

Drugs, Key data

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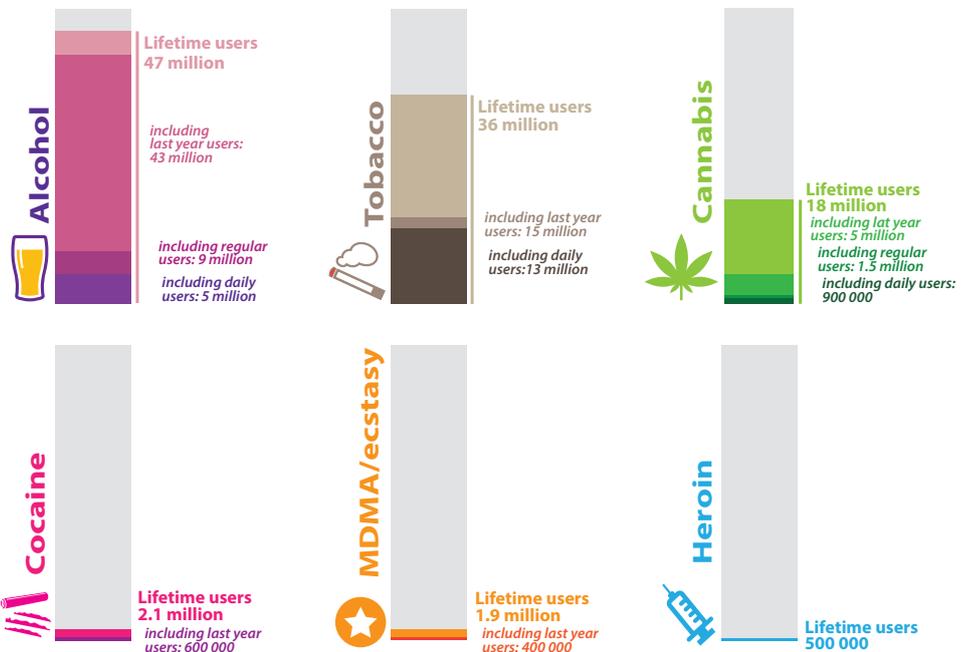
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Drugs, Key data

Drugs, Key Data periodically brings together the latest and most relevant statistical indicators in order to give an overview of the phenomenon of psychoactive substances in France. This document is based on the work of the French Monitoring Centre for Drugs and Drug Addiction (OFDT) and those of other organisations involved in the field.

Estimates of the numbers of psychoactive substance users in France, among 11–75-year-olds [1,2, 3]

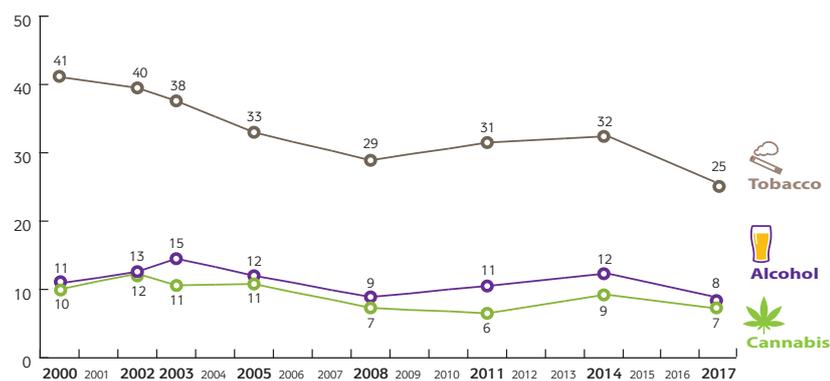


Sources: 2017 Health Barometer (SpF) [1], ESCAPAD 2017 (OFDT) [2], EnCLASS 2018 (OFDT) [3]

NB: In France, the number of 11–75-year-olds is approximately 50.9 million (INSEE, 2019)

For example, «18 million lifetime users of cannabis» means that the number of people who used cannabis at least once in their lives is probably between 17 and 19 million.

