

Drugs workbook

France - 2016

2016 National report (2015 data) to the EMCDDA by the French Reitox National Focal Point

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The EMCDDA is investigating how the submission of the workbooks could be made easier through the use of technology. In the first instance, a pilot using templates in Word with defined fields to distinguish the answers to questions is being tried. The outcome of the pilot will be to evaluate the usefulness of this tool and establish the parameters of any future IT project.

Templates have been constructed for the workbooks being completed this year. The templates for the pre-filled workbooks were piloted in the EMCDDA.

1. The principle is that a template is produced for each workbook, and one version of this is provided to each country, in some instances pre-filled.
2. Answers to the questions should be entered into the "fields" in the template. The fields have been named with the question number (e.g. T.2.1). It will be possible to extract the contents of the fields using the field names.
3. Fields are usually displayed within a border, and indicated by "Click here to enter text". Fields have been set up so that they cannot be deleted (their contents can be deleted). They grow in size automatically.
4. The completed template/workbook represents the working document between the NFP and the EMCDDA. Comments can be used to enhance the dialogue between the EMCDDA and the NFP. Track changes are implemented to develop a commonly understood text and to avoid duplication of work.

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T0. Summary

T0.1 Summary of the Drugs workbook

The purpose of this section is to

- Provide a summary of the information provided in this workbook.
- Provide a top-level overview of drugs more commonly reported within your country and note important new developments

Provide a description of important surveys and studies that concern more than one drug, either individually or in combination (polydrug use).

T0.1.1 Please, comment on the following:

- a) The main illicit drugs used in your country and their relative importance. (Please make reference to surveys, treatment and other data as appropriate.)
- b) New developments in the drug market, such as changes in availability, the emergence of new drugs and changes in patterns of use
- c) Any relevant surveys or studies that concern more than one drug, either individually or as polydrug use.

The main illicit drugs and polydrug use

According to the latest available data (2014), cannabis is still by far the most widely used illicit substance, both among teenagers and the adult population, with 17 million people having already tried it (i.e. 41% of 15 to 64 year-olds). The overall proportion of recent users (in the last month) is 6.6%, and regular use (at least 10 times per month) concerns nearly 1.5 million people in France.

Among last year users aged 18 to 64 years, according to the 2014 Health Barometer Survey of *Santé publique France*¹, the proportion of those at high risk of problem cannabis use (according to the Cannabis Abuse Screening Test – CAST – see details in T1.2.3) is 21%, i.e. 2.2% of the French population aged 18 to 64 years. Cannabis is also the most frequently reported substance mentioned as the principal reason for entering drug treatment (CSAPA). As far as synthetic cannabinoids are concerned, 1.7% of adults aged 18 to 64 state that they have already used such substances. Their use levels are similar to heroin or amphetamines.

Cannabis use has been on the rise since the beginning of the 2010s, regardless of age group and frequency of use: this rise is part of a context of a marked increase in cannabis supply in France, particularly home cultivation and local production of herbal cannabis, while the cannabis resin market is still very dynamic (see workbook Drug Market and Crime).

The use of cocaine, the second most frequently used illicit substance, is far below that of cannabis and concerns approximately one tenth the number of people. However, the proportion of lifetime cocaine users aged 18 to 64 has increased four-fold in two decades (from 1.2% in 1995 to 5.6% in 2014), as had the proportion of cocaine users within the year between 2000 (0.3 %) and 2014 (1.1 %). This variation indicates the wider diffusion of a substance once limited to well-off categories, and affecting all social groups in recent years. The levels of lifetime use for synthetic drugs such as MDMA/ecstasy and amphetamines are 4.3% and 2.3%, respectively. The proportion of current MDMA/ecstasy users increased significantly between 2010 and 2014 (from 0.3% to 0.9%), thus reaching a peak since the last decade.

The prevalence of lifetime use of heroin is 1.5% in the entire 18 to 64 year-old population and current use seems very rare² (0.2% of those surveyed).

At the same time, the observations carried out as part of the TREND scheme evidence greater visibility of problems related to the development of drug use in rural and periurban areas, whether in a recreational or private setting. A specific investigation conducted

between 2012 and 2014 at certain sites of the scheme (Bordeaux, Marseille, Metz, Rennes and Toulouse) provided clearer insight into the populations concerned (Gandilhon and Cadet-Tairou 2015).

The first group tends to be made up of "neo-rural" individuals, originating from large urban centres. They move to rural areas outside the major urban centres in order to escape situations of extreme social instability. These are individuals involved in considerable drug use (amphetamines, opiates) and often part of the alternative techno subculture. This population also includes "urban" individuals, with few qualifications and looking for seasonal work in rural areas, indulging in more occasional drug use.

They frequent other users, also illegal drug users, directly originating from rural areas. In fact, drug use in the countryside is not limited to an externally imported phenomenon. Hence, in the same way as for French young people, initiation is based on the alcohol-tobacco-cannabis trio (Spilka *et al.* 2015b) and may be extended, particularly in a recreational setting (from village *fêtes* to free parties), to other substances.

¹ *Santé publique France* is a new entity created in 2016 which brings together the Institute for public health surveillance (InVS), the institution for preparing and responding to health emergencies (EPRUS) and the National institute for prevention and health education (INPES).

² General population surveys have the advantage of measuring prevalence in terms of use; however, the observation of rare behaviours (heroin use for example) or certain specific or difficult to reach sub-populations calls for additional methodologies and measuring instruments, such as the OFDT TREND scheme.

T0.1.2 Optional. Please comment on the use, problem/high risk use, notable changes in patterns of use, and any interaction or association with the use of controlled substances (illicit drug use) for the following substances:

- a) Alcohol
- b) Tobacco
- c) Misuse of prescription drugs

The use of illicit drugs with alcohol, tobacco and prescription drugs

In the *Santé publique France* Health Barometer (adult population), like in the OFDT ESCAPAD survey (17 year-olds), polydrug use is discussed through regular use (at least 10 uses in the month, and daily tobacco) of at least two of three substances, alcohol, tobacco and cannabis, without being able to determine whether this involves concomitant use. In 2014, this type of practice is still uncommon since it only concerns 9.0% of the adult population. It reaches a peak among 18 to 25 year-olds, who are one of the age groups with the highest tobacco and cannabis use (13.2%). Regular polydrug use of three substances is rare since this concerns 1.8% of males and 0.3% of females aged 18 to 64.

In 2014, regular polydrug use of alcohol, tobacco or cannabis concerns 12.8% of 17-year old teenagers. Cumulative regular tobacco and cannabis use is more widespread (5.0%) than in 2010, slightly ahead of cumulative regular tobacco and alcohol use (4.5%). Cumulative regular use of the three substances concerns 3.0% of 17 year-olds.

Between 2011 and 2014, regular polydrug use rose by 3 points. This concentration of regular use has become more pronounced among young girls, with polydrug use practically increasing by half relative to 2011, from 5.8% to 8.4%.

Regarding the public received in Youth Addiction Outpatient Clinics (CJC), outpatients seeking help for cannabis use were also tobacco users (87% of daily smokers) and subject to frequent or massive alcohol consumption. Thus, one outpatient out of five stated drinking alcohol often to get drunk, especially among young adults (19% of minors, 26% of 18-25 year olds, 16% over 25 years) (Obradovic 2015). About 10% of these "cannabis outpatients" are regular drinkers. Almost a quarter (22%) declared at least three heavy episodic drinking (HED) in the last month (Protais *et al.* 2016).

SECTION A. CANNABIS

T1. National profile

T1.1 Prevalence and trends

The purpose of this section is to:

- Provide an overview of the use of cannabis within your country
- Provide a commentary on the numerical data submitted through ST1, ST2, ST7, TDI and ST30
- Synthetic cannabinoids, are reported here due to their close link with Cannabis

T1.1.1 General population. Please comment on the prevalence and trends of cannabis use in the general population.

Focus on last year and last month prevalence and any important demographic breakdowns where available (e.g. young adults 15-34, gender). Include any contextual information important in interpreting trends.

