



*For presentation at the annual EMCDDA expert meeting on drug-related deaths,  
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**Review of European national data on  
cannabis-related emergencies:  
strengths, limitations, public health  
implications**

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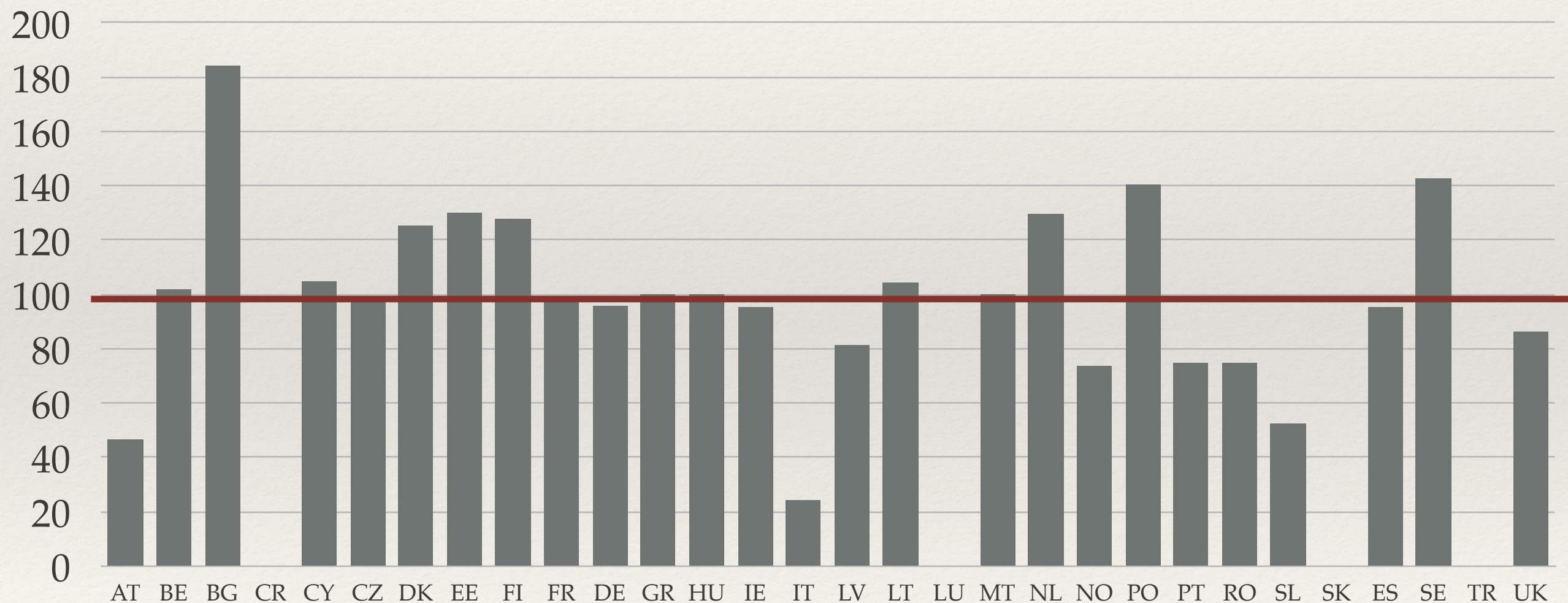
# Introduction

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- ❖ 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\*