Regular cannabis, alcohol and tobacco use among 17-year-olds in France, from 2000 to 2017 (%) [2]



Source: ESCAPAD (OFDT)

Definitions

■ **Lifetime use:** use at least once during their lifetime (this indicator is mainly used to measure the spread of a substance in the population).

■ **Last year use or current use:** consumption at least once during the previous year; for tobacco, this includes people who report that they currently smoke, even if only occasionally.

■ **Regular use:** consumption of at least three alcoholic drinks per week (at 17 y.o. at least 10 times per month), daily tobacco use, and cannabis use at least 10 times per month.

Alcohol

↓* **11.5 litres** of pure alcohol per inhabitant aged 15 or older

→ **10%** of daily drinkers among 18-75-year-olds

↘ **8.4%** of regular drinkers among 17-year-olds

→ **HED in the last month** for **16%** of 18-75-year-olds
↘ **44%** of 17-year-olds

↘ **24%** of 18-75-year-olds, i.e. **10.6 million** people consumed a higher amount than the recommended guidelines for consumption

→ **142 000** drinkers were seen in specialised centres

↘ **41 000** alcohol-related deaths each year

↘ **113 000** convictions and fixed penalty notices for driving under the influence of alcohol

Alcohol sales (2018, 2015)

In 2018, this quantity is equivalent to on average 2.5 standard units of alcohol per inhabitant and per day [4]. The quantities of alcohol sold in France have considerably decreased since the start of the 1960s mainly due to declining wine consumption. Since 2005, the downward trend in sales continued, although at a slower rate (- 0.1 litre per year). According to the 2015 data on the volume of pure alcohol consumed per country (volume declared/taxed or not), France has an intermediate position in Europe [5].

Use (2018, 2017)

In 2017, 10% of adults aged 18-to-75 were daily alcohol users (15% men and 5% women) [1]. In 2018, 60% of French middle school students had already tried alcohol [3].

In 2017, less than one in ten 17-year-olds (8.4%) reported regular alcohol use (12% among boys and 5% among girls) [2].

Heavy episodic drinking (HED) (2017)

In 2017, 16% of 18-75-year-olds reported drinking at least 6 units on a single occasion in the last month. This proportion of is stable relative to 2014 [1].

In 2017, 44% of 17-year-olds reported one case of heavy episodic drinking (5 drinks on a single occasion) in the last month. This level appears to be on the decrease (49% in 2014).

The percentage of 17-year-olds reporting repeated heavy episodic drinking (at least 3 in the last month) has also decreased (from 22% to 16%) [2].

Higher consumption levels than the recommended guidelines (2017)

In 2017, nearly 24% of 18-75-year-olds, i.e. 10.6 million people, exceeded the safe consumption levels set by health experts and public authorities: no more than 10 standard sized glasses a week and no more than 2 standard sized glasses a day; no alcohol on some days of the week. More men exceed the recommended guidelines for alcohol consumption than women (33% vs 14%) [6].

Treatment (2017, 2016, 2015, 2014, 2009)

Almost 142 000 people experiencing problems with alcohol came to a specialised drug treatment centre (CSAPA) as outpatients, but users in difficulty were also admitted in hospitals or primary care settings. In 2017, statistics from hospitals, excluding psychiatric services, revealed more than 108 000 individuals hospitalised in medical, surgical and obstetric services with a main alcohol-related diagnosis of mental and behavioural disorders or for alcohol withdrawal [7]. Around 306 000 people were hospitalised in 2017 (including in psychiatric wards and follow-up and rehabilitation care) for the same reasons mentioned above, with this forming the associated or related primary diagnosis[7].

However, these data do not cover people followed up at hospitals on an outpatient basis for an alcohol problem. Primary care physicians saw approximately 50 000 patients each week for withdrawal (last year available, 2009) [8]. The number of people affected by the introduction of baclofen treatment for alcohol dependence peaked in 2014 (52 000) before going down to 38 000 in 2015 [9].

