

**2018**

# **Drugs workbook**

*France*

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## **2018 National report (2017 data) to the EMCDDA by the French Reitox National Focal Point**

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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 description of the overall level and characteristics of drug use within your country.
- Provide a top-level overview of drugs more commonly reported within your country and note important new developments

Please structure your answers around the following questions.

T0.1.1 Please comment on the following:

a) The use of illicit drugs in general within your country, in particular information on the overall level of drug use, non-specific drug use and polydrug use.

b) The main illicit drugs used in your country and their relative importance. (Please make reference to surveys, treatment and other data as appropriate.) Guidance:

Part a can be used to provide general characteristics of drug use within the country, such as the overall level and/or the importance of polydrug use. If possible, please elaborate on non-specific drug use and polydrug use in section D, question T 4.2.3

Part b can be used to describe the prevalence of particular drugs and their importance. Here data on prevalence can be complemented with treatment information to establish drugs that are causing problems.

Please do not comment on survey methodology here, but rather in T6 at the end.

It is suggested to base trends analysis on Last Year Prevalence among 15-34 year olds.

Describe findings from available national studies.

Provide an overview on drug use among school children on the basis of available school surveys. For the school population it is suggested that lifetime prevalence be used, and trends and gender difference be mentioned.

Identify high risk groups for drug use and provide an overview of prevalence and trends among the general population.

(Suggested title: Drug Use and the Main Illicit Drugs.)

#### **Drug use and the main illicit drugs**

According to the latest available data (2017), cannabis is still by far the most widely used illicit substance, both among teenagers and the adult population (42% of 18 to 64-year-olds), with overall 18 million people having already tried it. The overall proportion of recent users (in the last month) is 6.4%.

Among last year users aged 18 to 64 years (11%), according to the 2017 Health Barometer Survey of *Santé publique France*, 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 of workbook 2016) is 25%, i.e. 2.3% 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, 1.3% 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 among adults aged 18 to 64 stabilised between 2014 and 2017 (after the substantial rise observed between 2011 and 2014), at a high level, irrespective of age groups and frequency of use: this trend is part of the dynamic context of supply in France, particularly with the local production of herbal cannabis (industrial plantations but also personal cultivation), alongside the innovation and diversification of the resin market (see the Market & Crime workbook).

Cannabis is also the illicit substance most widely used between the ages of 11 and 16 years, particularly among boys. In terms of lifetime cannabis use, 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 (data from the 2014 HBSC survey). These proportions are stable when compared to 2010. According to the latest ESPAD survey, in 2015, 32% of the students 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 previous 2011 ESPAD survey (39% of the students). This declining trend is confirmed by the 2017 ESCAPAD survey among 17-year-olds: 21% used cannabis in the last month compared to 25% in 2014.

Cocaine, the second most frequently used illicit substance, is well below cannabis: cocaine use concerns nearly one tenth the number of people in terms of lifetime use. However, the proportion of 18-64 year-olds with lifetime cocaine use has increased four-fold in two decades (from 1.2% in 1995 to 5.6% in 2017, a stable level compared to 2014). The proportion of last-year users also increased substantially, from 0.3% in 2000 to 1.1% in 2014, then 1.6% in 2017, highlighting the wider consumption of a substance once limited to the more well-off, and which for the past few years has affected all levels of society, although to varying degrees. The levels of lifetime use for synthetic drugs such as MDMA/ecstasy and amphetamines are 5.0% and 2.2%, respectively. The proportion of current MDMA/ecstasy users remained stable between 2010 and 2017 (1.0%). Among 18-25-year-olds, the use of this product equals that of cocaine.

Lastly, the prevalence of lifetime use of heroin is 1.3% in the entire 18 to 64-year-old population and current use seems very rare (0.2% of those surveyed).

The latest ENa-CAARUD survey, conducted at the end of 2015 in support centres for the reduction of drug-related harms (CAARUD), validated the qualitative findings of the TREND system on the changes in this problem drug user population: the most disadvantaged users turning to less expensive substances, medications and crack when available (Cadet-Taïrou *et al.* 2014; Lermenier-Jeannet *et al.* 2017).

Overall, substance use in the past 30 days before the survey did not show any major changes in terms of structure. Nevertheless, certain changes can be observed since 2008.