Cannabis use in the general population

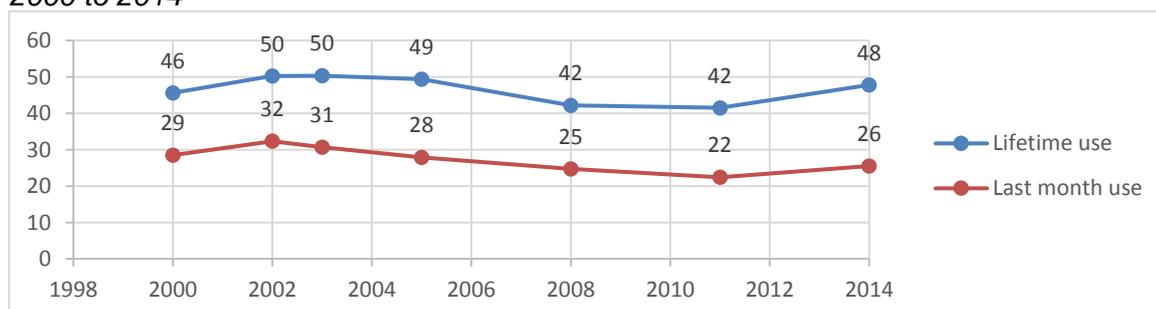
Cannabis is still by far the most widely used illicit substance in France. In 2014, 41% of adults aged 15 to 64 years are estimated to have tried it during their lifetime. More men than women had engaged in lifetime use (49% compared with 33%). Last year use (current use) concerns 11% of 15 to 64 year-olds (15% of males and 7% of females), whereas the overall proportion of recent users (in the last month) is 7% (Beck *et al.* 2015a).

Lifetime cannabis use peaks between age 25 and 34 years (59%) in men (69%) and women (49%). Current cannabis use mainly affects younger age groups (27% for 15 to 24 year-olds, 31% of boys and 23% of girls), and then decreases with age to only 2% of 55 to 64 year-olds. 19% and 13% of males and females, respectively, aged 15 to 24 are recent cannabis users.

Out of all 15 to 64 year-olds, lifetime cannabis use increased from 32% to 41% between 2010 and 2014, more markedly prolonging the trend observed since the 1990s. This rise is mainly driven by a stock effect; however, current use has also shown a significant increase, from 8.4% to 11%, like recent use (from 4.6% to 6.6%), this being observed for all age groups. Among women, this rise is mainly driven by the population aged under 40 years, whereas, among man, it distinctly remains between 35- and 55-year-olds.

In 2014, 48% of 17-year olds have tried cannabis (Spilka *et al.* 2015b) with an increase over the 2011-2014 period, as for recent use (see Figure I). Boys appear to use more cannabis than girls. They are 29% to report use in the last 30 days compared to 22% of girls.

Figure I: Lifetime and last month use (recent use) of cannabis among 17 year-olds from 2000 to 2014



Source : ESCAPAD

T1.1.2 Schools and other sub-populations. Please comment on prevalence and trends of cannabis use in school populations and any other important populations where data is available. Focus on life time prevalence estimates and any important demographic breakdowns where available (e.g gender). Include any contextual information important in interpreting trends.

Cannabis use in schools and other sub-populations

The results of the latest HBSC and ESPAD surveys (both conducted in school settings) are consistent with the ESCAPAD survey in terms of the particular use of cannabis among young people in France. Cannabis stands out as the illicit substance most widely used between the ages of 11 and 16 years, particularly among boys. In terms of lifetime cannabis use, in the 2014 HBSC survey, it was extremely rare among 11 year-olds. It was found in 5.6% of 13 year-olds and 28.3% among 15 year-olds. These proportions are stable when compared to 2010 (Spilka *et al.* 2015a).

In 2015, 32% of the students born in 1999 (aged 16) have used cannabis at least once during their lifetime (29% of girls and 24% of boys). This represents a decrease compared with the last 2011 ESPAD survey (39% of the students) (The ESPAD Group 2016).

Reported use of cannabis over the last 30 days has proved to be marginal among adolescents under the age of 15. Cannabis use is fairly stable among 15 year-olds (14.2% vs. 12.5%, in 2010, non-significant change). Cannabis is used by 17% of 16 year-olds representing a significant decrease compared with 2011 (24%).

T1.1.3 Optional. Looking across the information available on cannabis in your country, please provide an overall commentary on the data, focusing on the consistency of trends between data sources (Suggested title: Commentary on Cannabis Use.)

T1.2 Patterns, treatment and problem/high risk use

T1.2.1 Optional. Please provide a summary of any important surveys/studies reporting on patterns of cannabis use or cannabis use in specific settings. Information relevant to this answer may include, types of product, perceived risk and availability, mode of administration (including mixing with tobacco and use of paraphernalia).

Recent surveys/studies on cannabis use

The vast majority of the public received in Youth Addiction Outpatient Clinics (CJC) came for psychoactive use (93%) and for 75% of the outpatients, the substance motivating attendance was cannabis alone (Protais *et al.* 2016). Reasons for use largely stated by these users were focused on "the search for pleasure and conviviality" (60%) and even more so among young outpatients with an occasional use (Obradovic 2015). The "pleasure" motivation very often comes with one or several other reasons. This reason is much less common, however, among daily users, who report twice as often other self-therapeutic reasons, which are smoking cannabis to "control anxiety and stress" or "better sleep" (nearly 60% of them). These self-therapeutic intentions are also over-represented in women. Reasons for use appear well correlated to age, sex, frequency of use but also to intensity of consumption: 45% of self-therapeutic uses are associated with the consumption of at least 5 joints a typical day of consumption (against 31% of use motivated by search of conviviality).

T 1.2.2 Please comment on demand reduction activities specific to cannabis use.

1. Treatment and help seeking (core data TDI - cross-reference with the Treatment workbook)
2. Availability of specific treatment or harm-reduction programmes targeting Cannabis users (cross-reference with the Treatment workbook)
3. **Optional.** Any other demand reduction activities (prevention or other) specific for Cannabis users (cross-reference with the Prevention workbook) (Suggested title: Reducing the Demand for Cannabis.)

Treatment and help seeking

See Treatment workbook.

Availability of specific treatment or harm-reduction programmes targeting cannabis users

See T1.4.1 in Treatment workbook and T1.2.4 in Prevention workbook.

Despite not being specialised in cannabis use, Youth Addiction Outpatient Clinics (CJC) in fact provide counselling for predominantly cannabis users (Obradovic 2015; Protais *et al.* 2016), given the recruitment of these facilities, geared towards teenagers and young adults. The 2014 survey conducted in the CJC estimated the number of young cannabis users admitted to these facilities at 18,000.

T1.2.3 Optional. Please comment on information available on dependent/problem/high risk cannabis use and health problems as well as harms related to cannabis use.

Information relevant to this answer includes:

- accident and emergency room attendance, helplines
- studies and other data, e.g. road side testing
- studies/estimates of dependent/intensive or problem/high risk use

High-risk cannabis use

The Cannabis Abuse Screening Test (CAST) is a scale used to screen problem cannabis use. Each of the six items on the scale describes specific contexts of use (e.g., use alone or in the morning) or problems encountered within the scope of cannabis use (memory disturbances, failed attempts to quit, violence-related issues or accidents)¹ (Legleye *et al.* 2013). Conducted for the first time in 2002 as part of the ESCAPAD survey (Beck and Legleye 2008), its current version was first adopted in 2006 (Legleye *et al.* 2007). The time scale adopted is that of the year preceding the survey.

In 2014, 38.2% of 17 year-olds used cannabis in the last year, 41.1% among boys and 35.3% among girls. Among these last year users (n=9,311), 8,544 (92.0%) completed the CAST (Spilka *et al.* 2015b). One in four boys who smoked cannabis in the last year is at high risk of problem use or cannabis addiction (25.7% vs. 17.3% for girls). In total, 21.9% of young last year cannabis users are at high-risk of problem use, i.e. a prevalence of 8.4% in the surveyed population of 17 year-olds. This proportion seems to be on the rise compared to 2011 when 17.8% of last year users were at high risk (22.8% for boys vs. 12.8% for girls).

Although the number of current users among 18-64 year olds has risen, the proportion of those at high risk of problem cannabis use according to the CAST, seems stable, at 21% between 2010 and 2014, which represents 2.2% of 18 to 64 year-olds in 2014 (Beck *et al.* 2015a).

The potential health impact of the rise in the purity of cannabis circulating in France (see T1.1.5 and T2.1 in Drug Market and Crime workbook) has not been well documented yet. However in 2013, the TREND scheme reported on cases of cannabis psychosis. Also, approximately 20 deaths involving cannabis (acute cardiovascular toxicity) were reported in 2014, in connection with the awareness of the DRAMES toxicologist experts (see T2.1 in Harms and Harm Reduction workbook) (ANSM 2016).