Mortality (2017, 2015, 2011)

This number corresponds to 30 000 male deaths and 11 000 female deaths. This is lower than the 2009 estimate (49 000) which is more because of lower mortality from alcohol-related causes than because lower volumes of alcohol were consumed. Of these deaths, 39% were caused by cancer, 24% by cardiovascular disease, 17% by digestive disorders, 13% by accidents or suicides and 7% by other causes [10].

The number of deaths resulting from a car accident involving at least one driver with an illegal blood alcohol level reached 778 in mainland France in 2017 [11]. This figure is lower than the 2015-2016 figure but it still accounts for around 30% of road deaths. The overall accident rate is nonetheless on the decrease. For a driver with a blood alcohol level of 0.5g/l or more, the risk of being responsible for a fatal car accident is 17.8 times higher. This figure is much higher than that from a study on accidents from 2002-2003, probably due to a better determination of driver liability [12].

Driving under the influence of alcohol: convictions and fixed penalty notices (2017, 2016)

Prosecutions related to driving under the influence of alcohol have decreased in recent years, and account for 45% of convictions for driving offences, and 18% of all convictions for offences. In total, 113 000 convictions and fixed penalty notices were issued in 2016. One in two offences for driving under the influence of alcohol led to a fine; 29% of offences led to prison sentences (with or without suspended sentences) and 21% led to alternative sentences [13]. In 2017, just over 10 million controls for driving under the influence of alcohol were carried out, a slight decrease compared to the beginning of the 2010s. These were preventive controls in 95% of cases and 3.3% proved positive[11].

Social cost of alcohol:
120 thousand million euros

Social cost of tobacco:
120 thousand million euros

Social cost of alcohol and tobacco (2010)

Evaluation of social cost determines the monetary cost of the consequences of licit and illicit substance use and trafficking. This calculation incorporates the external cost (value of human lives lost, loss of quality of life, together with loss of corporate and government output). In addition, there is also the cost for public finances (difference between expenditure for prevention, law enforcement and treatment and tax revenue, together with savings related to unpaid pensions). Due to use-related mortality, the external cost accounts for 95% of the total for alcohol and 85% for tobacco use, respectively [14].

These costs cannot be added together as a substantial proportion of diseases and deaths included in the calculation of social cost are jointly linked to alcohol and tobacco use.

Tobacco, shisha and electronic cigarettes

49 740 tonnes of tobacco sold by tobacco retailers

27% of 18-75-year-olds

and **25%** of 17-year-olds are daily smokers

50% of 17-year-olds have tried shisha

2.7% of 18-75-year-olds and **1.9%** of 17-year-olds are daily vapers

3.4 million smokers use treatments to help them stop smoking

75 000 tobacco-related deaths per year

Tobacco market (2018)

Tobacco sales in the tobacconist network decreased by 9% based on a standardised number of delivery days compared to in 2017. Cigarette sales (80% of the market with 40 232 tonnes) reduced by 9% while roll-your-own tobacco sales reduced by 10% [15]. In accordance with the measures of the National Tobacco Control Programme (PNLT), tobacco prices rose significantly in March 2018 and again in March 2019 (by around 10% each time) [16], with the aim for tobacco to cost 10 euros per pack by 2020.

In 2016, nearly 70% of French smokers almost exclusively bought their tobacco in the tobacconist network in France. However, one in five smokers reported that they «always», «almost always» or «often» purchased their cigarettes abroad, particularly in border countries. Less than 5% of smokers purchased tobacco duty-free, online or smuggled it [17]. The revenue generated by tobacco sales amounted to 19 thousand million euros in 2018 and the customs seized 281 tonnes of tobacco, a record level was reached in 2015 with 630 tonnes [18].

Use (2018, 2017)

Between 2014 and 2017, daily tobacco use among 18-75-year-olds fell from 29% to 27% (30% of men and 24% of women) [1].