As regards opioids, the use of buprenorphine (whether prescribed or misused) has declined steadily (40% vs. 32%), in favour of methadone (24% in 2008 vs. 31% in 2015). The use of heroin stayed stable (30%). As regards stimulants, the proportion of CAARUD clients having taken freebase cocaine (crack or freebase) continued to increase steadily (22% in 2008, 33% in 2015). No changes were observed for hallucinogens exclusively used by a subgroup of this population (15 %).

**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

(Suggested title: *The use of Illicit Drugs with Alcohol, Tobacco and 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 (latest available data), 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 men and 0.3% of women aged 18 to 64.

In 2017, regular polydrug use of alcohol, tobacco or cannabis concerns 9.3% of 17-year old teenagers. Cumulative regular tobacco and cannabis use is more widespread (4.4%), ahead of cumulative regular tobacco and alcohol use (2.8%). Cumulative regular use of the three substances concerns 1.9% of 17-year-olds.

Between 2014 and 2017, regular polydrug use decreased by more than 3 points, returning to the level observed in 2011.

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. 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).

Alcohol use also appears to be predominant among CAARUD clients: 71% reported last-month alcohol use, and among them nearly half claimed to have drunk the equivalent of at least 6 glasses on a single occasion, every day or nearly every day in the past year. As regards medications, in compliance with qualitative findings, the use of buprenorphine (whether prescribed or misused) has declined steadily (40% vs. 32%), in favour of methadone (24% in 2008 vs. 31% in 2015), which is more widely prescribed, and morphine sulphate, which is more frequently misused (15% in 2010, 17% in 2012 and 2015). The use of substances containing codeine has been gradually increasing since 2010, when this was measured for the first time (5% vs. 9%), whereas the use of other opioid medications (for instance, fentanyl), studied for the first time, reached 7%. Only 4% of users took diverted methylphenidate, although this situation was highly concentrated geographically. However, benzodiazepine use rose sharply between 2012 and 2015 (30.5% vs 36%) (Lermenier-Jeannet *et al.* 2017).

## 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

Please structure your answers around the following questions.

T1.1.1 Relative availability and use. Different types of cannabis are important in individual countries. Please comment, based on supply reduction data, research and survey information, on the relative availability and use of the types of cannabis within your country (e.g. herbal, resin, synthetic cannabinoids)

(Suggested title: The Relative Importance of Different Types of Cannabis.)

The herbal cannabis market in France is extremely dynamic, as shown by the level of seizures, which reached a historical record in 2017 (87.5 tonnes of cannabis seized including 20 tonnes of herbal cannabis). Plant seizures are on the decline when compared with 2014-15 but are still at high levels (137,400 plants seized in 2017). The French market is continuing to swing towards herbal cannabis, to such an extent that the latter seems to be more readily available than the resin form at certain sites, such as Bordeaux, Lille, Metz and Toulouse. In 2017, herbal cannabis, in strong demand, accounts for a quarter of the weight of cannabis seizures (not including the number of plants pulled up), compared to only 6% in 2013 (OCRTIS 2018 data). Aside from herbal cannabis imports from the Netherlands, Belgium and Spain, domestic production has continued to grow. It is sustained by two sources: commercial cultivation, indoor and outdoor, operated by criminal networks with plantations of 1,000 to 4,000 plants and smaller plantations (100-200 plants) run by growers who are becoming more professional, and who are highly familiar with the techniques and sometimes organised in cooperatives (Masson and Gandilhon in press). These trends are accompanied by the adapting resin supply with increasingly diverse substances with a higher THC content.

T1.1.2 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. (Suggested title: Cannabis Use in the General Population.)

#### **Cannabis use in the general population**

Cannabis is still by far the most widely used illicit substance in France. In 2017, 45% of adults aged 18 to 64 years are estimated to have tried it during their lifetime (forthcoming data). This lifetime use is observed more in men than women (53% vs. 37%). Last-year use concerned 11% of 18-64-year-olds in 2017, like in 2014 (15% men and 7% women).

Lifetime cannabis use peaks between age 26 and 34 years (62%), in men (71%) and women (53%). Current cannabis use mainly affects younger age groups (27% for 18 to 25-year-olds, 34% of boys and 20% of girls), and then decreases with age to only 2% of 55 to 64-year-olds. 23% and 9% of boys and girls, respectively, aged 18 to 25 are recent cannabis users.

Out of all 18 to 64-year-olds, lifetime cannabis use increased from 41% to 45% between 2014 and 2017, prolonging the rise observed since the 1990s. However, this rise is mainly driven by a stock effect. Current use and recent use (which had increased from 2011 to 2014) are stable compared to 2014, this being observed for all age groups.