¹ To calculate a score, the responses are coded on a scale of 0 to 4. The total score obtained (which can range from 0 to 24) indicates whether or not the questioned users are at risk. A score of less than 3 indicates no addiction risk. A score of 3 or less than 7 indicates low addiction risk, and a score of 7 or above indicates high addiction risk.

T1.2.4 Optional. Please comment on any information available on the use, consequences of use, and demand reduction related to synthetic cannabinoids. Where appropriate, please provide references or links to original sources or studies

Synthetic cannabinoids

In the general adult population, in the 2014 *Santé publique France* Health Barometer Survey, 1.7% of 18-64 year-olds claimed to have already smoked a synthetic cannabinoid. It represents 4% of lifetime cannabis users and 17% of current cannabis users. This level of lifetime use is similar to that observed for heroin or amphetamines. Lifetime users of synthetic cannabinoids are predominantly men (2.3% vs. 1.2% of women), aged under 35 (4.0% of 18-34 year-olds vs. 0.6% of 35-64 year-olds). Nearly half (47%) reported having tried a synthetic cannabinoid without ever having experienced another illicit product or just cannabis. Thus, 53% have already experimented with at least one illegal substance other than cannabis and one in three (34%) have used at least two (Beck *et al.* 2015a).

Among 17 year-olds, interviewed as part of the 2014 ESCAPAD survey, 1.7% claimed to have already used a substance which "imitates the effects of a drug, such as synthetic cannabis, mephedrone, methoxetamine or another substance". Only 0.7% specified the substance involved, mainly a synthetic cannabinoid, usually referring to a brand name rather than the name of a molecule (Spilka *et al.* 2015b).

As for the other New Psychoactive Substances (NPS), the wide variety of products, due to a very dynamic supply market, does not necessarily translate into the observed levels of use. Out of the 607 individuals interviewed as part of the I-TREND online survey (a survey without sampling, which therefore cannot be extrapolated to a population broader than the respondents), 59% claimed to have used one or more NPS. Of these, 9% stated that the last substance used was a synthetic cannabinoid. This figure is very close to the percentages observed for cathinones (11%) and arylcyclohexylamines (10%), and considerably below phenethylamines (28%). Furthermore, 84% of NPS users also used cannabis in the last 30 days (Cadet-Taïrou 2016).

As in 2014, and according to several sources (SINTES, TREND, poison control and toxicovigilance centres, etc.), synthetic cannabinoids are seen predominantly in a "commercial" form (ie presented in a non-powder form such as cannabis resin, herbal cannabis, capsule and e-liquid). These commercial substances would particularly be tried and adopted by individuals who only use cannabis, very far removed from e-psychonauts¹ representing an informed public segment. These users of cannabis, often young, have the opportunity to try substances, as a result of dealing in their environment. Not always aware of the nature of the substance, they may experience acute intoxication and require emergency health care. A second group, made up of polydrug users of illegal substances, seeks to try substances with similar effects to cannabis, and in a fairly familiar form, which

facilitates use. For more experienced NPS users, synthetic cannabinoids are occasionally used to "cushion coming down" from other substances or to "get stoned". These synthetic cannabinoids are then predominantly used in powder or e-liquid form.

All known health incidents must be validated by the health authorities responsible for reporting. However, in 2015, some cases reported via SINTES data collection campaigns were not authenticated. Most of these incidents involve synthetic cannabinoids sold in their commercial form and concern:

- Four users having claimed to have taken 5F-AKB-48, whereas in one case this actually involved JWH-018 and in another case there was no toxicological confirmation of the type of substance.
- One person, after taking JWH-073 and JWH-081, and another after taking AB-FUNICA in powder form.
- One person died from a presumed drug overdose; several NPS samples were found in his home (3-FPM, MPA, MXP), one of which was ADB-CHMINACA. However, due to the absence of a requisition or legislative order from the expert committee, the laboratory was unable to confirm overdose.

¹ Young adults aged 18 to 30 years both closely associated with drugs (specifically searching for NPS) and with a strong internet presence (via discussion forums).

T2. Trends. Not relevant in this section. Included above.

T3. New developments

The purpose of this section is to provide information on any notable or topical developments observed in Cannabis use and availability in your country **since your last report**.

T1 is used to establish the baseline of the topic in your country. Please focus on any new developments here.

If information on recent notable developments have been included as part of the baseline information for your country, please make reference to that section here. It is not necessary to repeat the information.

T3.1 Please report on any notable new or topical developments observed in Cannabis use and cannabis related problems in your country since your last report.

New developments in the use of cannabis

In terms of lifetime cannabis use, in 2014, it was extremely rare among 11 year-olds. It was found in 5.6% of 13 year-olds and 28.3% among 15 year-olds. These proportions are stable when compared to 2010 (Spilka *et al.* 2015a)

In 2015, 32% of the students born in 1999 (aged 16) have used cannabis at least once during their lifetime (29% of girls and 24% of boys. This represents a decrease compared with the last 2011 ESPAD survey (39%) (The ESPAD Group 2016).

Reported use of cannabis over the last 30 days has proved to be fairly stable among 15 year-olds (14.2% vs. 12.5%, in 2010, non-significant change). Cannabis is used by 17% of 16 year-olds representing a significant decrease compared with 2011 (24%).

T4. Additional information

The purpose of this section is to provide additional information important to Cannabis use and availability in your country that has not been provided elsewhere.

T.4.1 Optional. Please describe any additional important sources of information, specific studies or data on Cannabis use. Where possible, please provide references and/or links.

(Suggested title: Additional Sources of Information.)

T.4.2 Optional. Please describe any other important aspect of Cannabis use that has not been covered in the specific questions above. This may be additional information or new areas of specific importance for your country. (Suggested title: Further Aspects of Cannabis Use.)

T5. Notes and queries

The purpose of this section is to highlight areas of specific interest for possible future elaboration. Detailed answers are not required.

No current question.

T6. Sources and methodology

The purpose of this section is to collect sources for the information provided above, including brief descriptions of studies and their methodology where appropriate.

T.6.1 Please list notable sources for the information provided above.

Sources

2010 and 2014 Health Barometer Survey from *Santé publique France*
2011 and 2014 ESCAPAD surveys
2011 and 2015 ESPAD surveys
2010 and 2014 HBSC surveys
2014 and 2015 CJC surveys: survey in Youth Addiction Outpatient Clinics
SINTES scheme: National Detection System of Drugs and Toxic Substances
I-TREND project / Forum monitoring scheme (TREND)
TREND scheme: Emerging Trends and New Drugs
Seizures and checks performed on postal freight or during police cases

T.6.2 Where studies or surveys have been used please list them and where appropriate describe the methodology?

Methodology

Health Barometer

Santé publique France (ex-National Institute for Prevention and Health Education, INPES)
The health barometer is a telephone health survey of a representative sample of the population of mainland France: nearly 15,700 individuals aged 15 to 75 years took part in the 2014 edition. Conducted from December 2013 to May 2014, this survey was the most recent in a series of six, entitled "Adult health barometers", conducted in 1992, 1993, 1995, 2000, 2005 and 2010. The survey collects information on various health behaviours and

attitudes among French people (such as those pertaining to the use of treatments, depression, vaccination, screening practices, physical activity, violence and sexuality). The survey also broaches the subject of legal and illegal drug use.

ESCAPAD: Survey on Health and Use on National Defence and Citizenship Day

French Monitoring Centre for Drugs and Drug Addiction (OFDT) and the National Service Directorate of the Ministry of Defence

Originally conducted on an annual basis from 2000 to 2003, the ESCAPAD survey has been organised on a triennial basis since 2005. It takes place on the National Defence and Citizenship Day (JDC), which has existed since obligatory military service was eliminated in France. Young people participating in a JDC session fill out an anonymous, self-administered questionnaire about their use of legal or illegal psychoactive substances and their health and lifestyle.

In 2014, all national armed services centres in mainland France and in overseas French departments were mobilized for a week in April. A total of 26,351 individuals were surveyed and 22,023 questionnaires were analysed. These teenagers, mostly aged 17, have the French nationality and are mostly still in school or apprenticeship. On a given day, JDC participation is 90%, but the coverage rate is much higher (people can be summoned on different days because participation is quasi-compulsory to be allowed to register later on for examinations such as university diplomas and the driver licence).