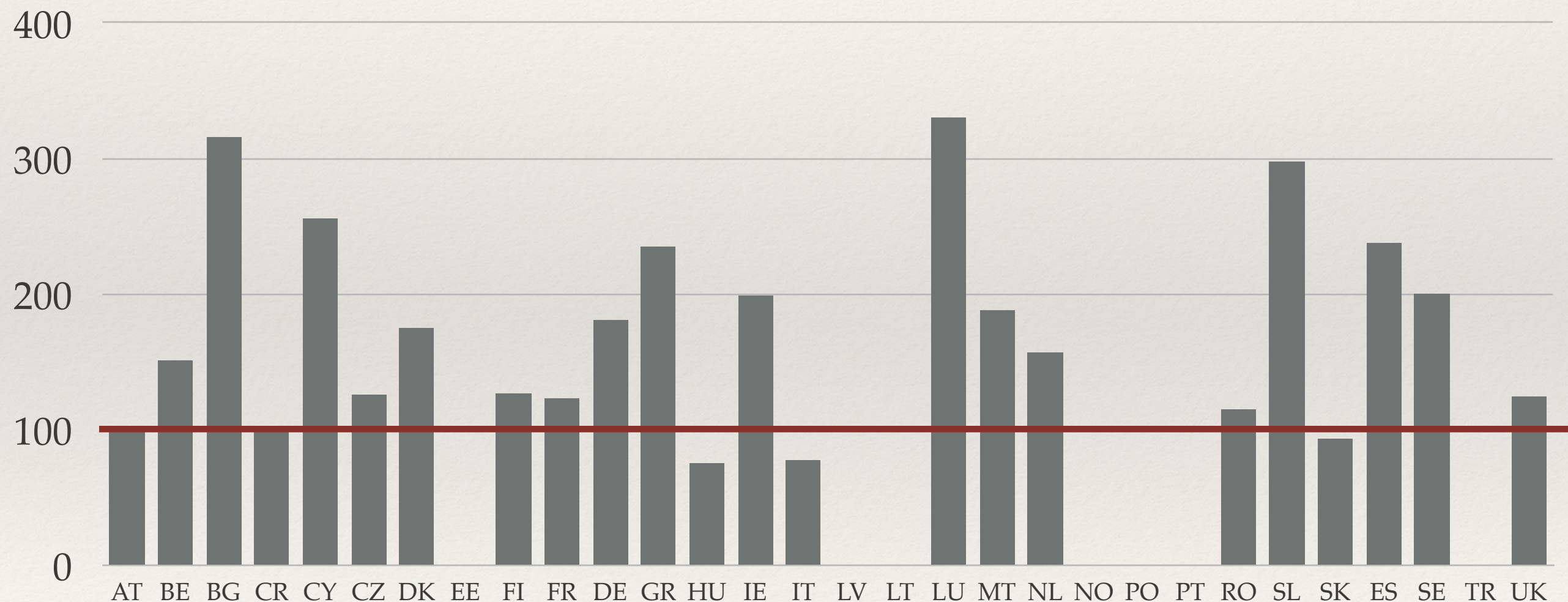


comparision of 2007 / 2008 and 2011 / 2012 data or «as close as possible»

Source: EMCDDA Statistical bulletins



# Changes in cannabis treatment provision 2007-2012\*



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

Source: EMCDDA Statistical bulletins



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# The cannabis emergencies monitoring review

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- ❖ 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)

[www.emcdda.europa.eu/publications/scientific-studies/2014/cocaine-emergencies](http://www.emcdda.europa.eu/publications/scientific-studies/2014/cocaine-emergencies)



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# Scope of work

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- ❖ 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



