



Population studies

50 States in the USA

Log- Scaled- ETOPFA Adjusted- Small Intestinal Stenosis and Atresia Rate by Year CDC NBDPN Data 2003-2007 - 2011-2015 and NSDUH SAMHSA 2002-2016

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Geotemporospatial and causal inferential epidemiological overview and survey of USA cannabis, cannabidiol and cannabinoid genotoxicity expressed in cancer incidence 2003–2017: part 1 – continuous bivariate analysis

Archives of Public Health 80, Article number: 99 (2022) | Cite this article

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A Research to this article was published on 30 March 2022

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Abstract

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Background

The genotoxic and cancerogenic impacts of population-wide cannabinoid exposure remains an open but highly salient question. The present report examines these issues from a continuous bivariate perspective with subsequent reports continuing categorical and detailed analyses.

Age-standardized state census incidence of 28 cancer types (including "All (non-skin) Cancer") was sourced using SEER*Stat software from Centres for Disease Control and National Cancer Institute across US states 2001-2017. It was joined with drug exposure data from the nationally representative National Survey of Drug Use and Health conducted annually by the Substance Abuse and Mental Health Services Administration 2003-2017, response rate 74.1%. Cannabinoid data was from Federal seizure data. Income and ethnicity data sourced from the

https://archpublichealth.biomedcentral.com/articles/10.1186 /s13690-022-00811-8

Population studies

• 27 countries in Europe



Cannabis- and Substance-Related Carcinogenesis in Europe: A Lagged Causal Inferential Panel Regression Study

Albert Stuart Reece 1 2, Kellie Bennett 1 3, Gary Kenneth Hulse 1 2

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PMID: 37489337 PMCID: PMC10366890 DOI: 10.3390/jox13030024

Abstract

Recent European data facilitate an epidemiological investigation of the controversial cannabis-cancer relationship. Of particular concern were prior findings associating highdose cannabis use with reproductive problems and potential genetic impacts. Cancer incidence data age-standardised to the world population was obtained from the European Cancer Information System 2000-2020 and many European national cancer registries. Drug use data were obtained from the European Monitoring Centre for Drugs and Drug Addiction, Alcohol and tobacco consumption was sourced from the WHO, Median household income was taken from the World bank. Cancer rates in high-cannabis-use countries were significantly higher than elsewhere (β -estimate = 0.4165, p = 3.54 × 10⁻¹¹⁵). Eighteen of forty-one cancers (42,675 individual rates) were significantly associated with cannabis exposure at bivariate analysis. Twenty-five cancers were linked in inverseprobability-weighted multivariate models. Temporal lagging in panel models intensified testis, ovary, prostate and breast cancers and because some of the myeloid and lymphoid leukaemias implicated occur in childhood, indicating inherited intergenerational genotoxicity. Cannabis is a more important carcinogen than tobacco and alcohol and fulfills epidemiological qualitative and quantitative criteria for causality for 25/41 cancers. Reproductive and transgenerational effects are prominent. These findings confirm the clinical and epidemiological salience of cannabis as a major multigenerational community

Keywords: cancer; cannabis; carcinogenesis; causal inference; epidemiology; epigenotoxicity; genotoxicity.

PubMed Disclaime

https://pubmed.ncbi.nlm.nih.gov/37489337



Results for cancer types

cigarettes	14
------------------------------	----

- alcohol use disorder 9
- Cannabis constituents (cannabinoids)
 - THC 9
 - Cannabidiol (CBD) 12
 - Cannabichromene 6
 - Cannabinol
 - Cannabigerol 7
- Cannabis causal in 27 cancers in all in the US data

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Method

Age-standardized state census incidence of 28 cancer types (including "All (non-skin) Cancer") was sourced using SEER*Stat software from Centres for Disease Control and National Cancer Institute across US states 2001–2017. It was joined with drug exposure data from the nationally representative National Survey of Drug Use and Health conducted annually by the Substance Abuse and Mental Health Services Administration 2003–2017, response rate 7,4.1% Cannabinoid data was from Federal seizure data. Income and ethnicity data sourced from the US Census Bureau. Data was processed in R.

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Europe - population

- What the data shows
 - "In multivariable models, cannabis was a more powerful correlate of cancer incidence than tobacco or alcohol."
 - "Reproductive toxicity was evidenced by the involvement of testis, ovary, prostate and breast cancers and because some of the myeloid and lymphoid leukaemias implicated occur in childhood, indicating inherited intergenerational genotoxicity."
 - 31 cancer correlations in the European data
 - 25 in this journal study from July 2023

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Reproductive and transgenerational effects are prominent. These findings confirm the clinical and epidemiological salience of cannabis as a major multigenerational community carringene.