ESPAD: European School survey Project on Alcohol and other Drugs

French Monitoring Centre for Drugs and Drug Addiction (OFDT) / Ministry of Youth, National Education and Research / General secretariat of Catholic Education / French National Institute for Health and Medical Research (INSERM U669) / Santé publique France (ex-National Institute for Prevention and Health Education, INPES)

This survey was initiated Europe-wide in 1995 by the Swedish council for information on alcohol and other drugs with the support of the Council of Europe. It takes place every four years in school settings and targets students aged 16 years - the age at which mandatory schooling is over in the majority of European countries. Data collection takes place in the second quarter of the year of the survey.

Under the auspices of the EMCDDA, the 2015 survey took place in 35 countries, including France for the fourth consecutive year. There was one common questionnaire that focused on use, attitudes and opinions related to drugs. In France, a total of 2,750 students born in 1999, i.e., 15-16 years of age when the 2011 survey was conducted, answered a self-administered questionnaire in a classroom setting in the presence of a health professional. A total of 2,714 questionnaires were analysed.

HBSC: Health Behaviour in School-aged Children survey

University of Edinburgh (CAHRU) for the HBSC network / Medical department of the Toulouse school district - INSERM U1027 for the survey in France / French Monitoring Centre for Drugs and Drug Addiction (OFDT) / Santé publique France (ex-National Institute for Prevention and Health Education, INPES)

This is an international survey being conducted every four years since 1982 under the auspices of the European office of the World Health Organisation (WHO). Currently, over 41 countries (including France since 2002) or regions, mainly in Europe, take part and collect standardised information on behaviours that are detrimental to or positive for health in students aged 11, 13 and 15 years. The HBSC survey is self-administered, strictly anonymous and conducted in class under the supervision of a specially trained investigator. In 2014, 10,434 school-age students from the last year of primary school to the first year of high school were surveyed in public or private establishments in mainland France under contract with the French national education authority.

CJC survey: Survey in Youth Addiction Outpatient Clinics

French Monitoring Centre for Drugs and Drug Addiction (OFDT)

2015 is the fourth year (after 2005, 2007 and 2014) of the survey on clients of youth addiction outpatient clinics (CJC), a scheme created in 2005 to offer counselling for young psychoactive substance users. The 2015 survey is based on the responses by professionals having seen the patients or their families between 20 April and 20 June 2015. It covers mainland France and French overseas departments. Out of 260 facilities managing a CJC activity in mainland France and the DOM recorded in 2015, 199 responded to the survey, i.e., a response rate of 77%.

A year after a first survey in 2014, this second one reveals the evolution of the population attending the clinics following a communication campaign. In total, 3,747 questionnaires were collected during the 9-week inclusion period in 2015 (vs. 5,421 during the 14-week survey period in 2014), ensuring a stable base of facilities participating in both surveys: 86% of facilities responding in 2015 took part in both surveys.

The questionnaire comprises four parts: circumstances and reasons for consulting, user sociodemographic characteristics, substances used and evaluation of cannabis dependence by the Cannabis Abuse Screening Test, and decision made at the end of the appointment.

SINTES: National Detection System of Drugs and Toxic Substances

French Monitoring Centre for Drugs and Drug Addiction (OFDT)

The SINTES scheme is intended to document the toxicological composition of illegal substances in circulation in France. The information incorporated in this system comes from two sources:

- the submission to the OFDT of the results of toxicology tests performed on seizures by law enforcement laboratories (French National Forensic Science Institute, Forensic Sciences Institute of the French *Gendarmerie* and Customs laboratories);
- investigations conducted by the OFDT on samples of substances obtained directly from users. These collections are governed by a strict regulatory framework [[loi de modernisation du système de santé du 26 janvier 2016](#)] and obtained by specifically trained survey workers.

I-TREND project

French Monitoring Centre for Drugs and Drug Addiction (OFDT)

<http://www.i-trend.eu/>

The I-TREND project comprises 5 interlinked activities. The focus of the project is to draw up a list of substances, known as the "top list", which is documented via all of the activities. Three activities are partly presented herein:

- Analysis of online discussions and quantitative monitoring of the number of views per discussion.

Three French-speaking forums were selected for the I-TREND project. All discussions on NPS, created or updated after 1 January 2013 were included. A monthly record of the number of views was compiled. Discussions on the most widely discussed substances were selected for a qualitative analysis.

- Internet purchases of substances.

The "top list" was used according to the snapshot methodology: the names of the substances associated with the term "buy" generated search queries. All online sales sites appearing in the first 100 results were recorded. Those shown to be the most popular based on several pre-defined criteria were selected for use as test sites for purchasing substances in the "top list" and for analysis in terms of marketing strategy.

- I-TREND online survey.

The survey conducted as part of the I-TREND project aimed to collect information on the profiles and purchasing habits of NPS users. It does not aim to be representative and it is

possible that its promotional strategy led to a recruitment mainly based on informed NPS user population.

TREND scheme: Emerging Trends and New Drugs

French Monitoring Centre for Drugs and Drug Addiction (OFDT)

The aim of the TREND scheme, which was established in 1999, is to provide information about illegal drug use and users, and on emerging phenomena. Emerging phenomena refer either to new phenomena or to existing phenomena that have not yet been detected by other observation systems.

The system is based on data analysed by eight local coordinating sites (Bordeaux, Lille, Lyon, Marseille, Metz, Paris, Rennes and Toulouse) that produce site reports, which are then extrapolated to a national level:

- continuous qualitative data collection in urban settings and in the party scene by the local coordination network, which has a common data collection and information strategy
- the SINTES scheme, an observation system geared towards detecting and analysing the toxicological composition of illegal substances
- recurring quantitative surveys, particularly among CAARUD clients (ENa-CAARUD)
- partner information system results
- thematic quantitative and qualitative investigations that aim to gather more information about a particular subject

Seizures and checks performed on postal freight or during police cases

Six-monthly progress report drawn up by the (French) National Forensic Science Institute (INPS) and the Joint Laboratories Department (SCL) with the OFDT for EWS-REITOX.

Two points should be taken into consideration when interpreting these figures:

- Seizures or checks on postal freight do not mean that the parcels were destined for France.
- These figures represent partial visibility of the circuit, rather than trafficking.

SECTION B. STIMULANTS

T1. National profile

T1.1 Prevalence and trends

The purpose of this section is to

- Provide an overview of the use of stimulant drugs within your country.
- Provide an indication of the relative importance of the different stimulant drugs within your country.
- Synthetic cathinones are included here due to their close link with the traditional stimulants.
- Provide a commentary on the numerical data submitted through ST1, ST2, ST30 and, if relevant, ST7

Note: Please focus on the stimulant drug(s) which are more prevalent in your country.

T1.1.1 Relative availability and use. Different stimulant drugs are important in individual countries. Please comment, based on supply reduction data, research and survey information, on the relative availability and use of stimulant drugs within your country (e.g. amphetamine, methamphetamine, cocaine, ecstasy, synthetic cathinones)

The relative importance of different stimulant drugs

In 2014, cocaine is still the most commonly used illicit stimulant drug among 18-64 year-olds, with 5.4% lifetime users, indicating diffusion of the substance to all population categories in recent years. MDMA/ecstasy is the second most common stimulant with a lifetime prevalence of 4.2%, ahead of amphetamines (2.2%).

Last year use concerns considerably fewer individuals, with 1.1% for cocaine, 0.9% for MDMA/ecstasy (although only 0.3% in 2010, in 2014 it reached its highest level for a decade) and 0.3% for amphetamines. Of people aged 18-to-64, 0.6% tried crack (freebase cocaine) within their life in 2014 and 0.1% have used it in the last year (Beck *et al.* 2015b). These uses are still mainly located in Paris and the French Antilles.

MDMA/ecstasy (in its powder or crystal form or as tablets) is sought for in the party scene and by relatively young people. The diversity of cocaine users is larger, with extremely contrasting social profiles. In a context of economic impoverishment, amphetamine use can be an alternative to cocaine deemed too expensive by some consumers.

For the following questions, include the stimulant drugs that are important for your country.

T1.1.2 General population. Please comment on the prevalence and trends of stimulant use in the general population.

Focus on last year and last month prevalence and any important demographic breakdowns where available (e.g. young adults 15-34, gender). Include any contextual information important in interpreting trends.