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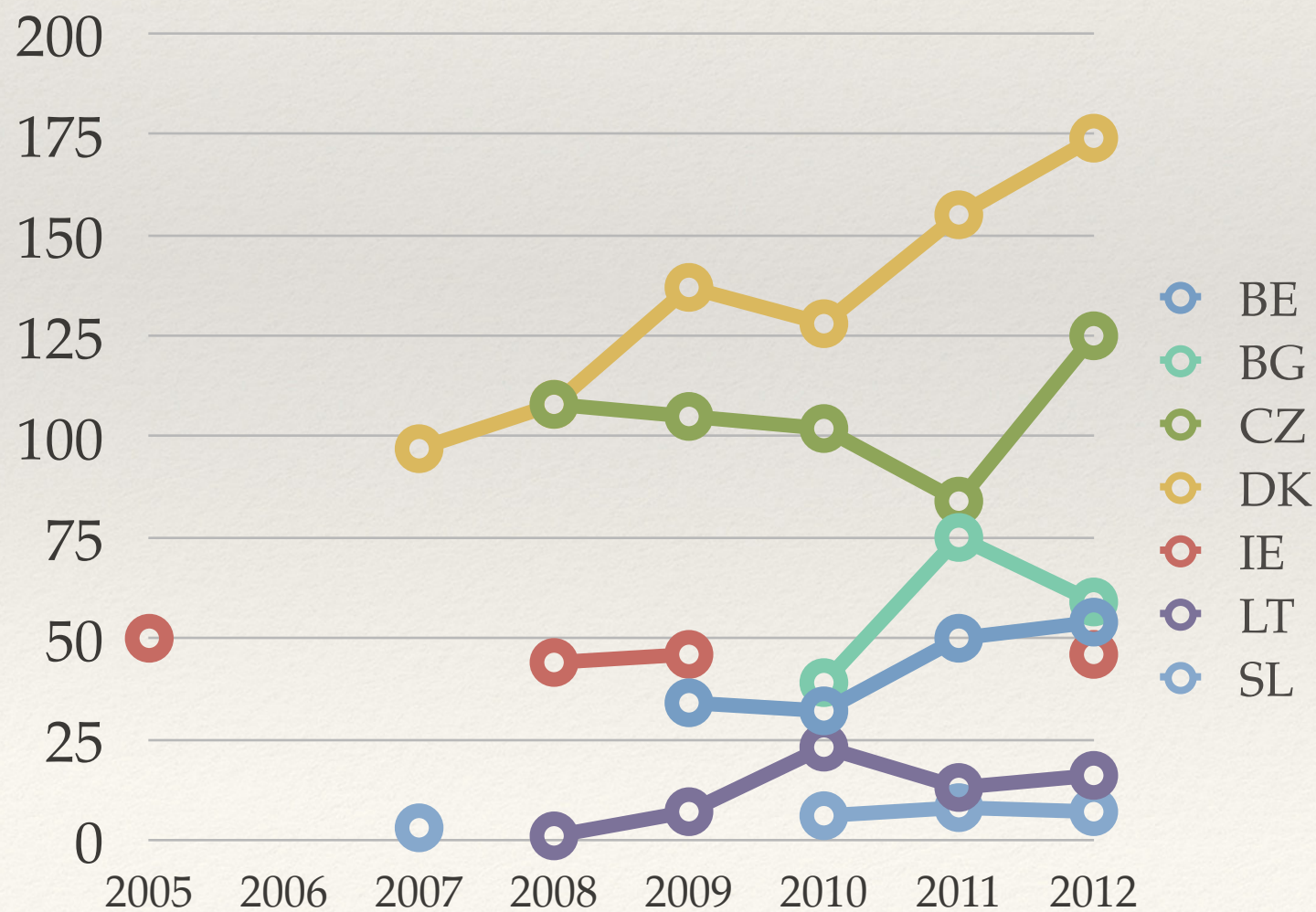
# Data sources on cannabis emergencies in European countries

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- ❖ 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)