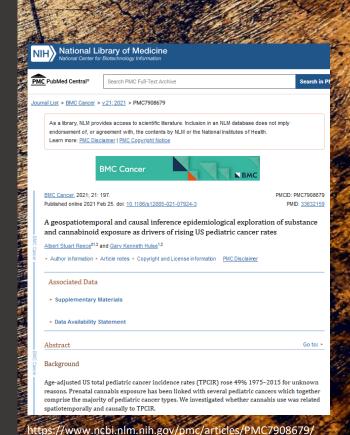
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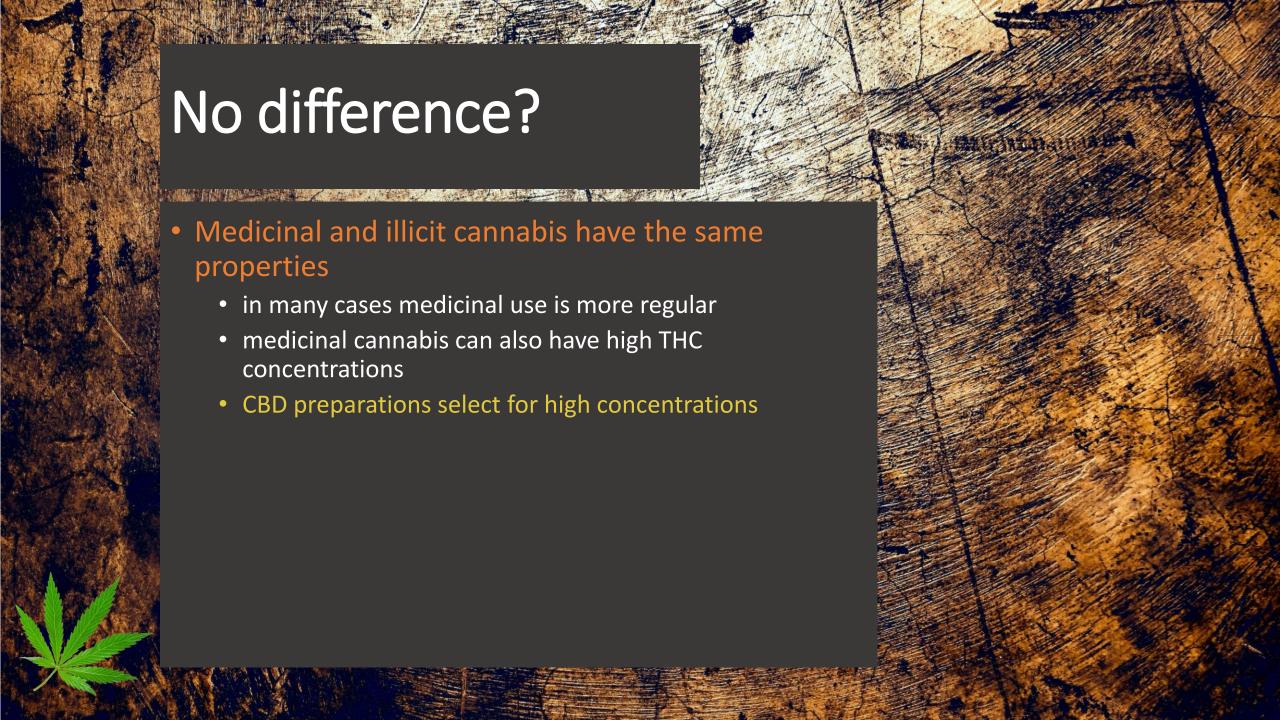
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- Study confirms earlier observations
 - Parental cannabis use has been linked with acute lymphatic leukaemia, acute myeloid leukaemia, childhood astrocytoma, rhabdomyosarcoma and neuroblastoma.
 - Together these comprise 60–70% of the total cancers seen in children younger than 14 years and those between 15 and 20 years. In such a context it becomes plausible that the rise in cannabis use since the 1960's may be a primary driver of total pediatric cancer.





In the food chain

- Hemp used as fodder for cattle raises the question of cannabinoids passed to humans through the food chain
 - "It has been observed at the same time that French cows are also being born without limbs, thereby pointing directly to the food chain as the source of the environmental teratogen."
 - "Similar reports have also come from Germany as cannabis use there rises; however, they are not rising in nearby Switzerland where cannabis products are not permitted in the food chain."

Pub Med Environ Epigenet, 2022 Jul 5:8(1):dvac016, doi: 10.1093/eep/dvac016, eCollection 2022 Effects of cannabis on congenital limb anomalies in 14 European nations: A geospatiotemporal and causal inferential study Albert Stuart Reece 1, Gary Kenneth Hulse PMID: 35966826 PMCID: PMC9364687 DOI: 10.1093/eep/dvac016 interesting test environment for the recently reported link between cannabis exposure and congenital limb anomaly (CLA) rates (CLARs). Exponential genotoxic dose-response relationships make this investigation both intriguing and imperative. Annual CLAR in 14 ations were from Epidemiological Surveillance of Congenital Anomalies. Drug use rates vere from European Monitoring Centre for Drugs and Drug Dependency. Median househol Rates of CLA, hip dysplasia and the whole group of limb anomalies were higher in countrie with increasing daily cannabis use ($P = 1.81 \times 10^{-16}$, 0.0005 and 2.53 \times 10⁻⁶, respectively). In dditive inverse-probability-weighted panel models, the limb reduction-resin A9etrahydrocannabinol (THC) concentration E-value estimate was 519.93 (95% lower boun stimates and 70,2% of mEVs from 57 E-value pairs from inverse-probability-weighted pan models and from spatial models. As judged by the mEV the degree of association with metrics of cannabis exposure was hip dysplasia > polydactyly > syndactyly > limb anomalies

limb reductions with median E-value estimates from 3.40 × 10⁶⁵ to 7.06 and median mEVs

https://pubmed.ncbi.nlm.nih.gov/359668