Stimulant use in the general population

In 2014, cocaine is still the most commonly used illicit stimulant drug among 18-64 year-olds, with 5.4% lifetime users, ahead of MDMA/ecstasy (4.2%) and amphetamines (2.2%). Last year use concerns 1.1% of the population for cocaine, 0.9% for MDMA/ecstasy and 0.3% for amphetamines (Beck *et al.* 2015b).

Levels of lifetime use of these substances are continuously growing among the adult population due to a stock phenomenon and to the diffusion of these substances outside of specific populations (attending the party scene in particular). Although last year use for cocaine remained stable between 2010 and 2014, this tripled for MDMA/ecstasy over the same period, from 0.3% to 0.9%.

Stimulant use is higher among 15-34 year-olds, than among over 35 year-olds, with 2.4% last year use for cocaine, 2.3% for MDMA/ecstasy and 0.7% for amphetamines. Among 18-25 year-olds, MDMA/ecstasy is the most commonly used stimulant (3.8%) followed by cocaine use (3.1%). Men have been shown to be users more frequently than women, irrespective of substance. Hence, among 15-64 year-olds, 1.5% of men report last year use for cocaine and 1.2% for MDMA/ecstasy, compared to 0.7% and 0.6%, respectively, among women.

It is estimated that among 17 year-olds, MDMA/ecstasy is the stimulant with the highest levels of lifetime use (3.8%), ahead of cocaine (3.2%) and amphetamines (2.8%). This strong increase in MDMA/ecstasy lifetime use reflects the trends in the adult population. Furthermore, boys have higher levels of lifetime use for amphetamines and MDMA/ecstasy than girls (Spilka *et al.* 2015b).

T1.1.3 Schools and other sub-populations. Please comment on prevalence and trends of stimulant use in school populations and any other important populations where data is available. For schools data focus on life time prevalence estimates and any important demographic breakdowns where available (e.g. gender). Include any contextual information important in interpreting trends

Stimulant use in schools and other sub-populations

A 2014 Health Barometer analysis according to profession and social category shows that certain branches of industry are more affected by the use of illegal substances, particularly stimulants; this is the case for the art and performance arts sector along with the hotel and catering sector with the highest prevalence, and, to a lesser extent, among individuals working in the IT and PR industry (Beck *et al.* 2016; Palle 2015).

In 2012, 51% of CAARUD (low-threshold structures) clients¹ reported stimulants use in the month prior to the survey and 44% reported cocaine use. Among them, 6 out of 10 use also or only cocaine in base form (crack or freebase. Freebase cocaine use increased since the 2008 survey. Amphetamine recent use among CAARUD clients is 8% (a significant rise) and MDMA/ecstasy use is stable at 12% (Cadet-Tairou *et al.* 2015b).

¹ Persons visiting the CAARUD, predominantly vulnerable from a socioeconomic perspective, are active drug users who are not undergoing active treatment or have withdrawn from the care system.

T1.1.4 Optional. Looking across the information available on stimulants in your country, please provide an overall commentary on the data, focusing on the consistency of trends between data sources. (Suggested title: Commentary on Stimulant Use.)

T.1.1.5 Optional. Please comment on any associations or interactions in use and trends in specific stimulants.

(Suggested title: Interactions in the Use of Different Stimulants.)

Amphetamine use is also observed alongside MDMA/ecstasy use, particularly in alternative recreational settings. There appears to be a rise in this type of use, which could be related to the growing social vulnerability in France since the 2008 recession. Amphetamines serve somewhat as a "poor man's cocaine" in a context where the price of cocaine has been increasing for a few years.

T1.2 Patterns, treatment and problem/high risk use

T1.2.1 Injecting. Please comment on rates and trends in injecting and smoking as routes of administration. (cross-reference with Harms and Harm reduction workbook).

Injecting and other routes of administration

Among CAARUD clients having used cocaine in the month prior to the 2012 ENa-CAARUD survey, 53% used injection; these represent 33% among recent amphetamine users and 22% among MDMA/ecstasy users (Cadet-Tairou *et al.* 2015b).

As regards cocaine, the TREND scheme reports an increasing number of semi-integrated users in a vulnerable economic situation switching from snorting to injecting. The powder or crystal form of MDMA/ecstasy is still more widely available than the tablet form. Ecstasy (tablets) is mainly swallowed as is. Crystal or powder MDMA is predominantly sold in parachute forms (approximately 100 mg wrapped in rolling paper) and swallowed whole. It is less commonly available in capsule form. Another common way of taking it, particularly in bars or clubs, is to dilute it in a glass of alcohol or soda to cover the bitter taste of the substance. It can also be diluted in a small bottle of water which is then shared.

The most widely used strategy for all these cases is the repeated intake of small doses throughout the evening (every hour or every two hours). Other, more marginal, practices

are described which mainly concern users in the alternative scene or problem users encountered in the CAARUD: snorting, said to be painful, "chasing the dragon" (inhalation of heated MDMA fumes), a growing trend, and injection which is still rare (Cadet-Tairou *et al.* 2015a).

T1.2.2 Infectious diseases. Please comment on rates and trends in infectious diseases among stimulant users (cross-reference with Harms and Harm reduction workbook).
(Suggested title: Infectious Diseases.)

Infectious Diseases

No information is available on the prevalence of infections (namely HIV and HCV) specifically among stimulant users (see prevalence among lifetime injecting drug users and/or snorting drug users for all substances in section T1.3 of the Health Consequences workbook).

T1.2.3 **Optional.** *Patterns of use. Please provide a summary of any available information (surveys, studies, routine data collection) reporting on patterns of stimulant use, stimulant use in specific settings, and the most common patterns of stimulant use with other drugs, i.e. polydrug use.*
(Suggested title: Patterns of Use.)

T 1.2.4 Treatment. Please comment on the treatment and help seeking of stimulant users
Please structure your response around
1. Treatment and help seeking (core data TDI - cross-reference with the Treatment workbook)
2. Availability of specific treatment or harm-reduction programmes targeting stimulant users (cross-reference with the Treatment workbook)
3. **Optional.** *Any other demand reduction activities (prevention or other) specific for stimulant users (cross-reference with the Prevention workbook)*
(Suggested title: Treatment for Stimulants.)

Treatment and help seeking

See Treatment workbook.

Availability of specific treatment or harm-reduction programmes targeting stimulant users

There are no national "programmes" exclusively or specifically targeting stimulant users in France.

T1.2.5 **Optional.** *Problem/high risk use. Please comment on information available on dependent/problem/high risk stimulant use and health problems as well as harms related to stimulant use.*

Information relevant to this answer includes:

- accident and emergency room attendance, helplines
- studies and other data, e.g. road side testing
- studies/estimates of dependent/intensive or problem/high risk use

(Suggested title: High Risk Stimulant Use.)

T1.2.6 Optional. Please comment on any information available on the use, consequences of use, and demand reduction related to synthetic cathinones. Where appropriate, please provide references or links to original sources or studies

Synthetic Cathinones

No data based on general population surveys are available on cathinone use and their wide variety and very dynamic supply market, does not necessarily translate into the observed levels of use. Among the 607 individuals taking part in the I-TREND online survey, 59% claimed to have already used one or more NPS, and 11% stated that the last substance used was a cathinone. Over the last 12 months, 20% claimed to have taken 4-MMC, 17% methylone, 12% 4-MEC, 9% 3-MMC and 6% MDPV (Cadet-Tairou 2016).

Few noteworthy changes are noted compared to 2014 data. Use seems to be focused on a few cathinones such as 3-MMC and 4-MEC (together with methylone and mephedrone in specific sub-groups who are *chemsex* enthusiasts and slammers¹), although the presence of other cathinones is observed, particularly variants of alpha-PVP.

The SINTES data collection campaigns indicate the continued use of brand names, which implies that use is extending to inexperienced users with little knowledge of the NPS market.

The majority of health signals have primarily involved 4-MEC, although constantly in combination with other cathinones. Two deaths and 4 cases of acute intoxication were reported in 2015. These cases notably confirm the diffusion of these substances among *chemsex* enthusiasts or slammers.