In 2017, 39% of 17-year olds have tried cannabis (Spilka *et al.* 2018), with a large decrease over the 2014-2017 period, as for recent use. Boys appear to use more cannabis than girls. They are 24% to report use in the last 30 days compared to 18% of girls.

Qualitative data from the TREND scheme show that, in addition to the growing proportion of herbal cannabis on the French market, a growing dichotomy is emerging between resin users (young people, the most precarious, heavy smokers) and herbal cannabis users (often aged over 30 and more socially integrated) seems to have emerged (Cadet-Tairou *et al.* 2016).

T1.1.3 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.

For a limited number of countries there may be many surveys or studies available, making it impractical to report on all in this question. When considering what to report, school surveys are of particular importance in the years of their completion. Next, where possible city-level or regional surveys, particularly if they are for the capital or part of a series of repeated surveys, should be reported. Finally, it would be useful to report targeted surveys on nightlife settings, or at least to provide references if it is not possible to summarise the results.

(Suggested title: Cannabis Use in Schools and Other Sub-populations.)

### **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.* 2015).

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%).

Among drug users frequenting CAARUDs, cannabis plays a predominant role in substance use: according to the 2015 survey, three-quarters claimed to be last-month users, with half reporting daily use and 31% weekly use (Lermenier-Jeannet *et al.* 2017).



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

Please structure your answers around the following question.

**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). (Suggested title: Patterns of Cannabis Use.)

### Recent surveys/studies on cannabis use

The ARAMIS qualitative survey, based on interviews with 200 adolescents aged 13 to 18, sheds more light on the motives inciting young people to experiment with and use psychoactive substances, especially cannabis. Accounts of first cannabis use often gives rise to positive impressions, particularly as far as herbal cannabis (weed) is concerned. The taste and effects of cannabis are spontaneously compared with those of tobacco, and are largely preferred to the latter.

In contrast to tobacco which has fallen out of favour, cannabis is depicted much more ambiguously. "Pleasant" from the first use and "sociable", it benefits from a positive and "played down" image. Otherwise, cannabis is perceived as almost equally accessible as tobacco (despite its illegal status, rarely mentioned in the interviews), even more normalised when widely diffused. Furthermore, it is considered to be "more pleasant tasting" and involving a more reasonable investment (procuring the expected effect for a lower price. Above all, young people seem to ignore the risks of cannabis use, believing that the product is less addictive and "dangerous" compared to nicotine, not being associated with illness or death. This less negative image is accentuated by the "natural" properties attributed to marijuana, which appears to be the main form of cannabis used among this generation. Herbal cannabis is perceived as tasting better than resin, with more pleasant effects (gradual and more "trippy"), but also "purer" (not cut), or even "organic". In a context where herbal cannabis is increasingly available, cannabis appears to have gained the image of a "green", "non-chemical" product. Cannabis is therefore perceived as a substance "*which does no harm*", as confirmed by its therapeutic use (which appears to be very well known among minors).

The motives behind substance use vary depending on the contexts, and many reasons are reported for cannabis use: relaxation, calming properties, recreational activity, to aid sleep, self-medication, etc., along with stimulant properties to face up to obligations and problems. Cannabis thus lends itself to numerous regulatory factors, all the more sophisticated when used regularly, like the discussions describing the composition of different joints throughout the day and their precise function (Obradovic 2017).

**T 1.2.2 Treatment.** Please comment on the treatment and help seeking of cannabis 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 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 and help seeking

See section T1.4.1 in workbook « Treatment ».

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

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:*

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

(Suggested title: High Risk Cannabis Use.)

### **Health problems and harms related to cannabis use**

See Harms and harm reduction workbook: section T1.2.2 for drug-related acute emergencies and section T1.4.1 for harms related to cannabis use.

*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 (Suggested title: Synthetic Cannabinoids.).*

### **Synthetic cannabinoids**

In the general adult population, in the 2017 *Santé publique France* Health Barometer Survey, 1.3% of 18-64-year-olds claimed to have already used a synthetic cannabinoid. It represents less than 3% of lifetime cannabis users and 12% of current cannabis users. This figure is lower than in 2014 (1.7%). However, it is important to consider the uncertainty that may surround the definitions of these products and the respondents' understanding of the question. As in 2014, this level of lifetime use is similar to that observed for heroin. As was the case in the last survey, lifetime users of synthetic cannabinoids are predominantly men (1.7% vs. 0.8% of women), aged under 35 (2.8% of 18-34-year-olds vs. 0.5% of 35-64-year-olds). Only a quarter (26%) reported having tried a synthetic cannabinoid without ever having experienced another illicit product or just cannabis. Thus, 74% have already experimented with at least one illegal substance other than cannabis and more than one in two (56%) have used at least two (forthcoming data).

