

European Monitoring Centre for Drugs and Drug Addiction

Cannabis: what does the data tel us?

Cannabis in Europe

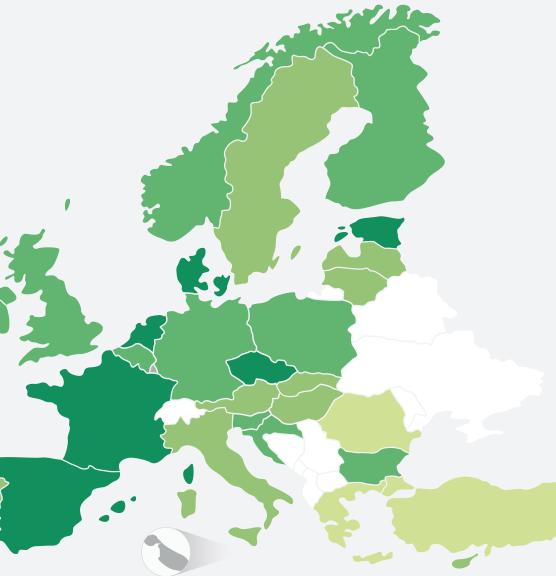
Cannabis is the illicit drug most likely to be used by all age groups. The drug is generally smoked and, in Europe, is commonly mixed with tobacco. Patterns of cannabis use can range from the occasional to the regular and dependent.

The increasing variety of cannabis products available on the market makes it more complex not only to analyse patterns of use but also to assess the long-term consequences of cannabis use. This is further complicated by variations in the relative concentrations of THC (the active ingredient) and CBD (an anti-psychotic) in the various products users have been exposed to over time. Moreover, the analysis of cannabis potency data may not be representative of the current markets as it is based on a subset of seizures. Overall, market dynamics, such as the shift in the demand for cannabis in Europe from resin to (domestic) herbal cannabis, suggest that over a period of time users have been exposed to different products with significant variation in content, specifically in terms of potency and contamination.

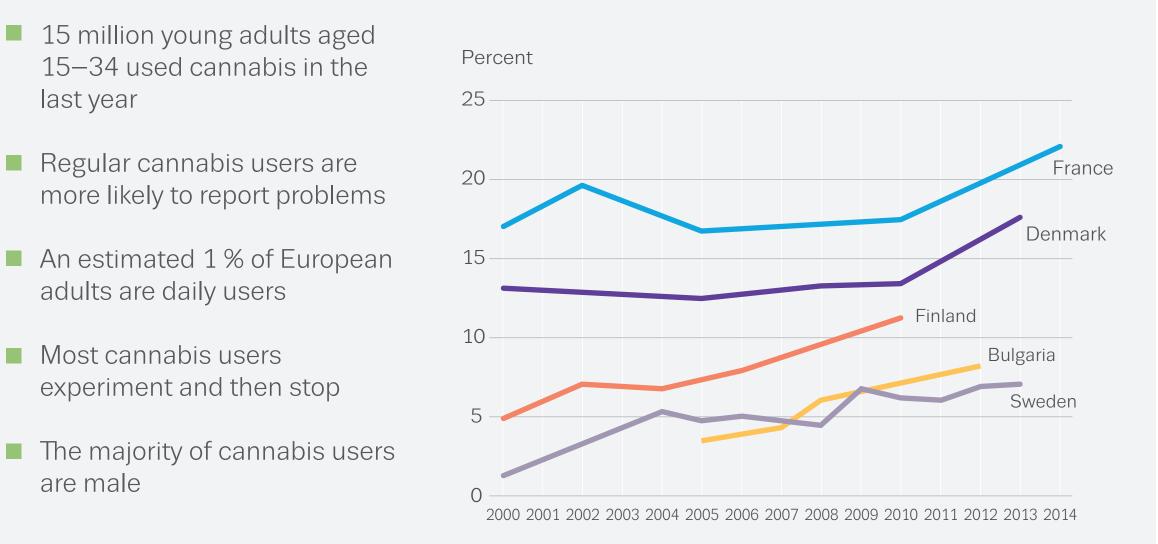
Cannabis-related indicators

Prevalence of use

Last year prevalence of cannabis use among young adults (15–34): most recent data