¹ *Chemsex* (short for *chemical sex*) refers to the active search for sexual partners, especially via the Internet, based on highly specific criteria. The latter not only specify the type of sexual activity desired but also the substances consumed during such practices. Slam refers to the intravenous injection of substances during sexual activity. It mainly concerns a fringe group of homosexual males, usually between 30 and 40 years old, but sometimes younger. It is practised by couples or in groups. However, a SINTES data collection campaign shows that this type of use in a sexual context is not exclusively limited to homosexuals.

T2. Trends. Not relevant in this section. Included above

T3. New developments

The purpose of this section is to provide information on any notable or topical developments observed in stimulants use and availability in your country **since your last report**.

T1 is used to establish the baseline of the topic in your country. Please focus on any new developments here.

If information on recent notable developments have been included as part of the baseline information for your country, please make reference to that section here. It is not necessary to repeat the information.

T3.1 Please report on any notable new developments observed in stimulant use and related problems in your country since your last report.

New developments in the use of stimulants

The TREND scheme reports continued diffusion of MDMA/ecstasy use irrespective of the form (tablets, powder, crystal) substantially outside the alternative techno setting where they were used in the '00s, linked to its availability at all kinds of parties.

The TREND scheme reports two new patterns of use. For ecstasy, the majority of users (particularly young people) now split the tablets (in 2, 3 or 4), in response to harm reduction campaigns following the circulation of extremely strong tablets (see Drug Market and Crime workbook). A new pattern of use for crystal or powder forms has been described by the Lille TREND site (on the northern border of France), "dabbing", which entails "dipping one's finger into crushed crystals, licking it, then having a drink" (Cadet-Taïrou *et al.* 2015b).

Furthermore, the Paris TREND site has described the continued diversification and expansion of the crack user population. In addition to traditional precarious "crackheads", socially integrated users have been observed since the beginning of 2010. In 2015, "former" heroin addicts (who tended to use cocaine hydrochloride) turned towards crack, like Eastern European migrants who until then exclusively used opioids. Crack seems to be used by these populations as an ingredient in a sort of "speedball" in combination with morphine sulphate. Harm reduction facilities in north-eastern Paris confirm this phenomenon by observing a growing number of more frequent crack users, resulting in the increased distribution of equipment used for smoking crack (Pfau In Press). This development has not been observed in other regions of France where true crack markets are non-existent.

T4. Additional information

The purpose of this section is to provide additional information important to stimulants use in your country that has not been provided elsewhere.

*T4.1 **Optional.** Please describe any additional important sources of information, specific studies or data on stimulants use. Where possible, please provide references and/or links.
(Suggested title: Additional Sources of Information.)*

*T4.2 **Optional.** Please describe any other important aspect of stimulants use that has not been covered in the specific questions above. This may be additional information or new areas of specific importance for your country.
(Suggested title: Further Aspects of Stimulant Use.)*

T5. Notes and queries

The purpose of this section is to highlight areas of specific interest for possible future elaboration. Detailed answers are not required.

T6. Sources and methodology

The purpose of this section is to collect sources for the information provided above, including brief descriptions of studies and their methodology where appropriate. Please structure your answers around the following questions.

T.6.1 Please list notable sources for the information provided above.

Sources

2010 and 2014 Health Barometer Survey from *Santé publique France*
2011 and 2014 ESCAPAD surveys
2011 and 2015 ESPAD surveys
2010 and 2014 HBSC surveys
TREND scheme: Emerging Trends and New Drugs
SINTES scheme: National Detection System of Drugs and Toxic Substances
I-TREND project / Forum monitoring scheme (TREND)
2012 ENa-CAARUD survey

T.6.2 Where studies or surveys have been used please list them and where appropriate describe the methodology?

Methodology

Health Barometer

See T6.2 in Cannabis section

ESCAPAD: Survey on Health and Use on National Defence and Citizenship Day

See T6.2 in Cannabis section

ESPAD: European School survey Project on Alcohol and other Drugs

See T6.2 in Cannabis section

HBSC: Health Behaviour in School-aged Children survey

See T6.2 in Cannabis section

TREND scheme: Emerging Trends and New Drugs

See T6.2 in Cannabis section

SINTES: National Detection System of Drugs and Toxic Substances

See T6.2 in Cannabis section

I-TREND Project

See T6.2 in Cannabis section

ENa-CAARUD: National survey of low-threshold structures (CAARUDs)

French Monitoring Centre for Drugs and Drug Addiction (OFDT)

Conducted every two years since 2006 in all CAARUDs (on mainland France and in French overseas departments), this survey determines the number of users seen in these structures, the characteristics of these users and their use patterns. Each user who enters into contact with the structure during the survey undergoes a face-to-face interview with someone working in the structure. The questions asked are on use (frequency, age of experimentation, administration route, equipment-sharing), screening (HIV, HBV and HCV) and social situation (social coverage, housing, level of education, support from friends and family).

The 2012 survey was conducted from 26 November to 7 December: 4,241 completed or "non-responder" questionnaires were conducted in 142 CAARUDs. After eliminating duplicates (299) and "non-responders" (1,037), 2,905 individuals (in 139 CAARUDs) were included in the analysis.

SECTION C. HEROIN AND OTHER OPIOIDS

T1. National profile

T1.1 Prevalence and trends

The purpose of this section is to

- Provide an overview of the use of opioids within your country
- Provide a commentary on the numerical data submitted through ST7, TDI, ST24.

T1.1.1 Relative availability and use. Different opioids are important in individual countries. Please comment, based on supply reduction data, research and available estimates, on the relative availability and use of heroin as opposed to other opioids within your country. (Suggested title: The Relative Importance of Different Opioid Drugs.)

The relative importance of different opioid drugs

In 2014, among the general population aged 18 to 64, heroin use was limited, with 1.5% lifetime use and 0.1% last year use, stable between 2010 and 2014. Young adults aged 15-34 more frequently tend to be users, with 0.3% last year users. No difference is observed between men and women (Beck *et al.* 2015b).

Since substitution treatments were first introduced in France 20 years ago, heroin no longer epitomizes opiate use by drug users, who have sometimes turned to non-therapeutic buprenorphine, methadone and also morphine sulphate use. This process was intensified by the heroin shortages since 2010, particularly in the south of France where its scarcity corresponded to a rise in the diversion of opioid medications. Since 2013, heroin saw an increase in its availability (as shown by the sudden rise in seizures) and a return to a high average potency (Cadet-Tairou *et al.* 2015a).

T1.1.2 Indirect estimates. Please comment on estimates of prevalence and trends of heroin and other opioid use from studies using indirect methods (e.g. multiplier methods, capture-recapture). Where possible, comment on any important demographic information (e.g. age, gender). Include any contextual information important in interpreting trends. (Suggested title: Estimates of Opioid Use.)

Estimates of opioid use

In 2013, it was estimated that the number of problem users reached 280,000 individuals (95% CI: 200,000-400,000), i.e. a prevalence of 6.9‰ of 15-64 year-olds (4.9‰ - 9.8‰). This estimate is higher than that obtained by the police multiplier method using police data for the same year (220,000 individuals) and lower than the estimate based on treatment data (300,000). Most of problem users were opioid users, i.e. 220,000 individuals (95% CI: 185,000 - 320,000), with a prevalence of 5.4‰ (3.8‰ - 7.2‰), including 110,000 heroin users (95% CI: 80,000 - 124,000), i.e. a prevalence of 2.6‰ (2.1‰ - 3.1‰). The large confidence intervals indicate the uncertainty inherent in the data collection instruments together with the statistical methods applied.

The estimate of the number of heroin users should be placed in perspective with data on opioid substitution treatment (OST) provided by the Social Security: in 2013, 170,000 people were reimbursed for OST. Concomitant heroin and OST use in the last month is a common practice affecting two-thirds of patients, according to TDI data.

T1.1.3 Optional. Looking across the information available on heroin and other opioids in your country, please provide an overall commentary on the data, focusing on the consistency of trends between data sources. (Suggested title: Commentary on Opioid Use.)

The TREND scheme acknowledged the marked expansion of morphine sulphate demand and use, outside of the strict therapeutic setting. Primarily in the centre and south of France, this trend seems to be a "response" by active drug users to the degradation in the quality of heroin observed until 2013 (Cadet-Taïrou *et al.* 2014). However heroine is experiencing increased availability and a return to a higher average potency (see Drug Market and Crime workbook).

T1.2 Patterns, treatment and problem/high risk use

T1.2.1 Injecting. Please comment on rates and trends in injecting among heroin and other opioid users (cross-reference with Harms and Harm reduction workbook).