Among 17-year-olds, interviewed as part of the 2017 ESCAPAD survey, 3.8% claimed to have already used a substance which "imitates the effects of a drug, such as synthetic cannabis, mephedrone, methoxetamine or another substance", a higher proportion than in 2014 (1.7%). But only 0.4% specified the substance involved (vs 0.7% in 2014), mainly a synthetic cannabinoid, usually referring to a brand name rather than the name of a molecule (Spilka *et al.* 2018).

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).

The observations by the TREND network report experimentation with synthetic cannabinoids purchased from online sales sites by lycée students between the ages of 15 and 17 years, but also by adults who are generally heavy cannabis users. The reasons for this type of use include the desire to alternate with another substance, to avoid urine tests in drug treatment orders and, in very limited number of cases, to withdraw from cannabis. However, no trafficking is observed, or only in limited social circles.

Online user forums indicate growing specific interest in inhaled synthetic cannabinoids packaged as e-liquids. This no longer only concerns 5F-AKB48, sold as Buddha Blue, but, as a general rule, all conversations relating to this liquid form and synthetic cannabinoids. Users have shown considerable interest in the e-liquid presentation as it can be used more subtly both visually and in terms of smell, and is less identifiable compared to joints. Furthermore, it should be noted that one in five most widely viewed threads on forums concern the possibility of masking the smell of cannabis.

Aside from postal freight seizures, with certain goods not destined for France, seizures in France mainly concerned cannabinoids in powder form.

The department of Mayotte, located in the Indian Ocean, where "*chimique*" use has become established since 2011, is an unusual case. This is a blend of tobacco or plant debris and synthetic cannabinoids which users combine with more tobacco before use. "*Chimique*" is sometimes prepared by immersing the tobacco in alcohol in which synthetic cannabinoid powder has been diluted, which is then dried before being sold, although several recipes exist. Users normally tend to be younger and extremely vulnerable (Cadet-Taïrou and Gandilhon 2018).

## **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.

Please structure your answers around the following question.

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.  
(Suggested title: New Developments in the Use of Cannabis.)

#### **New Developments in the Use of Cannabis**

Out of all 18 to 64-year-olds, lifetime cannabis use increased from 41% to 45% between 2014 and 2017, prolonging the rise observed since the 1990s. Current use and recent use (which had increased from 2011 to 2014) are stable compared to 2014.

In 2017, 39% of 17-year olds have tried cannabis, with a large decrease over the 2014-2017 period, as for recent use.

In 2017, the increase in  $\Delta$ 9-THC potency in resins, observed since 2010, appeared to stabilise around 25% for samples collected as part of the OFDT SINTES scheme, and 23% for samples seized by the police.

#### *Qualitative TREND scheme data*

The trend in the artisanal production of products derived from cannabis (wax (oil), resin, honey, etc.), already reported in previous years, is spreading geographically and moving outside its limited audience, although it has not yet reached the mainstream. Vaping or e-cigarette use is still gaining interest among cannabis users (Bordeaux, Lille, Lyon, Marseille), due to the lack of combustion avoiding the formation of carcinogenic agents. Vaping is presented as eliminating the need for tobacco use, often perceived as solely responsible for the negative somatic effects of cannabis use (Cadet-Taïrou *et al.* 2017).

In the first six months of 2018, the visibility of substances presented as containing cannabidiol (CBD), e.g. e-liquids for electronic cigarettes, has considerably increased on the French market, notably due to being sold in specialised drop-in centres (see section T3 of the Policy workbook). They offer a solution for cannabis users where there is an identified interest, particularly among older users, in stopping (replacing) their substance use. Certain non-users hope to discover sedative effects, particularly to promote sleep.

At the same time, the visibility of cannabis-related health problems appears to be growing (see section T1.4.1 of the Harms and harm reduction workbook).

## **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.)

## 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)

(Suggested title: The Relative Importance of Different Stimulant Drugs.)