In 2018, one in five students (21%) in middle school smoked cigarettes, compared to 28% in 2014 [3]. In 2017, there was a significant decrease in daily smoking among 17-year olds, reported by 26% of boys and 24% of girls [2]. The recent decreases observed could change France's position, whose smoking prevalence remained high in 2017 compared to other European countries (33% of daily smokers over the age of 15 compared to 24% in other countries) [19].

Use of shisha (2017)

2.3% of 18-75 year-olds claim to smoke shisha (or hookah), the large majority reporting occasional use [1]. By 2017, half of 17-year-olds had already tried it (50%), three-quarters of whom (76%) had used it more than once [2].

Use of electronic cigarette (2017)

In 2017, one out of three French 18–75-year-olds (33%) had already tried electronic cigarette and 2.7% were daily vapers (3.4% of men and 2.1% of women). Of the daily vapers, 40% are also daily tobacco smokers [1]. Among 17-year-olds, more than one in two adolescents (52%) had already tried an electronic cigarette: this concerns 57% of boys and 48% of girls. 1.9% of 17-year-olds are daily users and 68% of them are also daily tobacco smokers [2].

Treatment (2018)

In 2018, the estimated number of persons turning to smoking cessation treatments increased by 25% relative to 2017 which had already shown a record increase of 28%. The 65% rebate for tobacco cessation treatments by the Health Insurance Authority has gradually replaced the flat rate of 150 euros per year per person. The main treatments are now transdermal patches (47%), followed by oral substitutes (46%) [20]. The tobacco treatment specialists of the Tobacco Information Service telephone helpline handled +20% of calls while visits to the website increased by more than 30% [21]. In addition, the third year of the #MoisSansTabac (the collective challenge, inspired by the British "Stoptober", to quit smoking for at least a month, backed up by social networks and pharmacies) in November 2018 saw an increase in the number of people signing up to the campaign: there were 242 000 compared to 158 000 in 2017 [22].

Mortality (2015)

The annual number of tobacco-related deaths was estimated at 75 000 in 2015, according to a methodology taking into account the main tobacco-related cancers (lung, upper respiratory tract, etc.), respiratory illness (including chronic obstructive pulmonary diseases) and cardiovascular disease. Thus, approximately 55 400 male deaths and 19 900 female deaths are said to be attributed to tobacco use, mainly due to cancer (46 445 cases, 61% of which correspond to lung cancer) [23].

Cannabis

↗ **45%** of 18-64-year-olds have tried cannabis

➔ **11%** are current users

↘ **39%** of 17-year-olds have tried cannabis and **7%** smoke it regularly

↗ Problematic use or dependence for **3%** of 18-64-year-olds and **7%** of 17-year-olds

↗ **59 000** clients were treated in specialised addiction centres (CSAPA) for their cannabis use

↗ **24 000** young cannabis users attending special centres for young people who use cannabis or other psychoactive substances, and their relatives

Driving under the influence of cannabis increases the risk of fatal road accident by a factor of **1.7**

↗ **115 tonnes** of cannabis seized including **85.4 tonnes** of resin and **29.8 tonnes** of herbal cannabis
136 600 plants seized

From **150 000** to **200 000** users grew their own herbal cannabis

Use (2018, 2017, 2014)

In 2017, 45% of adults aged 18-to-64 had tried cannabis. Last-year use was 11% (15% in men and 7% in women); this proportion has remained stable compared to 2014. Regular use is reported by 3.6% of the population [1].

Lifetime use among middle school students declined from 9.8% to 6.7% between 2014 and 2018 [3].

Nearly four in ten 17-year-olds (39%) had tried cannabis. In 2017, this level, significantly lower than in 2014, is the lowest since 2000 [2]. 7.2% of 17-year-olds used the substance regularly compared to 9.2% in 2014 and more boys were affected than girls (9.7% compared to 4.5%).

France is the country with the highest prevalence of cannabis use among young people and adults in Europe [24].

