HOME

# 1 in 9 Older Cannabis Users May Have a Hidden Disorder—New Study Reveals 7 Warning Signs You Shouldn't Ignore

By bestfolkmedicine · 03/11/2026 · 12 min read



Cannabis use among adults over 65 is rising, often driven by the desire to relieve pain, improve sleep, or manage anxiety. But a major 2026 study has uncovered a troubling pattern: more than one in nine older cannabis users meet the criteria for cannabis use disorder, and many may not recognize the warning signs.

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For years, cannabis has been promoted as a natural solution for everything from chronic pain to sleepless nights.

And increasingly, older adults are turning to it.

Some use cannabis to relax after a stressful day. Others seek relief from persistent discomfort, anxiety, or the sleep disturbances that often accompany aging.

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But researchers are discovering that cannabis use later in life may carry risks that are frequently overlooked.

A major study published in September 2026 found that approximately 11.4% of Americans aged 65 and older who had used cannabis in the previous year met the diagnostic criteria for cannabis use disorder.

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That's more than one in nine.

Perhaps even more surprising, most cases were classified as mild, meaning the warning signs may be subtle enough to go unnoticed.

The findings raise an important question: When does occasional or medically motivated cannabis use develop into a pattern that may be harming someone's health?

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Here are seven important discoveries from the research.

## A Major 2026 Study Raises New Questions About Cannabis and Aging

Researchers from the University of California San Diego School of Medicine, working with collaborators at other institutions, examined data from 21,189 American adults aged 65 and older.

The investigation used information collected between 2021 and 2024 through the National Survey on Drug Use and Health.

Published on September 28, 2026, in the scientific journal Addiction, the study explored how frequently older adults use cannabis, how they consume it, and how often their behavior meets

diagnostic criteria for cannabis use disorder.

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The researchers found that approximately 8.9% of adults over 65 had used cannabis during the previous 12 months.

Among those who had used it, 11.4% met the criteria for cannabis use disorder.

However, an important distinction is necessary.

The findings do not mean that one in nine of all older adults has cannabis use disorder. The percentage applies specifically to older adults who reported using cannabis in the preceding year.

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The research also does not suggest that every older adult who uses cannabis will develop a dependency.

Instead, it highlights patterns that may help doctors and families recognize problematic use before it becomes more severe.

## 1. Cannabis Use Among Older Adults Is Increasing

Cannabis is no longer associated primarily with younger generations.

Older adults increasingly report using it for both medical and recreational reasons.

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Some hope it will help with chronic pain or arthritis-related discomfort. Others use it because they struggle to fall asleep or remain asleep throughout the night.

Changes in cannabis laws, wider product availability, and shifting public attitudes have contributed to growing interest.

A separate 2025 study published in JAMA Internal Medicine found that past-month cannabis use among Americans aged 65 and older increased from 4.8% in 2021 to 7% in 2023.

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That represents a substantial increase over a relatively short period.

However, greater availability does not necessarily mean a product is harmless.

Cannabis contains psychoactive compounds, including tetrahydrocannabinol (THC), which affects brain function, perception, memory, and coordination.

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These effects can become particularly important as people age.

## 2. Most Cases of Cannabis Use Disorder Were Mild

One of the study's most notable findings concerned the severity of cannabis use disorder.

Among older adults who met the diagnostic criteria:

- 76% had mild cannabis use disorder.
- 20.1% had moderate cannabis use disorder.
- 3.9% had severe cannabis use disorder.

Cannabis use disorder is diagnosed when a person experiences a problematic pattern of cannabis use involving at least two recognized symptoms within a 12-month period.

Mild cases involve two or three diagnostic criteria.

These symptoms may include strong cravings, difficulty controlling consumption, increasing tolerance, or continuing to use cannabis despite unwanted consequences.

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Someone with mild cannabis use disorder may continue working, socializing, and managing everyday responsibilities.

That can make the condition difficult to recognize.

Unlike more severe substance-use problems, early warning signs may develop gradually.

For older adults who originally started using cannabis for symptom relief, the distinction between routine use and problematic use can become especially unclear.

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## 3. Using Cannabis Almost Every Day Was Linked to Much Higher Risk

Frequency emerged as one of the strongest associations in the research.

Older adults who reported using cannabis on at least 300 days during the previous year were approximately 3.7 times as likely to meet the criteria for cannabis use disorder as those who used it less frequently.

Three hundred days represents use on most days of the year.

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This finding does not prove that frequent use inevitably causes dependence. However, it suggests that consumption patterns deserve careful attention.

Consider someone who initially uses cannabis occasionally to help with sleep.