#### **The relative importance of different stimulant drugs**

In 2017, cocaine is still the most commonly used illicit stimulant drug among 18-64-year-olds, with 5.6% 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 5.0%, ahead of amphetamines (2.2 %).

Last year use concerns considerably fewer individuals, with 1.6% for cocaine, 1.0% for MDMA/ecstasy and 0.3% for amphetamines. Of people aged 18-to-64, 0.7% tried crack (freebase cocaine) within their life in 2017 and 0.2% have used it in the last year (forthcoming data). 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 from the most precarious to the most integrated users.

Amphetamines, less popular compared to cocaine or MDMA, are mainly used in the alternative festive scene (free parties, underground setting, etc.), as a possible alternative to cocaine considered too expensive by certain users, but are also among the range of substances used (sometimes daily) among the most disadvantaged users, at several TREND sites.

Methamphetamine still has a limited audience in France, and is used occasionally, particularly in the gay scene in the context of sex, and sometimes in the alternative festive scene. It is usually brought into the country by users or ordered on the darknet. Products described as methamphetamine often do not contain the substance.

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. (Suggested title: Stimulant Use in the General Population.)

## Stimulant use in the general population

In 2017, cocaine is still the most commonly used illicit stimulant drug among 18-64-year-olds, with 5.6% lifetime users, ahead of MDMA/ecstasy (5.0%) and amphetamines (2.2%). Last year use concerns 1.6% of the population for cocaine, 1.0% for MDMA/ecstasy and 0.3% for amphetamines (forthcoming data).

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 MDMA/ecstasy remained stable between 2014 and 2017, cocaine use has risen sharply over the same period, from 1.1% to 1.6%.

Stimulant use is higher among 26-34-year-olds, before diminishing among 35-year-olds, with 3.4% last year use for cocaine, 2.1% for MDMA/ecstasy and 0.5% for amphetamines. Among 18-25-year-olds, MDMA/ecstasy is as used as cocaine (2.7% vs 2.8%). Men have been shown to be users more frequently than women, irrespective of substance. Hence, among 18-64-year-olds, 2.3% of men report last year use for cocaine and 1.5% for MDMA/ecstasy, compared to 0.9% and 0.6%, respectively, among women.

Among 17-year-olds, MDMA/ecstasy is the stimulant with the highest levels of lifetime use (3.4%), ahead of cocaine (2.8%). Experimentation of MDMA/ecstasy follows a downward trend after a sharp increase between 2011 and 2014. Furthermore, boys have higher levels of lifetime use for cocaine and MDMA/ecstasy than girls (Spilka *et al.* 2018).

In the context of the working group on crack (see section T3 of the Policy workbook), the recent OFDT estimate reported 27,400 crack users (25,000-29,000) in mainland France in 2017, i.e. a prevalence of 6.8 per 10,000 individuals aged 15 to 64 (6.3-7.2). These figures suggest a constant increase since 2010 (12,800 (12,000-14,000), i.e. a prevalence of 3.1 per ten thousand (2.9-3.3)).

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.

For a limited number of countries there may be many surveys or studies available, making it impractical to report on all in this question. When considering what to report, school surveys are of particular importance in the years of their completion. Next, where possible city-level or regional surveys, particularly if they are for the capital or part of a series of repeated surveys, should be reported. Finally, it would be useful to report targeted surveys on nightlife settings, or at least to provide references if it is not possible to summarise the results.

## Stimulant use in sub-populations

### Users and the workplace

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 Information Technology and Public Relation industry (Beck *et al.* 2016; Palle 2015).

### Precarious users

*ENA-CAARUD data.* In 2015, 58% of CAARUD (low-threshold structures) clients<sup>1</sup> reported stimulants use in the month prior to the survey. Among them, a third use also or only cocaine in base form (crack or freebase), reaching 51% (vs 44% in 2012). Freebase cocaine use kept increasing since the 2012 survey.



In this population, recent MDMA/ecstasy use reached 14% (a significant increase, although moderate) while amphetamine use slightly decreased at 16%. Methylphenidate used by 4% of CAARUD clients is used by 20% among those surveyed on the eastern Mediterranean coast (Provence-Alpes-Côte d'Azur region and Corsica) (Lermenier-Jeannet *et al.* 2017).

#### Populations with particularly high levels of drug use

See section T1.2.1

<sup>1</sup> 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.