Problematic use and dependence (2017, 2014)

According to the Cannabis Abuse Screening Test (CAST), a scientific scale used to identify problematic cannabis use, in 2017, 25% of current users aged 18-64 years have a high risk of problematic drug use or drug dependence; this proportion has increased by 21% since 2014. Among the population aged 18-64 years, the proportion is 3% (4% of men and 1% of women), i.e. just over 1 million people [1].

Among 17-year-olds, problematic drug use increased between 2014 and 2017, from 22% to 25% of current users (29% in boys and 20% in girls), i.e. a proportion of 7% out of all 17-year-olds (corresponding to about 60 000 young people of this age) [2].

Treatment (2016, 2014, 2013, 2010)

The number of clients entering specialised addiction treatment (CSAPA) with cannabis as their primary drug rose by 55% between 2010 and 2016: from 38 000 to 59 000 people [25]. This number represents one fifth of the CSAPA clients. The youngest users were generally admitted to one of the 540 «Youth Addiction Outpatient Clinics» (CJC) which are often affiliated with a specialised drug treatment centre (CSAPA) [25, 26]. The number of young cannabis users admitted to these facilities is estimated at 24 000 in the past year. More than 59 000 individuals were seen by healthcare professionals for a cannabis problem, while other professionals (hospitals, general practitioners) were also liable to see users.

About 40% of the people seen in a CSAPA for a cannabis use problem had been referred by the criminal justice system following an arrest. The number of people hospitalised in a health care institution with an associated or related primary diagnosis of mental or behavioural disorders related to cannabis use or its derivatives is increasing: from 23 000 in 2013 to 37 000 in 2017 [7].

Cannabis was the main illicit substance where emergency treatment was required, i.e. in 5 500 cases (27%), a figure that was probably underestimated [27].

Mortality (2017, 2011)

This risk of being responsible for a fatal accident increases 29 fold if alcohol and cannabis are taken together [12].

28 deaths related to the acute cardiovascular toxicity of cannabis were reported in 2017 [28].

Seizures (2018, 2017)

Cannabis seizures increased significantly in 2017 and 2018. Resin seizures, which accounted for more than 90% of the total number of seizures in the 2000s, still remained predominant but the percentage decreased, while the number of seizures of herbal cannabis increased sharply (25%). There were still a high number of seizures of plants [29]. Practically all resin seizures originate from Morocco where the cultivation of hybrid varieties is developing, contributing to higher THC concentrations [30]. As well as being grown locally, herbal cannabis now increasingly originates from Spain and less from the Netherlands.

Cannabis grown nationally (2017)

In 2017, 7% of people aged 18 to 64 who had used recently (within the month), i.e. 150 000 to 200 000 people, grew their own plants within the year to procure their cannabis [1].

4.9% of 17-year-olds who had used within the month reported they grew their own plants to procure cannabis [2].

The increase in the number of plant seizures since 2010 also reflects the phenomenon of domestic cannabis cultivation as well as the 300 gardening shops specialising in selling products for growing indoor plants (growshops). These seizures may include plantations that are run by criminal organisations [31].

10 euros for a gram of herbal cannabis
5-7 euros for a gram of resin

Price and potency (2018, 2017, 2016)

Since 2011, the median price per gram of herbal cannabis paid by the user has increased [29, 32], a development which seems to be linked to the sharp rise in THC levels. With regards to resin prices, the trend seems more moderate depending on the sources. The average THC content of cannabis resin almost tripled in 15 years, amounting to 26.5% in 2018, while the average THC content of herbal cannabis increased by 40% to over 11% in 2018 [33].

Cocaine including cocaine base (crack cocaine, free base)

5.6% of adults have tried cocaine and **1.6%** are current users
2.8% of 17-year-olds have tried cocaine

Use (2017, 2014)

In 2017, 5.6% of people aged 18-to-64 have tried cocaine and 1.6% (a figure on the rise) have used it in the last year, concerning significantly more men than women (2.3% vs 0.9%) [1]. In 2017, 2.8% of 17-year-olds reported to have taken cocaine at least once in their lifetime: this lifetime use affected 3.1% of boys compared to 2.4% of girls [2]. In 2017, the number of 15-64-year-old crack cocaine/freebase users was estimated to be 27 000 over the course of a month, based on users attending care and harm reduction facilities, a prevalence of less than 1 per thousand [34].

