Review of European national data on cannabis-related emergencies: strengths, limitations, public health implications
Introduction

- Cannabis being the most often used illicit substance in European countries and beyond (EMCDDA, 2014; UNODC, 2014)
- Evidence about long-term and short-term adverse health consequences
- No comprehensive and comparable data about the magnitude and extent of the acute harms hardly available as compared with data for key epidemiological indicators in Europe
Changes in cannabis last 12 months prevalence 2007-2012*

comparision of 2007/2008 and 2011/2012 data or «as close as possible»

Source: EMCDDA Statistical bulletins
Changes in cannabis treatment provision 2007-2012*

* out-patient treatment ALL clients
comparision of 2007 and 2012 data per 1 million population

Source: EMCDDA Statistical bulletins
The cannabis emergencies monitoring review

- Assistance to the EMCDDA to review the monitoring of cannabis-related acute emergencies in 30 European countries and to further develop data collection in emergency settings

- To advance and complement previous work on cocaine emergencies (EMCDDA, 2014)

Scope of work

❖ Collect and analyse statistics on cannabis and synthetic cannabinoids-related emergencies as presented in the annual reports by the NFP

❖ Describing and comparing these data by country between 2007 and 2012, including information on gender, age, clinical features, management and outcome, where available

❖ systematic review of the National Reports based on keywords
  ❖ 27 NRs from 2008
  ❖ 29 NRs from 2013
  ❖ also NRs from different years to obtain trends data if not available in 2008 and 2013 reports
  ❖ 132 extractions (paragraphs, sentences, references, chapters or tables/figures) from the textual information provided in the national reports
Data sources on cannabis emergencies in European countries

- Various data sources used for collecting emergencies data with different definitions, protocols and coverage across countries
  - Hospital discharge records (mostly based on ICD-10 coding, poisoning, mental and behavioural disorders, i.e. intoxications)
  - Visits, episodes, (mentions, citations) to emergency rooms/services
  - Contacts/calls to Poison Information Centres
  - Data from Toxicology centres
  - Psychiatric comorbidities
  - Local or regional studies or data collection systems
Most of the countries with available data cannabis emergencies seem to have increased number of admissions over the last five years (or the year data was available).
Scope of work

- A literature review on cannabis and synthetic cannabinoids related emergencies

- Literature review on emergencies related with cannabis and synthetic cannabinoids
  - Several large recent reviews on cannabis effects (Hall 2014, Karila et al. 2014, Volkow et al. 2014), Gurney et al. (2014) on synthetic cannabinoids
  - Other papers on adverse acute consequences of use of cannabis or synthetic cannabinoids
Comparison of GPS and TDI data in light of additional emergency data about cannabis

- no linear relation between the prevalence data and treatment for cannabis related problems
- population surveys in many countries often conducted every four years or less frequently
### Few examples

<table>
<thead>
<tr>
<th>Country</th>
<th>Population</th>
<th>Last Year Prevalence of Cannabis (15–64)</th>
<th>TDI Cannabis</th>
<th>Cannabis Emergencies</th>
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</thead>
<tbody>
<tr>
<td>Denmark</td>
<td>5.58 million</td>
<td>2008 5.5% -&gt; 2013 6.9% (25% increase)</td>
<td>2007 1322 cases (30% of AT) -&gt; 2011 2326 (43% of AT) (76% increase)</td>
<td>2008 108 cases -&gt; 2012 174 cases (61% increase)</td>
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<tr>
<td>Ireland</td>
<td>4.58 million</td>
<td>2008 15.2% -&gt; 2012 9.2% (40% decrease)</td>
<td>2007 730 cases (17% of AT) -&gt; 2012 1479 (29% of AT) (103% increase)</td>
<td>2008 44 cases -&gt; 2011 46 cases (5% increase)</td>
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<tr>
<td>Czech Republic</td>
<td>10.51 million</td>
<td>2008 15.2% -&gt; 2012 9.2% (40% decrease)</td>
<td>2008 326 cases (16% of All treatments) -&gt; 2012 407 (18% of AT) (25% increase)</td>
<td>2007 108 cases -&gt; 2012 125 cases (16% increase)</td>
</tr>
</tbody>
</table>
Summary and conclusions

❖ About half of the European countries (12 of 30) provide some data about cannabis emergencies

❖ but there are more countries with data about emergencies related with any drugs or heroin, cocaine

❖ only for a handful of countries long term trends data available

❖ some countries provided only one data point

❖ Data about emergencies due to synthetic cannabinoids nearly not available or not distinguishable

❖ In most cases data limited to the total number of episodes and detailed information not presented in NRs
To varying extent countries are monitoring the cannabis related emergencies but room for improvement in standardization and comparability.

Given the fact cannabis being the No.1 illicit substance a comprehensive data collection including data about emergencies system could better inform service planning and provision.
Thank you!