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

*T1.2.1 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, associations and interactions in the use of different stimulants, and the most common patterns of stimulant use with other drugs, i.e. polydrug use. (Suggested title: Patterns of Stimulant Use.)*

### Findings of the TREND scheme

#### Cocaine

Since 2016, with intensified trafficking from the French Antilles and Guiana (see section T3 of the Market&Crime workbook), cocaine is widely available and increasingly sought after at all levels of society: those who are more socially integrated, festive scene and even among the most vulnerable. This substance is the focus of discussions and users are drawing attention to its new "quality". Hence, the average potency of substances circulating in mainland France has markedly increased. These factors are helping to give the substance a better image and new impetus. As cocaine is extremely accessible (and as dealers are attempting to adapt to demand by dividing the doses if necessary), the opportunities for use have multiplied for individuals who have been occasional users until now. At the same time, emergency medical care signals are showing a rise in treatment requests (see section T3 of the Treatment workbook) and emergency admissions related to cocaine use.

#### MDMA/ecstasy

As regards MDMA/ecstasy, the 'tablet' form is now generally more widely available than the powder or crystal form, consumption of which appears to have stabilised after increasing in recent years, alongside the unfailing renewed appetite for ecstasy tablets in the festive scene. The tablets, which are larger, more colourful but also stronger, are decorated with logos linked to popular brands or social media. These appeal to a younger audience in the party scene, some of whom are far removed from the world of psychotropic substances, along with individuals in their forties who gave up the substance after the 1990s (Cadet-Taïrou *et al.* 2017). Use of the substance is observed more rarely among the more vulnerable populations in major urban centres.

The substance is still mainly used at weekends by young people, but more sporadically by older individuals.

Ecstasy (in the form of tablets) is mainly swallowed as is. However, 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 the Market&Crime workbook). Information campaigns are more than likely the reason for the growing requests to analyse tablets, reported by professionals.

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 (Cadet-Tairou *et al.* 2015b). A new pattern of use 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".

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).

T 1.2.2 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.)

*T1.2.3 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.)

For data on acute emergencies, see section T1.2.2 of the Harms and harm reduction workbook.

*T1.2.4 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. (Suggested title: Synthetic Cathinones.)*

### **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).

The slow but gradual diffusion of cathinones, and more specifically 3-MMC and 4-MEC, appears to be continuing. Their visibility among the homosexual community is still particularly notable, causing several organisations to mobilise on the *chemsex* issue (Milhet *et al.* 2017). Slightly less than a dozen or so health signals related to these substances have been recorded.



A shortage of 3-MMC was observed in 2017. While certain informed users knowingly switched to other cathinones, others sometimes obtained 3-MMC purchased online instead. Hence, sellers often appear to have replaced 3-MMC with ephylone. Alpha-PVP still appears to be present via limited networks of physical drug dealers in certain cities. Lastly, cathinones are increasingly being found in used syringes collected in Paris, in large numbers, but also at sampling sites where they had not previously been observed.

T1.2.5 Injecting. Please comment on rates and trends in injecting and smoking as routes of administration among stimulant users. (cross-reference with Harms and Harm reduction workbook). (Suggested title: Injecting and other Routes of Administration.)

Among CAARUD clients having used cocaine in the month prior to the 2015 ENa-CAARUD survey, 47% used injection; these represent 43% among recent amphetamine users and 27% among MDMA/ecstasy users (Lermenier-Jeannet *et al.* 2017). Also, the TREND scheme reports an increasing number of semi-integrated cocaine users in a vulnerable economic situation switching from snorting to injecting.

T1.2.6 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.)

## 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. (Suggested title: New Developments in the Use of Stimulants.)

### Crack

According to data collected by the OFDT TREND scheme, there has been a rising trend in freebase cocaine use throughout the country in recent years, among new populations who free base their cocaine themselves. This trend was particularly apparent in 2017 at all TREND sites, with very significant increases in the distribution of harm reduction equipment, a major rise in the number of CAARUD clients concerned and, above all, the emergence of direct freebase cocaine use among individuals having never snorted cocaine powder. Nevertheless, Île-de-France still stands out as the only region in mainland France with a genuine established organised crack market where cocaine is sold in freebase form.