16.4 tonnes of cocaine seized

Seizures (2018)

After reaching its highest level (17.5 tonnes in 2017), cocaine seizures stabilised at a significant figure of 16.4 tonnes in 2018 [29]. The French Antilles play an increasing role in supplying the mainland market via sea routes. In addition to this main route, air trafficking through smugglers from Guiana has continued to increase over the last few years [32]. Crack cocaine seizures (cocaine circulated in its chemical base form) were the highest they have been since 2000 [29]. The crack cocaine market, mainly based in Paris where it has gained visibility, seems to be growing in the Île-de-France region and in the north of the country [35].

70-80 euros for a gram of cocaine

Price and potency (2018, 2017, 2009)

The increase in the median price per gram of cocaine is confirmed, with an average ranging between 70 and 80 euros depending on sources, although it had stabilised at between 60 and 65 euros for a few years [29, 32, 36]. As regards cocaine, the average purity of samples seized in the streets (< 10 g) reached almost 59%, compared to 35% in 2009 [33].

MDMA/ecstasy

5.0% of adults have tried MDMA/ecstasy
1.0 % are current users
3.4 % of 17-year-olds have tried MDMA/ecstasy

Use (2017)

In 2017, 5.0% of 18-64-year-olds have tried MDMA/ecstasy, 1.0% of whom used it in the last year, after a sharp increase between 2010 and 2014 (from 0.3% to 0.9%) [1]. The proportion of 17-year-old lifetime users of MDMA/ecstasy was 3.4% (3.9% of boys and 2.8% of girls), less than it was in 2014 [2].

1.07 million ecstasy tablets seized

Seizures (2018)

The quantities of ecstasy tablets seized remain high. As France is also a transit country, a high proportion of the quantities seized are intended for European neighbours, the United Kingdom and Spain in particular [29].

10 euros per ecstasy tablet and **54 euros** for a gram of MDMA

Price and potency (2018, 2017)

The median price of an ecstasy tablet is around 10 euros, and is the same for a parachute (a dose of powder wrapped in cigarette paper to be swallowed). In its crystal/powder form, MDMA sells for between 40 and 60 euros per gram [29].

The average potency of MDMA in seized tablets has increased over the past 10 years. In 2017, they appeared to stabilise at around 128 mg/tablet. This phenomenon can be linked to new tablet designs with 3D shapes, attractive colours and higher masses [32, 36]. The average concentration measured on seized MDMA powder/crystal samples is constantly rising: it increased to nearly 72% in 2017 compared to 21% in 2010 [33].

Heroin and opioids

→ **1.3%** of adults have tried heroin and

↘ **0.2%** are current users

↘ **0.7%** of 17-year-olds have tried heroin

↗ **1.1 tonne** of heroin seized

→ **35-40 euros** for a gram of brown heroin

45 000 people admitted in treatment for opioid use in a specialised drug treatment centre, in the last year

→ **180 000** people received opioid substitution treatment prescriptions in primary care settings or in a specialised drug treatment centre

↘ **17%** of the population were reimbursed for an opioid analgesic drug at least once in the past year

Use (2017, 2014)

In 2017, 1.3% of 18-to-64-year-olds had tried heroin. Use in the last year was stable compared to 2014, with 0.2% of 18-64-year-olds using the substance [1].

The number of 15-64-year-olds who used heroin over a month was estimated to be 100 000 in 2017, representing a prevalence of 2.5 per thousand [34].

Lifetime use of heroin among 17-year-olds was lower than it was in 2014, reaching a figure as low as 0.7% in 2017. This affected as many boys as girls [2].