Over time, that person may begin using it every evening.

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Eventually, they might feel uncomfortable attempting to sleep without it.

They may also find themselves increasing the amount they consume to obtain the same perceived effect.

Such changes can indicate growing tolerance or reliance.

Importantly, frequency alone does not establish a diagnosis.

Doctors assess the broader pattern of symptoms, impaired control, and consequences associated with cannabis use.

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## 4. The Most Common Warning Signs Were Not What Many People Expect

People sometimes imagine cannabis dependence as an obvious loss of control.

But the 2026 findings suggest that common symptoms among older adults can be less dramatic.

Among participants who met the criteria for cannabis use disorder, researchers identified three particularly frequent signs.

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### Spending Increasing Amounts of Time Around Cannabis

Approximately 74.4% reported spending substantial time obtaining, using, or recovering from cannabis.

This can mean that cannabis gradually occupies more of a person's daily routine.

Activities may be planned around when the substance will be available or consumed.

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### Strong Cravings

Around 67.5% reported cravings.

Cravings involve a strong desire or urge to use cannabis, sometimes making it difficult to concentrate on other activities.

### Developing Tolerance

Approximately 48.3% reported tolerance.

Tolerance can occur when repeated exposure reduces the effect of a particular dose, leading someone to use larger amounts to achieve a similar experience.

Other possible symptoms include unsuccessful attempts to cut down, withdrawal symptoms, and continuing to use cannabis despite physical or psychological problems.

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These warning signs deserve attention, especially when several occur together.

## 5. Smoking Was the Most Common Method of Cannabis Use

The researchers also examined how older adults consumed cannabis.

Among those who had used cannabis during the preceding year:

- 65.8% reported smoking it.
- 40.5% reported eating or drinking cannabis-containing products.
- 15.4% reported vaping.

Participants could report more than one method.

Smoking cannabis was strongly associated with cannabis use disorder in the study.

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However, because the investigation was observational, it could not establish that smoking itself caused the disorder.

Each method of consumption carries different considerations.

Smoking exposes the respiratory system to combustion products.

Vaping can expose users to potentially harmful aerosols, depending on the product.

Edible cannabis products avoid smoke inhalation but can produce delayed and sometimes unexpectedly strong effects.

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The effects of edibles may take considerably longer to become noticeable, increasing the risk of accidental overconsumption.

Older adults may be particularly vulnerable to confusion, dizziness, impaired coordination, or prolonged intoxication.

## 6. Mental Health Conditions Were Associated With Higher Risk

The study identified several characteristics associated with greater likelihood of cannabis use disorder.

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These included:

- Mental illness during the previous year
- Tobacco use
- Use of other drugs
- Frequent cannabis consumption

Among older adults who had used cannabis, those reporting mental illness during the previous year were nearly three times as likely to meet the criteria for cannabis use disorder.

However, this association does not prove that mental health conditions cause cannabis dependence or that cannabis necessarily causes mental illness.

The relationship may involve several overlapping factors.

For example, some people use cannabis in an attempt to manage anxiety, low mood, or insomnia.

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Although they may experience temporary relief, regular consumption can sometimes complicate the management of these conditions.

Certain individuals may experience increased anxiety, changes in mood, or problems with sleep after repeated use or withdrawal.

This is why discussing cannabis use openly with healthcare professionals is important.

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A treatment intended to improve one symptom should not create additional health difficulties.

## 7. Cannabis May Affect Older Adults Differently

Aging changes how the body responds to many substances.

Older adults are more likely to have chronic medical conditions, take multiple medications, and experience changes in metabolism or sensitivity to psychoactive compounds.

These factors can influence the effects of cannabis.

## Increased Risk of Falls

THC can affect balance, coordination, attention, and reaction time.

For an older person who already experiences reduced mobility or occasional dizziness, these effects may increase the danger of falling.

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Falls can have serious consequences in later life, including fractures and loss of independence.

## Medication Interactions

Cannabis products can interact with prescription medications.

Potentially important combinations include certain sedatives, sleep medications, blood thinners, and other drugs metabolized through pathways affected by cannabinoids.

The nature and seriousness of interactions depend on the cannabis product, medication, dose, and individual health circumstances.

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Older adults should inform their healthcare providers about cannabis use, including products obtained without a prescription.

## Memory and Cognitive Effects

THC may temporarily impair attention, short-term memory, and processing speed.

These effects can create additional challenges for people who already experience cognitive difficulties.

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A separate 2025 study published in JAMA Neurology found an association between cannabis-related emergency hospital care and a higher rate of subsequent dementia diagnosis.