Injecting and other routes of administration

Among CAARUD clients having used heroin in the month prior to the 2012 ENa-CAARUD survey, 51% reported injection. The proportion of those having injected was 84% among recent sulphate morphine users and 54% among buprenorphine users (Cadet-Taïrou *et al.* 2015b). Recent methadone and codeine users predominantly (more than 95%) favoured the oral route.

Estimation of the number of intravenous drug users (IDU)

The number of IDU is estimated based on the data collected by the national treatment and prevention centres for addiction (CSAPA) as part of the RECAP scheme (TDI data). In 2014, this amounted to 104,000 individuals in the past year (95 % CI: 85,000 - 130,000), i.e. a prevalence of 2.6 ‰ (2.1 ‰ - 3.2 ‰), and 86,000 (95 % CI: 69,000 - 110,000) in the past month, i.e. a prevalence of 2.1 ‰ (1.7 ‰ - 2.7 ‰). Among these 86,000 individuals, 65,000 are male (95 % CI: 50,000 - 90,000) and 21,000 female (12,000 - 32,000) (Janssen 2016). Injecting is no longer a consequence of heroin use, due to the increase in patterns such as smoking and inhalation, and affects a diverse population. Injection of buprenorphine (Subutex®) is a relatively common practice among patients on substitution treatment (in line with the trends observed since the start of the '00s), individuals frequenting the techno party scene, together with precarious users of stimulants (cocaine, amphetamines, MDMA/ecstasy, methylphenidate (Ritalin®)).

T1.2.2 Infectious diseases. Please comment on rates and trends in infectious diseases among heroin and other opioid users (cross-reference with Harms and Harm reduction workbook).

Infectious Diseases

See T1.3.1 in Harms and harm reduction workbook

T1.2.3 Optional. Patterns of use. Please provide a summary of any available information (surveys, studies of sub-populations such as arrestees, and settings such as harm reduction facilities, cohort studies and routine data collection) reporting on patterns of opioid use, opioid use in specific settings, and the most common patterns of opioid use with other drugs, i.e. polydrug use. (Suggested title: Patterns of Use.)

T 1.2.4 Treatment. Please comment on the treatment and help seeking of heroin and other opioid users. Please structure your response around

1. Treatment and help seeking (core data TDI - cross-reference with the Treatment workbook)
 2. Availability of specific treatment or harm-reduction programmes targeting heroin and other opioid users (cross-reference with the Treatment workbook)
 3. **Optional.** Any other demand reduction activities (prevention or other) specific for heroin and other opioid users (cross-reference with the Prevention workbook)
- (Suggested title: Treatment for Heroin and Other Opioids.)

Treatment and help seeking

See Treatment workbook.

Availability of specific treatment or harm-reduction programmes targeting heroin and other opioid users

Apart from buprenorphine and methadone prescription treatments, there are no national "programmes" exclusively or specifically targeting opioid users in France. However, in France, national treatment and prevention centres for addiction (CSAPA) and harm reduction centres (CAARUD) are mainly structured around the problems inherent in treating heroin and opioid users who originally represented the vast majority of users seeking assistance at these centres.

As regards use in periurban and rural areas in France (see T0.1.1), unequal access to care and harm reduction measures for individuals most affected by problem use is observed. While certain departments (in eastern France) show high levels of opiate use, they have notoriously few treatment schemes, despite the progress made in recent years (mobile CAARUD, postal syringe exchange programmes, etc.) (Schléret *et al.* 2013).

T2. Trends. Not relevant in this section. Included above

T3. New developments

The purpose of this section is to provide information on any notable or topical developments observed in the use and availability of heroin and other opioids in your country **since your last report**.

T1 is used to establish the baseline of the topic in your country. Please focus on any new developments here.

If information on recent notable developments have been included as part of the baseline information for your country, please make reference to that section here. It is not necessary to repeat the information.

T3.1 Please report on any notable new or topical developments observed in opioids use in your country since your last report, including any information on harms and health problems. (Suggested title: New Developments in the Use of Heroin and Other Opioids.)

In 2014-2015, according to the TREND scheme observation sites, heroin was very widely available, particularly in northern and eastern France (see T3 of the Drug Market and Crime workbook). Some TREND scheme sites (Bordeaux, Lille, Marseille, Metz and Rennes) reported, via professionals at the national treatment and prevention centres for addiction (CSAPA) and community pharmacists, greater visibility of problems related to the diversion

and abuse of opioid medications (tramadol, Lamaline® - opium+paracetamol -, fentanyl, oxycodone) prescribed as pain treatment or obtained via the Internet (Cadet-Tairou *et al.* 2015a). At the same time, diversion of opioid medications for "recreational" purposes was observed, especially to make Purple Drank¹, among the younger population. These practices are said to affect somewhat socially integrated individuals. Various elements also suggest new interest in synthetic opioids (see T3.1 of the section on NPS). These emerging phenomena should be monitored; they could be evidenced by a growing demand for heroin among opiate-dependent individuals, in line with the process already observed in the United States.

¹ The Purple Drank is a mixture consisting of a cough syrup, usually containing codeine or another opioid substance and an antihistamine, promethazine, added to soda.

T4. Additional information

The purpose of this section is to provide additional information important to the use and availability of heroin and other opioids in your country that has not been provided elsewhere.

T4.1 Optional. Please describe any additional important sources of information, specific studies or data on opioids use. Where possible, please provide references and/or links.
(Suggested title: Additional Sources of Information.)

T.4.2 Optional. Please describe any other important aspect of opioids use that has not been covered in the specific questions above. This may be additional information or new areas of specific importance for your country.
(Suggested title: Further Aspects of Heroin and Opioid Use.)

T5. Notes and queries

The purpose of this section is to highlight areas of specific interest for possible future elaboration. Detailed answers are not required.

T6. Sources and methodology

The purpose of this section is to collect sources for the information provided above, including brief descriptions of studies and their methodology where appropriate.

T6.1 Please list notable sources for the information provided above.

Sources

2010 and 2014 Health Barometer Survey from *Santé publique France*
2012 ENa-CAARUD survey
TREND scheme: Emerging Trends and New Drugs
Estimate of the number of problem drug users
RECAP: Common data collection on addictions and treatments

T6.2 Where studies or surveys have been used please list them and where appropriate describe the methodology?

Methodology

Health Barometer

See T6.2 in Cannabis section.

ENa-CAARUD: National survey of low-threshold structures (CAARUDs)

See T6.2 in Stimulants section.

TREND scheme: Emerging Trends and New Drugs

See T6.2 in Cannabis section.

Estimate of the number of problem drug users

French Monitoring Centre for Drugs and Drug Addiction (OFDT)

The number of problem drug users was estimated by applying a capture-recapture method with a unique information source. It is based on data collected by the common data collection or compendium on addictions and treatments (RECAP) as part of the key indicator for treatment demand indicators (TDI), a method advocated by the EMCDDA.

RECAP: Common Data Collection on Addictions and Treatments

French Monitoring Centre for Drugs and Drug Addiction (OFDT)

This system was set up in 2005 and continually collects information about clients seen in National Treatment and Prevention Centres for Addiction (CSAPAs). In the month of April, each centre sends its results from the prior year to the OFDT, which analyses these results. The data collected relate to patients, their current treatment and treatments taken elsewhere, their uses (substances used and substance for which they came in the first place) and their health. The common core questions help harmonise the data collection on a national level and fulfil the requirements of the European Treatment Demand Indicator (TDI) protocol.

In 2014, approximately 189,000 patients seen in 258 outpatient CSAPAs, 10 residential treatment centres and 6 prison-based CSAPAs were included in the survey.

SECTION D. NEW PSYCHOACTIVE SUBSTANCES (NPS) AND OTHER DRUGS NOT COVERED ABOVE.

T1.1 New Psychoactive Substances (NPS), other new or novel drugs, and less common drugs

The purpose of this section is to:

- Provide an opportunity to report on new psychoactive substances, other new or novel drugs or and drugs which are important for your country, but are not covered elsewhere.
- Other new or novel drugs and less common drugs are included here to allow reporting on drugs beyond a strict definition of NPS. These drugs may be new or important to your country, but not covered elsewhere.
- Synthetic Cannabinoids are reported with Cannabis. Synthetic Cathinones are reported with Stimulants.