Seizures (2018)

Heroin seizures are increasing significantly, reflecting the growing supply in several regions of France. As well as the north-east of France, there is a dynamic supply due to the establishment of Albanian criminal networks in Auvergne-Rhône-Alpes [32].

Price and potency (2018, 2017)

The median price of brown heroin (heroin base), which is by far the most common form in France, has been stable for the last two years [32]. The average purity of heroin samples is increasing, amounting to 17% (14% for heroin sold in the streets) [33].

Treatment (2017, 2016, 2010)

This figure includes CSAPA clients (i.e. attending a specialised drug treatment centre) for whom the most harmful substance used is a licit or illicit opioid. It decreased by 13% compared to 2010. A large proportion of these individuals are polydrug users [25].

Opioid users may also be treated in a hospital and/or primary care setting. In 2017, 24 400 people were hospitalised (including in psychiatric wards and in follow-up and rehabilitation care facilities) with an associated or related primary diagnosis of behavioural disorders related to opioid use, a figure that has increased compared to 2013 (21 900) [7]. Opioids only appeared as the primary diagnosis for a small minority (10% to 15%). Hospital statistics do not provide information on the number of users treated in hospital outpatient addiction services, by substance types. General practitioners also see a large number of illicit substance users, in particular the 140 000 users for whom they prescribe opioid substitution treatment [37]. In 2009, 50% of general practitioners stated to have seen at least one opioid patient per month [8].

Approximately 180 000 people received an opioid substitution medicine in France in 2017. Of these, 162 500 were reimbursed for opioid substitution medicines dispensed in a retail pharmacy (99 500 for buprenorphine, 61 500 for methadone and 7 500 for combined buprenorphine-naloxone) [37] and almost 23 300 received their substitution treatments via a CSAPA (19 800 for methadone and 3 500 for buprenorphine) [25]. The predominance of buprenorphine in the number of opioid substitution drugs sold, representing 64%, remains very high despite the increasing amount of methadone [38].

Although the majority of patients use buprenorphine for therapeutic purposes, a small proportion misused it for their own use or dealt it like an illicit drug [32].

Opioid analgesic drugs (2017, 2015, 2006)

In 2015, 17% of the population were reimbursed for an opioid analgesic (tramadol, codeine, opium, morphine, oxycodone, fentanyl), representing nearly 10 million people. Opioid analgesic use decreased by 56% between 2006 and 2017 [39].

Psychoactive medicines

↘ **3.3** packs of psychoactive medicines were reimbursed per inhabitant aged 20 years or older

↘ **21%** of the population receiving reimbursement for a psychoactive medicine at least once in the year

Sales of psychoactive medicines (2017, 2012)

Sales of anxiolytics, hypnotics and antidepressants decreased slightly over the 2012-2017 period. On average, there were 1.4 boxes of anxiolytics reimbursed per capita aged 20 or older in 2017 (-6%), 0.7 boxes of hypnotics (-28%) and 1.2 boxes of antidepressants (stable amount) [40]. Sales of methylphenidate (Ritalin® or others) amounted to 813 500 boxes in 2017, after peaking at over 900 000 boxes in 2014 [40].

Use (2017)

In 2017, 21% of the population over the age of 15 had been reimbursed for psychoactive medicine over the course of the year: 15% for an anxiolytic, 6% for a hypnotic and 9% for an antidepressant. Women are reimbursed more frequently (26%) than men (16%) [37].

Psychoactive medicine use also concerns adolescents. In 2017, 22% of 17-year-olds reported to have taken this type of drug (mainly anxiolytics and sleeping pills), compared to 25% in 2014. This applied to 30% of girls compared to 14% of boys [2].

➔ **36%** of users admitted in low-threshold structures have taken an anxiolytic or sleeping pill in the last month

Use in the context of polydrug use (2015)

Drug users are frequently taking non-opioid psychoactive medicines, primarily benzodiazepines (or related substances). Nearly four out of ten users in harm reduction facilities for drug users (CAARUD) had taken these in the past month (three out of ten in 2012). While they often receive them as part of treatment, users can also favour these substances because they are more affordable than illegal drugs [41].

