Commentary

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Commentary on: Perspectives of Cannabis Use in the Life Experience of Men with Schizophrenia

Wagstaff C[1*], Farrell D[2] and Graham H[3]

[1]Medical School, University of Birmingham, Birmingham, UK

[2]School of Health and Society, University of Worcester, Worcester, UK

[3]School of Psychology, University of Birmingham, Birmingham, UK

[*]**Corresponding author:** Wagstaff C, Medical School, University of Birmingham, Birmingham, UK, E-mail: C.Wagstaff@bham.ac.uk

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Introduction

Our recently published paper [1] added different dimensions to the available literature in providing greater depth to the reasons why people with schizophrenia use substances, in particular cannabis. The service user participants in the study perceived cannabis use as a means by which they could re-establish their identity that had been damaged by the social consequence of schizophrenia. They held cannabis in a degree of 'reverence' which appeared not given to other substances and viewed cannabis use as beneficial. Equally, the clinicians in the study understood that drugs are a significant part of life for their service users. Whilst not encouraging the use of cannabis, clinicians took the pragmatic approach towards its use by service users.

The service user participants in this study were 36 or older, from ethnic minority backgrounds; lived in the inner city in group homes or social housing, were unemployed, had poor family support and social networks, had low education achievement, and in most cases a forensic history; demographics of people that O'Brien et al. [2] say are most likely to disengage from services. All the men were not only disengaged from mental health services they were disengaged from society and wider social structures. They were dissatisfied with their housing, they wanted to be left alone by mental health professionals, they felt disconnected from the society beyond their immediate community and they had very limited contact with their families.

The original IPA study explored research participants perspectives of disengagement, in that context the service user participants' attitudes towards cannabis were framed in terms of strategies used to reinforce personal resilience and promoting a more positive identity. However, the research ascertained other factors for cannabis use including:

- Fitting in more with the local community
- Being closer to God
- Experiencing moments of happiness
- Lifting miser
- Form of relaxation
- Pain control/management
- Managing 'voices'-auditory hallucinations
- Assisting with sleep

These findings need to be considered in the context of current trends in drug use and current UK policy. Data [3,4] indicates several things:

- In the ten years between the 2005/2006 survey and the 2015/2016 survey, both last-year and last-month drug use had fallen in adults.
- Lifetime use in adults in the same period of time stayed the same.
- Previous month and year usage is falling while lifetime usage stays the same could also indicate that people are ceasing their drug habits at a higher rate than before.
- The CSEW survey also identified consistently across the last ten years that Cannabis, (along with Powder Cocaine and MDMA) were the most frequently used drugs across all socio-economic groups studied.

Together, these statistics show that across the entire population that was studied, general drug use is falling. Yet in the dual diagnosis population the rates of drug use appears unchanged [5].

Trends in UK mental health policy from 2010 onwards the common themes are mental health promotion, physical health, ending stigma and discrimination, access to services, quality of life, increasing talking therapies [6-9]. Consideration needs to be given to how policies and practices within mental health treatment impact upon the capacity for these men to develop personal resilience and positive identity.

The concerns that the service user participants raised about their lives and mental health did not match with contemporary UK mental health policy. The male service users who took part in the study used cannabis on a regular basis believing the drugs to be beneficial. Furthermore, many of the research participants did not consider themselves to be 'mentally ill'. The corollary to this being any mental health promotion campaign would not have any relevance or concern for them. To varying degrees the men had poor physical health but were ambivalent about addressing their physical health needs and shunned help that services tried to offer. Again, policies geared towards addressing

the physical health needs of people with mental health problems would not have been utilised by these participants. They did not mention, and were not concerned about, the stigma and discrimination that people with mental health problems experience other than when they felt their families discriminated against them because of their mental health. The men were not concerned about improving access to services and talking therapies, quite the opposite; they wanted services to simply 'leave them alone'. The men did want their quality of life improved in so much as they wanted better housing and more money, however recent government policies did not have this scope.

Drug use in the general population is falling but remains disproportionately high rates for people with serious mental health problems. The participants in this study believed cannabis use to be beneficial to them in particular in re-establishing their identity, damaged by the social consequences of schizophrenia. The prevailing trends in UK mental health policy do not address the needs of this population and as such the likelihood is that they, and similar people with serious mental health problems, will continue to use cannabis as a means to cope with the pressures of their lives.

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