T1.1.1 Optional. Please comment on any supply or demand side data that provides information on the availability, prevalence and/or trends in NPS use in your country. Where possible please refer to individual substances or classes of substance.

Prevalence and trends in New Psychoactive Substances (NPS) use

No surveys are available in France that would shed light on the prevalence of NPS use among the general population. Only synthetic cannabinoids were the subject of a question in the last Health Barometer survey conducted in 2014 by *Santé publique France* (see footnote 1 in the T0.1.1 section of the Summary about *Santé publique France*). Hence, 1.7% of 18-64 year-olds claim to have already smoked a synthetic cannabinoid, which matches the lifetime use of heroin and amphetamines.

NPS users having responded to the I-TREND online survey (the results of which cannot be extrapolated to the whole population) are primarily "conventional" drug users. Only 3% of respondents claimed to have never tried illegal drugs or opioid substitution medications. The prevalence of last year use proved high, not only for cannabis (84%), but also for stimulants (MDMA/ecstasy and/or amphetamine: 65%) and hallucinogens, other than NPS (53%). Among the respondents, 62% mention last year NPS use and 33% last month use. NPS users are predominantly urban young adults (half are under 25 years of age), with a somewhat high level of education (French *baccalauréat* and above). According to those responding to the survey, while most use occurs in a private setting (at home), 40% of recent use occurred in a recreational setting. The fairly conventional motives for drug use include seeking an experience, exploration ("change in perception", cited by 60% of users, is the main motive cited), curiosity and "getting high" (47%).

The substances most widely used in the last 12 months by users able to name them or describe the type (i.e. 7 out of 10 individuals) belong to the 2C-x series (38%) and methoxetamine (34%), like 25x-NBOMe (18%). Stimulants are also among the most widely used substances: 4-MMC (mephedrone, 20%), methylone (17%), the x-FA series (13%), 4-MEC, etc. Synthetic cannabinoids (SC), which might have been assumed to be among the most widely used NPS, only account for a tenth of substances claimed to have been used last.

The methods of use predominantly featuring during last use, for all NPS combined, correspond to ingestion (48%) and snorting (39%). Slightly over 4 out of 10 users experienced adverse effects following last use. Recourse to a health professional, reported by less than 4% of the users concerned, remains low (Cadet-Taïrou 2016).

T1.1.2 Optional. Please comment on any information available on health or other problems associated with the use of NPS substances (e.g. targeted surveys, data on treatment entry, emergency room presentations, mortality, and any specific demand reduction activities).

Harms related to NPS use

2015 was characterised by an increase in medical cases varying in severity related to NPS use, particularly synthetic cannabinoids (see T1.2.4 in the section on cannabis). It is still hard to determine the extent to which this increase is due: to an actual rise in the number of cases or to better knowledge and feedback from professionals. Furthermore, arylalkilamines were detected more frequently than in 2014 in these incidents, while the role of 25x-NBOMe (generally classified in France at the end of 2015 – see T3 in the Legal Framework workbook) decreased.

According to the DRAMES scheme (Drug and substance abuse-related deaths), six deaths were directly caused by new psychoactive substances (as defined by the EMCDDA, which includes plants and extracts together with certain medications) - NPS - classified as illegal

substances; these involve 4-MEC, 5-APB, butylone, ethylphenidate, ibogaine, GHB, mephedrone, PMA and PMMA. Eight deaths involve other NPS, not classified as illegal substances, some of which were medications (pregabalin, quetiapine, tramadol, venlafaxine, zopiclone).

T1.1.3 Optional. Please comment on patterns of use, trends in prevalence and health or other problems associated with use of drugs not covered elsewhere, but relevant to your country's drug situation (e.g. LSD, magic mushrooms, ketamine, GHB, benzodiazepines, some painkiller drugs etc). Consider data from both supply and demand side sources (e.g. seizures, treatment surveys, studies, emergency room presentations mortality data etc.) and provide any relevant contextual information.
(Suggested title: Prevalence, Trends and Harms related to Other Drug Use.)

T2. Trends. Not relevant in this section. Included above.

T3. New developments

The purpose of this section is to provide information on any notable or topical developments observed in the drug epidemiological situation of your country **since your last report**.

T1 is used to establish the baseline of the topic in your country. Please focus on any new developments here.

If information on recent notable developments have been included as part of the baseline information for your country, please make reference to that section here. It is not necessary to repeat the information.

T3.1 Please report on any notable new developments observed in use of NPS or other new, novel or uncommon drugs in your country since your last report.

New developments in the use of NPS and other less common drugs

In addition to developments related to the market (see Drug Market and Crime workbook) and those specifically linked to synthetic cathinones and cannabinoids (see specific sections), the new phenomenon observed in France concerns the more perceptible presence of synthetic opioids. It is probably still marginal: there are few reports (mostly originating from the police, in such cases involving personal seizures) and cross-checks with other observation sources (SINTES in particular) seem to indicate small-scale circulation. This does not involve the most widely known opioids, which have been banned at European level, but rather fentanyl derivatives. It is a possibility that the media coverage of this substance, in connection with its use and consequences in the United States (see T3.1 of the section on heroin), has attracted users unfamiliar with NPS due to their recognisable names (while on user forums, these opioids are perceived as very dangerous). Three of the seizures registered in 2015 (arising from a single situation) were related to acute poisoning among users new to opiates. This phenomenon will need to be confirmed for 2016.

Lastly, information forwarded by the Customs services, police force and French *Gendarmerie* indicates the increasingly significantly presence of synthetic cannabinoids in the French overseas territories. While many users new to synthetic cannabinoids perceive them as too potent, it is precisely this characteristic which seems to attract local users.

T4. Additional information

The purpose of this section is to provide additional information important to drug use and availability in your country that has not been provided elsewhere.

T.4.1 Optional. Please describe any additional important sources of information, specific studies or data on NPS. Where possible, please provide references and/or links.
(Suggested title: Additional Sources of Information.)

T.4.2 Optional. Please describe any other important aspect of other drugs that has not been covered in the specific questions above. This may be additional information or new areas of specific importance for your country. Where possible, please provide references and/or links.
(Suggested title: Further Aspects of NPS and Other Drug Use.)

T5. Notes and queries

The purpose of this section is to highlight areas of specific interest for possible future elaboration. Detailed answers are not required.

No question.

T6. Sources and methodology

The purpose of this section is to collect sources for the information provided above, including brief descriptions of studies and their methodology where appropriate.

T.6.1 Please list notable sources for the information provided above.

Sources

SINTES scheme: National Detection System of Drugs and Toxic Substances
I-TREND project / Forum monitoring scheme (TREND)
Seizures and checks performed on postal freight or during police cases
DRAMES Survey

ANSM (2016). Retour sur la séance du 14 avril 2016 de la Commission des stupéfiants et psychotropes. ANSM (Agence Nationale de Sécurité du Médicament et des produits de santé), Saint-Denis.

Beck, F. and Legleye, S. (2008). Measuring cannabis related problems and dependence at the population level. In: Rödner Sznitman, S., Olsson, B. & Room, R. (Eds.) A Cannabis reader: global issues and local experiences. Office for Official Publications of the European Communities, Luxembourg.

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The ESPAD Group (2016). ESPAD Report 2015. Results from the European School Survey Project on Alcohol and other Drugs. EMCDDA ; ESPAD, Lisbon.

T.6.2 Where studies or surveys have been used please list them and where appropriate describe the methodology?

Methodology

SINTES: National Detection System of Drugs and Toxic Substances

See T6.2 in Cannabis section

Projet I-TREND

See T6.2 in Cannabis section

Seizures and checks performed on postal freight or during police cases

See T6.2 in Cannabis section

DRAMES: Drug and Substance Abuse-related Deaths

French National Agency for Medicines and Health Products Safety (ANSM)

Implemented in 2002, this survey uses a continuous method for collecting data in mainland France and was set up in order to obtain the most exhaustive data possible on deaths occurring from use of psychoactive substances in the context of drug abuse or addiction. The survey also aims to describe the circumstances under which the body was discovered, the level of abuse at the moment of death and the results of the autopsy, as well as to identify and quantify the substances involved, through blood testing.

Thirty-eight experts performed toxicological analyses within a forensic scope in the 2014 edition of the survey. DRAMES includes drug-related deaths (the definition of which is similar to that of the European Monitoring Centre for Drugs and Drug Addiction except for suicides) for which toxicological analyses were performed by experts who took part in the study.