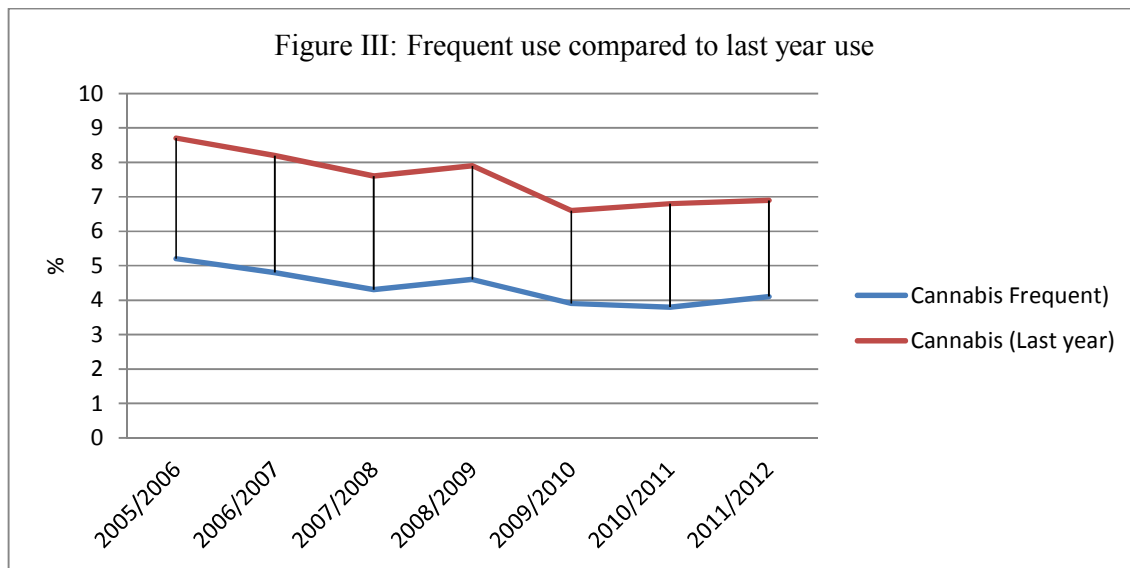
Given the declining use of cannabis in the adult population over the last eight years the increasing numbers of people presenting for treatment is curious, particularly as presentations to treatment are likely to represent only a fraction of those people who need treatment. Estimates suggest that as few as 1 out of 10 dependent cannabis users seek treatment in any given year (Gates et al 2012), pointing to a significant proportion of problematic cannabis users who do not present to treatment services.

Figure II shows new presentations for treatment comparing those presenting with opiates as the primary drug to those who identified cannabis as the primary drug.



Self-reported use

When trends in cannabis use are explored they reveal little change in a similar time period, for either frequent users or those who report use in the last year. Frequent use is defined as those using a drug at least once in the past month (Home Office, 2013). Figure III shows trends for frequent cannabis use compared to last year use. So although new presentations for treatment have shown to be increasing over time for cannabis, this trend is not mirrored by an increase in self reported use.



Explanations

1. Increasing use of skunk could explain the increase in presentations for treatment, however it is not clear from the data currently available that problematic use of skunk applies to all age groups or is confined to younger users. This is an important area to investigate as presentations for treatment have been rising across all age groups.
2. The increase in criminal justice drug screening interventions might have contributed to the rising trend in presentations.
3. As the general problem drug user population has been in decline it is possible that drug services are spreading their net wider and have been more willing to engage and accept people who use cannabis in a problematic way. This could have led to an increase in referral acceptance for this client group.
4. It is possible that there has been a growing social acceptance within the population that cannabis use can be problematic and this could have impacted on treatment seeking behaviour. In parallel this change in social acceptance could have influenced treatment staff, as they become more vigilant for the problems that cannabis can cause.
5. The trend could be due to increasing use of novel psychoactive substances such as Spice.

Recommendations

There is an urgent need for a more comprehensive survey of cannabis use given the changing types and availability of cannabis over recent years.

Given the increasing numbers presenting to services for treatment in relation to cannabis and the lack of evidence in relation to treatment for this group, it would be interesting to find out what is offered to these people when they present and during the treatment journey.

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