Social diversity among users has recently been observed, with more socially integrated users obtaining supplies of freebase cocaine on the crack market. At the same time, there appeared to be much greater visibility of use among the most vulnerable populations over the recent period, resulting from a combination of the noteworthy spread of crack use and the displacement of users (see section T3 of the Policy workbook). In 2017, harm reduction workers observed a switch towards crack use among several user categories, including those focused on opiates (migrants from Eastern Europe, young travellers). Between 2012 and 2015, crack pipe distribution by CAARUDs tripled in Paris districts with the most visibly dense user populations, and demand increased to such an extent in 2017 that these kits were the subject of small-scale trafficking.

This phenomenon is related to the greater accessibility of the substance. It occurred after dealing sites were dismantled, causing use to spread to new zones (migration of drug dealers and users to certain underground train lines, for example). The closure of a CAARUD and the opening of a drug consumption room in northern Paris also led to increased visibility of this process (Pfau and Cadet-Taïrou 2018).

### Cocaine

Active substance potency of cocaine samples seized by the police or collected as part of the SINTES scheme in 2017 is still high and continuing to rise (see section T1.1.5 of the Market&Crime workbook).

In 2017, more than a third of samples (38%) only contained levamisole as the cutting agent. As the levamisole is usually added in the producer country, it would appear that cocaine is no longer always cut when arriving in the country. Furthermore, with the exception of inert diluents, no cutting agents were detected in a third of collected samples.

This phenomenon is associated with a growing number of emergency medical care signals for cardiovascular, neurological and even psychiatric symptoms. Reports of cocaine intoxications received by the regional abuse and dependence monitoring centres (CEIP-A), having doubled between 2015 and 2016, led the French National Agency for Medicines and Health Products Safety (ANSM) to issue a statement to healthcare professionals, alerting them to the possibility of such cases (ANSM 2017). These risks are particularly exacerbated by combination with alcohol, in almost all cases. While certain TREND sites report an increase (although still very gradual) in the number of people seeking treatment for cocaine use, awareness of the problematic nature of cocaine use is often slow in coming, and rarely suggested spontaneously, even during an acute incident.

### MDMA/ecstasy

See section T1.2.1

## 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.)

## 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 and other opioids within your country.  
(Suggested title: The Relative Importance of Different Opioid Drugs.)

#### **The relative importance of different opioid drugs**

In 2017, among the general population aged 18 to 64, heroin use was limited, with 1.3% lifetime users and 0.2% last year users<sup>1</sup>, stable between 2014 and 2017. Young adults aged 26-34 more frequently tend to be users, with 0.3% last year users (forthcoming data).

Lifetime heroin use among 17-year-olds is 0.7%. In 2017, further to the qualitative observation of the essentially recreational use of codeine medications (Cadet-Taïrou and Milhet 2017), the ESCAPAD Survey also asked young people about the use of purple drank (a mixture of analgesic codeine syrup and a fizzy drink). Lifetime use concerns 8.5% of French 17 year-olds, i.e. one in 10 young people (Spilka *et al.* 2018). This type of use was also spontaneously described as "lean" or "Codeine&Sprite" during interviews as part of the ARAMIS qualitative survey (Obradovic 2017). The aim of this type of use is often to "get high during quiet parties". These observations made by the ESCAPAD and ARAMIS surveys were prior to the ban on over-the-counter sales of these medications in July 2017 (see section T3 of the Legal framework workbook).

Since substitution treatments were first introduced in France more than 20 years ago, non-therapeutic uses of buprenorphine, methadone and also morphine sulphate have appeared. 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. The higher availability of heroin observed for several years was confirmed, accompanied by a return to a high average potency. The substance, traditionally present in the north and east in particular (Lille and Metz), close to the Dutch and Belgian markets, is now more visible in the south (Marseille, Toulouse, Bordeaux). At the same time, recent observations focus on the activity of new Albanian networks in the Rhône-Alpes region and at the Lyon site (Cadet-Taïrou *et al.* 2017).

At the same time, there is a decline in the diversion of Skenan<sup>®</sup> (morphine sulphate) following pressure from the National Health Insurance Fund on prescribers, in a context in which Subutex<sup>®</sup> also tends to be less visible on the black market. Both substances mainly concern the precarious and most disadvantaged users.

<sup>1</sup> 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.

T1.1.2 General population. Please comment on estimates of prevalence and trends of heroin and other opioid use in the general population 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.