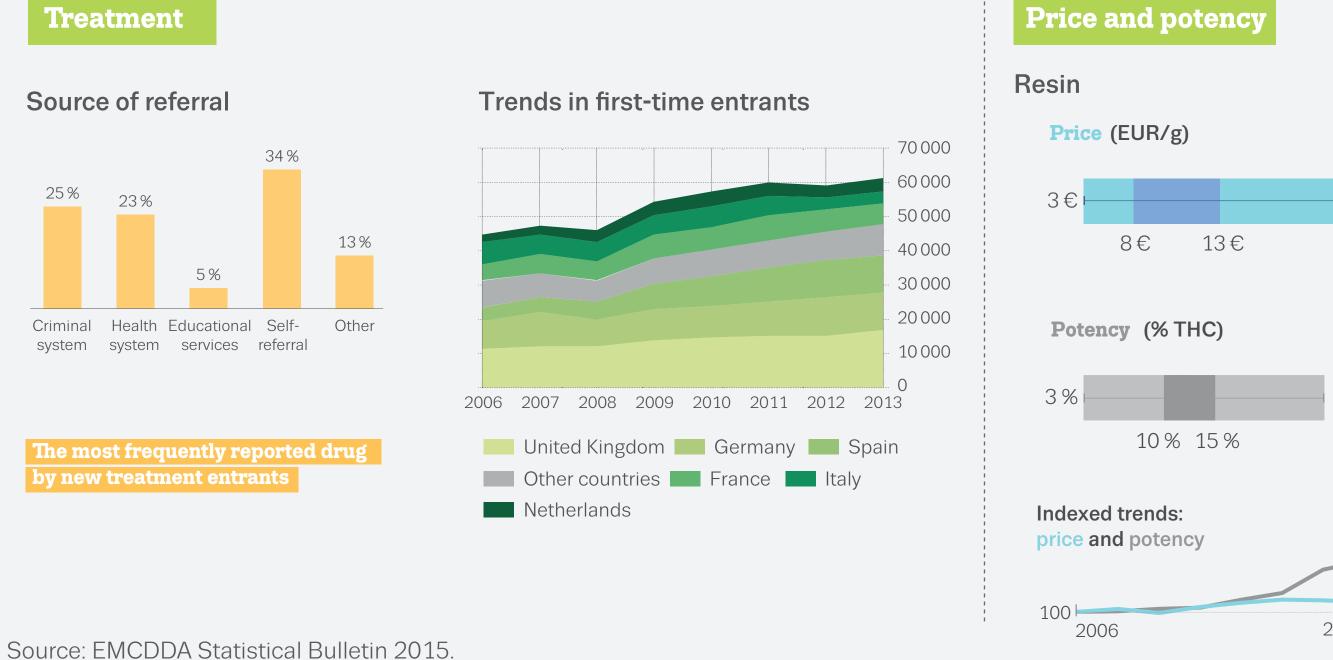


<40 4.1-8.0 8.1-12.0 >12.0 No data Last year prevalence of cannabis use among young adults (15–34): countries with statistically significant positive trends



Innovations in cannabis production in recent years are cause for concern, with growers cultivating plants high in THC but low in CBD. While the potency of both forms of cannabis has risen since 2006, relatively sharp rises in the potency of resin have been seen between 2011 and 2012.

Adverse effects caused by cannabis consumption are often associated with specific groups of users and patterns of use. The amounts used and the frequency of use have been commonly associated with health risks, and dependency is increasingly identified as a possible consequence of regular and intensive cannabis use.



15 million young adults aged

Regular cannabis users are

adults are daily users

experiment and then stop

Most cannabis users

last year

are male

15–34 used cannabis in the

Herb Price (EUR/g) 21€ 5€ 25€ 8€ 11€ **Potency (% THC)** 22 % 13 % 2% 7% 10% Indexed trends: price and potency 188 167 120 113 2013 2013 2006

What are the adverse health effects of cannabis?

Increased risk of road traffic crashes

- Cohort and case control studies show a 2-fold increase in risk
- Laboratory simulations produce impairments in driving performance

Probable adverse effects of regular use

Sustained daily cannabis use from adolescence to adulthood may lead to

Poorer educational achievements leading to poorer occupational outcomes and welfare dependence



Toxicology from crash victims uncertain due to potential confounding

Dependence syndrome

- The existence of dependence syndrome was disputed in the 1990s
- Recent cohort studies suggest 1 in 10 regular cannabis users can develop dependence syndrome
- Clients seeking cannabis treatment report withdrawal syndrome

An increased likelihood of using other illicit drugs

Poorer mental health, with some evidence regarding psychoses and weaker evidence for depression and anxiety

Reference

Hall, W. (2015). 'What has research over the past two decades revealed about the adverse health effects of recreational cannabis use?', Addiction 110(1), pp. 19-35.

Notes

(a) Michael Lynskey: King's College London (b) Wayne Hall: Centre for Youth Substance Abuse Research, University of Queensland, Australia; King's College London



info@emcdda.europa.eu