New psychoactive substances (NPS)

➔ **286** new psychoactive substances identified since 2008 on the French territory, including **16** in 2018

Availability and seizures (2018, 2016, 2015, 2014)

The term «new psychoactive substances» or «Research Chemicals» describes a vast group of compounds often sold on the Internet and imitating chemical structures and the effects of traditional drugs such as cannabis, MDMA or cocaine. France resorts to classification by chemical class so that they can be promptly prohibited [42]. Between 2008 and 2018, 286 new substances having circulated at least once in France were recorded [36]. By the end of 2018, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) was monitoring 735 new psychoactive substances, 56 of which were detected for the first time in Europe that year [43]. In France and Europe, the number of these identifications has been decreasing since 2014-2015 [42]. In France, the most frequently observed substances are primarily cathinones, and synthetic cannabinoids or psychedelic substances [36]. Since 2013, some synthetic opioids (most often fentanyl analogues) have also appeared.

A total of 1 882 samples were checked and analysed by customs, the police and gendarmerie in 2018 (1 070 in 2016), including a total of 120 molecules (262 in 2016) [44].

➔ **1.3%** of 18-64-year-olds have tried synthetic cannabinoids

Use and consequences (2017, 2014)

Due to the variety of the substances and their names and forms, the estimated prevalence of NPS is complex. In 2017, 1.3% of 18–64-year-olds, mainly men under the age of 35, reported to have already tried a synthetic cannabinoid in their lifetime [1]. In the same year, 3.8% of 17-year-olds reported that they had used «a substance that replicated the effects of a drug», but only 12% of them were able to name the substance they had used [2].

Several cases of poisoning or deaths related to the use of NPS (all product categories combined) have been reported in France and in several European countries [36, 43].

All illicit substances combined

➔ **350 000** problematic drug users

Problematic drug users (2017, 2016, 2015)

«Problematic drug users» are defined by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) as injecting drug users or regular users of opioids, cocaine, or amphetamines during the previous year among the 15-64 age group [34]. Of the 350 000 «problem drug users», 110 000 used intravenous injection, representing a prevalence of 2.9 per thousand [34].

New patient intakes in CAARUDs (harm reduction facilities for drug users), including users being followed in permanent centres, mobile units and in outside interventions, were estimated at approximately 80 000 people in 2016 [45]. These users (8 out of 10 are men) were often in precarious situations with high psychiatric morbidity. Most of them were also polydrug users. Of the CAARUD clients, 21.5% had no income and lived through begging, prostitution or small-scale drug dealing, while 59.5% only received a social income benefit [41]. In 2015, the most widely used substances among this population in a given month were psychoactive medicines (76%), cannabis (75%) and alcohol (71%). Thus, a third of these users reported heavy episodic drinking every day, or almost every day. Three-quarters of this population used an opioid and half of them used cocaine powder or crack cocaine [41]. The drug consumption room in Paris catered for 903 different clients while the one in Strasbourg received 254 individuals [46, 47].

➔ Almost **80 000** people seen in low-threshold structures (CAARUD)

Morbidity (2017, 2011, 2004)

In 2011, the biological prevalence of HCV was 64%, lower than in 2004 (74%), and that of HIV was estimated at 13%, stable relative to 2004 (11%) among drug users having injected at least once in their lives [48]. The reported prevalence of HCV and HIV among injecting drug users (IDU) (liable to be under-estimated, as some users are unaware of their status) remained stable between 2012 and 2015. For HCV, this is in the region of 45% in CSAPAs (specialised drug treatment centre) and 35% for CAARUDs (low-threshold harm reduction facilities for drug users). The prevalence of HIV is 7% in CSAPAs and 5% in CAARUDs [34, 41]. In 2017, 127 IDUs were diagnosed as HIV seropositive [49].

➔ Stable self-reported prevalence of HCV and HIV among IDUs

➔ **127** HIV seropositive diagnoses among IDUs in 2017