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# Scope of work

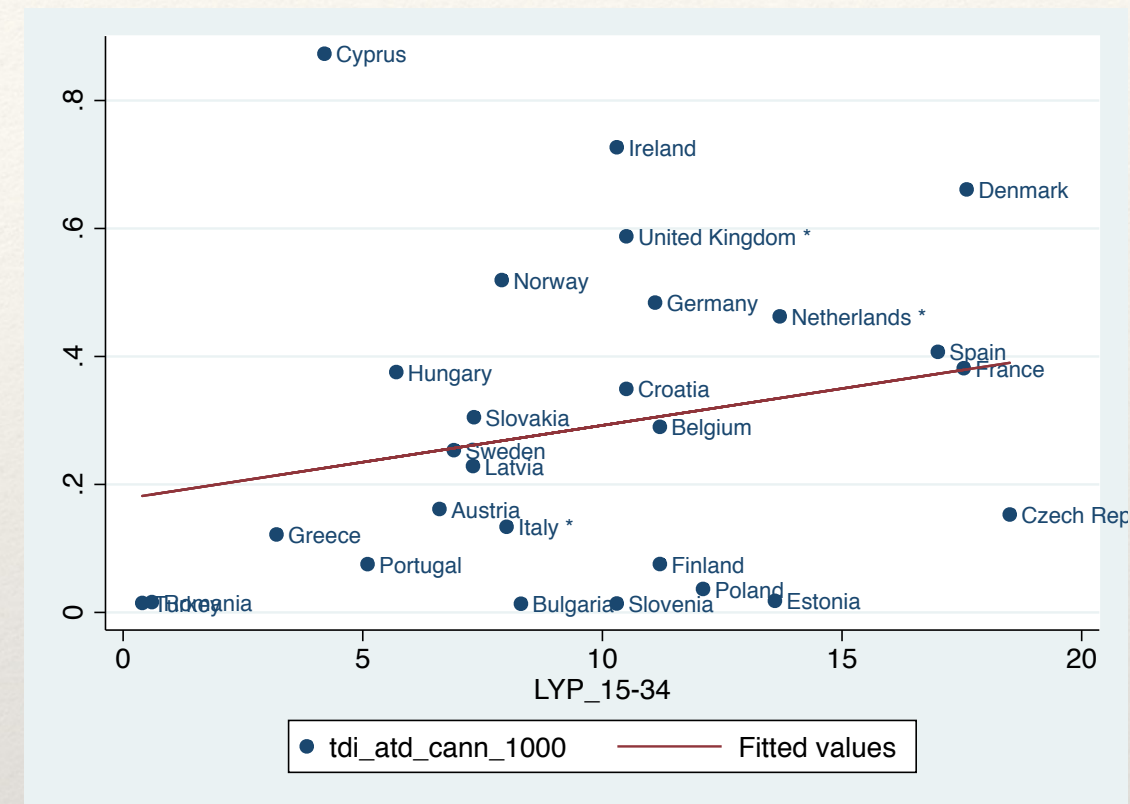
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- ❖ A literature review on cannabis and synthetic cannabinoids related emergencies
- ❖ literature review on emergencies related with cannabis and synthetic cannabinoids
  - ❖ several large recent reviews on cannabis effects (Hall 2014, Karila et al 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



# Scope of work

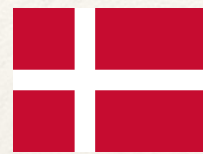
- ❖ Comparison of GPS and TDI data in light of additional emergency data about cannabis



- ❖ 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



Denmark

5.58 million

- ❖ Last year prevalence of cannabis (15–64)
  - ❖ 2008 5.5% -> 2013 6.9% **(25% increase)**
- ❖ TDI cannabis
  - ❖ 2007 1322 cases (30% of AT) -> 2011 2326 (43% of AT) **(76% increase)**
- ❖ Cannabis emergencies
  - ❖ 2008 108 cases -> 2012 174 cases **(61% increase)**



Ireland

4.58 million

- ❖ Last year prevalence of cannabis (15–64)
  - ❖ 2006 / 07 6.3% -> 2011 6.0% **(5% decrease)**
- ❖ TDI cannabis
  - ❖ 2007 730 cases (17% of AT) -> 2012 1479 (29% of AT) **(103% increase)**
- ❖ Cannabis emergencies
  - ❖ 2008 44 cases -> 2011 46 cases **(5% increase)**



Czech Republic

10.51 million

- ❖ Last year prevalence of cannabis (15–64)
  - ❖ 2008 15.2% -> 2012 9.2% **(40% decrease)**
- ❖ TDI cannabis
  - ❖ 2008 326 cases (16% of All treatments) -> 2012 407 (18% of AT) **(25% increase)**
- ❖ Cannabis emergencies
  - ❖ 2007 108 cases -> 2012 125 cases **(16% increase)**



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# Summary and conclusions

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- ❖ 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



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# Summary and conclusions (2)

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- ❖ 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!