ACUTE RECREATIONAL DRUG TOXICITY IN EUROPE: INSIGHTS FROM THE EURO-DEN PROJECT

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Objectives: There is routine monitoring of a number of indicators related to the use of recreational/illicit drugs and new psychoactive substances (NPS) including drug seizures, prevalence of use, problematic drug use and drug-related deaths. These are reported in the European Drug Report and UN Word Drug Report to inform drugs policy. However, there is no systematic collection of data on acute recreational drug/NPS toxicity – this represents a significant public health gap in our understanding of the implications of recreational drug/NPS use. The European Drug Emergencies Network (Euro-DEN) is collecting data on acute drug/NPS toxicity using a sentinel centre model and we report here the first year of data collection

Methods: 16 sentinel centres in 10 European countries (Denmark, Estonia, France, Germany, Ireland, Norway, Poland, Spain, Switzerland, UK) collected data on all acute recreational drug/NPS toxicity presentations to their Emergency Departments (EDs) Oct 2013-Sept 2014. We used a purpose designed minimum dataset in a pre-formatted Excel® spreadsheet to collect the following from the hospital chart: demographics, the drugs/NPS used, clinical features, management and outcome.

Results: There were 5529 presentations involving 8709 drugs (mean±SD 1.6±0.97 drugs per presentation). The median (IQR) age was 31 (24–39) years and 75.4% were male. Classical recreational drugs were the most common drug category (64.6%) followed by prescription drugs (26.5%); NPS were only 5.6% (484 reports). The top five drugs were heroin (1345 (15.4%)), cocaine (957 (11.0%)), cannabis (904 (10.4%)), GHB/GBL (711 (8.2%)) and amphetamine (593 (6.8%)).Within NPS presentations, cathinones were the most common NPS (378 reports). Geographical patterns included: high GHB/GBL use in three cities (London, Oslo and Barcelona) and over 95% of the NPS reports concentrated in five cities (London, Gdansk, York, Munich and Dublin). Some benzodiazepines (diazepam, alprazolam) were reported by most centres, others (bromazepam, oxazepam) were from a minority. Although serious clinical features were not seen in most presentations and 56.9% were medically discharged from the ER (median length of stay 4hours 38minutes), 6.0% were admitted to critical care, significant minority (26.5%) were agitated and 10.5% had GCS≤8. There were 27 fatalities (opioids implicated in 13 deaths and NPS in 3 deaths).

Conclusions: Euro-DEN has collated a rich dataset providing a unique insight into the drugs/NPS involved in, the clinical patterns and outcomes of acute recreational drug/NPS toxicity presentations to EDs in Europe. Data collection is continuing in the Euro-DEN Plus Project and a further 5 centres have been recruited.