However, that study did not establish that cannabis causes dementia.

It examined people whose cannabis-related problems were severe enough to require emergency or hospital treatment, not all people who use cannabis.

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The distinction is important when interpreting research on long-term neurological risks.

## Why the Word “Natural” Doesn’t Always Mean Risk-Free

Cannabis comes from a plant, and many people associate plant-derived products with gentleness or safety.

But natural substances can still have powerful biological effects.

Caffeine, nicotine, certain medicinal herbs, and numerous prescription medicines also originate from natural sources.

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Their safety depends on factors such as dose, frequency, individual sensitivity, medical conditions, and interactions with other substances.

The same principle applies to cannabis.

Some cannabis-derived medicines have established medical uses for specific conditions.

However, that does not mean every cannabis product has proven benefits for chronic pain, insomnia, anxiety, or other common symptoms.

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Evidence varies substantially depending on the condition and formulation.

Older adults considering cannabis for symptom management should weigh potential benefits against risks with a qualified healthcare professional.

## How to Recognize When Cannabis Use May Be Becoming Problematic

Not everyone who uses cannabis regularly has a substance-use disorder.

Nevertheless, certain changes may indicate that professional assessment would be helpful.

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Consider the following questions:

- Do you use cannabis more frequently than you originally intended?
- Have you tried unsuccessfully to reduce your consumption?
- Do you experience strong cravings when cannabis is unavailable?
- Are you gradually increasing the amount you use?
- Has cannabis begun interfering with relationships, responsibilities, or everyday activities?
- Do you continue using it despite noticing unwanted physical or emotional effects?
- Do you experience irritability, sleep disturbances, or other symptoms when you stop?

Answering yes to one question does not automatically mean someone has cannabis use disorder.

A diagnosis requires a comprehensive evaluation using established clinical criteria.

However, recognizing changes early may make it easier to address problems before they become more serious.

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## What Older Adults Can Do to Reduce Their Risk

For older adults who already use cannabis, the goal should be informed decision-making rather than fear.

Several practical steps may help.

Review your reasons for using cannabis. If you rely on it for pain, sleep, or anxiety, discuss whether evidence-based alternatives or additional treatments might address the underlying problem.

Be aware of changes in frequency. A pattern that gradually shifts from occasional to near-daily consumption deserves attention.

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Discuss medication interactions. A doctor or pharmacist can help identify potential concerns based on your complete medication list.

Avoid driving while impaired. Cannabis can affect reaction time, judgment, and coordination.

Watch for unwanted effects. Dizziness, confusion, anxiety, excessive sedation, or difficulty with balance may indicate that a product is unsuitable or that medical assessment is needed.

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Seek support if cutting down becomes difficult. Healthcare professionals can provide behavioral treatments and other forms of support for cannabis use disorder.

People who use cannabis under medical supervision should discuss changes with their clinician rather than abruptly altering a prescribed treatment plan.

## What This Study Does—and Does Not—Prove

The 2026 research provides valuable information about cannabis use among older Americans.

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Its nationally representative survey design helps researchers estimate how common cannabis use disorder may be in this age group.

However, there are limitations.

The study relied on self-reported information, which can be affected by inaccurate recall or reluctance to disclose substance use.

It also analyzed survey data collected at particular points in time rather than following individuals through a controlled experiment.

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Therefore, the findings identify associations rather than proving that specific behaviors caused cannabis use disorder.

The results also apply to noninstitutionalized adults aged 65 and older in the United States and may not directly represent older populations in other countries.

Nevertheless, the study highlights an important public health issue that deserves greater attention.

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## Final Thoughts: The Hidden Risks of Cannabis Use After 65

Cannabis use among older adults is becoming increasingly common, often for reasons related to comfort, relaxation, and symptom management.

But the latest research suggests that problematic use may be more widespread than many people realize.

In a major 2026 study, more than one in nine older adults who had used cannabis during the previous year met the criteria for cannabis use disorder.

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Most cases were mild, making early recognition particularly important.

Frequent consumption, cravings, tolerance, and increasing amounts of time devoted to cannabis were among the patterns that researchers identified.

These findings do not mean that every older adult who uses cannabis is dependent or that cannabis has no legitimate medical applications.

Instead, they reinforce a simple but important message:

A substance can be perceived as helpful while still carrying risks that deserve careful attention.

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For older adults, understanding those risks—and discussing them openly with healthcare professionals—may help protect long-term health, independence, and quality of life.

Do you think older adults receive enough information about the potential risks of cannabis, especially when using it for sleep or pain? Share your thoughts in the comments.

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