### Estimates of opioid use in the general population

In 2017, the number of opioid users was estimated to be 210,000 individuals (95% CI: 180,000 - 240,000), with a prevalence of 5.4‰ (3.8‰ - 7.2‰). 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 2016, around 180,000 people were reimbursed for OST (Brisacier 2018). 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 Sub-populations. 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) in any sub-populations where data is available. Where possible, comment on any important demographic information (e.g. age, gender). Include any contextual information important in interpreting trends.

### Estimates of opioid use in sub-populations

The number of heroin users 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 2009, this figure was estimated at 79,000, (95% CI 68,000 - 85,000), with a prevalence of 1.9‰, (95% CI 1.7 - 2.1). This then rose steadily to 107,000 users (95% CI 85,000 - 124,000) in 2015, i.e. a prevalence of 2.7‰ (2.1 - 3.1). In 2017, the number of heroin users is estimated at 100,000 (95% CI 86,000 – 116,000), i.e. a prevalence of 2.5‰ (2.1 ‰ – 2.9‰). These levels are consistent with the average observed in Europe (EMCDDA 2018).

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

*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 Heroin/Opioid 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.)

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

For data on acute emergencies, see section T1.2.2 of the Harms and harm reduction workbook.

**T1.2.4 Optional.** Please comment on any information available on the use, consequences of use, and demand reduction related to synthetic opioids. Where appropriate, please provide references or links to original sources or studies (Suggested title: Synthetic Opioids.)

### **Synthetic opioids**

The emergence of synthetic opioids, which barely began in late 2015, appeared to become established in 2017. However, there are still relatively few signals and they do not seem to be superior to those of 2016.

Between 3 and 4 health signals reported to the OFDT were related to synthetic opioids (two deaths and one confirmed case of acute intoxication). The information sources were SINTES, TREND, ANSM and OCLAESP (Central office against attacks towards the environment and public health). For the time being, this type of use is not very widespread in the areas monitored by the TREND network. It is still connected with isolated individuals, whose profiles sometimes stand out from the better identified and known user profiles.

Seven samples of synthetic opioids originating from the darknet were collected by the SINTES scheme. Four of these contained U-47700, an opioid which users seem to prefer to fentanyl analogues.

Very few synthetic opioid seizures took place in 2017 by customs (9 cases, with 8 involving ocfentanyl) and by the police (2 cases, with one involving ocfentanyl and the other U-47,700).

**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).

### *Estimates of the number of intravenous drug users (IDU)*

The number of IDU (all substances combined) 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 ‰) (Janssen 2017). In 2017, the number of last-year injecting users is estimated at 115,000 (105,000-130,000), i.e. a prevalence of 2.9‰ (2.6 ‰ – 3.3‰). 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 buprénorphine (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 (Ritaline®)).

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).  
(Suggested title: Infectious Diseases.)

## 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.

Please structure your answers around the following question.

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.)

### **New developments in the use of heroin and other opioids**

#### Opium

While opium use, still observed, remains marginal and limited to certain alternative scenes, in 2017, several TREND sites observed the increased availability of this substance in the alternative festive scene (Bordeaux, Toulouse, Paris) or in squats and "alternative punk-rock" settings (Marseille). When smoked, it has the image of a natural substance with somewhat mild effects. According to sites in the south of France, it is "harvested" in Spain.

#### Codeine substances

There were increasing reports of frequent or large purchases, by adolescents or students, of medications used to make *purple drank* (also known as *lean*) in the first six months of 2017. Consequences of this predominantly recreational use were also observed (emergency admissions, Youth Addiction Outpatient Clinic appointments). Non-recreational use centred on codeine medications aside from use in cocktails, more than likely prompted by the circulation of these substances, was also observed, particularly among young people who found it helps them to face certain psychological difficulties (Cadet-Taïrou and Milhet 2017). Furthermore, a minority group of users apparently have long managed their opioid dependence on their own with codeine, despite the availability of OST.

The suspension of over-the-counter sales in July 2017 (see section T3 of the Legal framework workbook) and refusal by pharmacists to dispense these products genuinely seems to have stopped recreational use, without a significant switch to other medications. CSAPAs received a fairly limited number of treatment requests from younger or older individuals dependent on codeine who suddenly found themselves without direct access to the substance (see section T4.2 of the Treatment workbook).



## 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.)

### **Additional sources of information**

The use and misuse of tramadol in France were the subject of a specific study funded by the EMCDDA (Cadet-Tairou and Contributors 2017).

A review of data on tramadol misuse was conducted in 2017 based on the available data: medication reimbursement database, addiction monitoring scheme and TREND scheme. Signals of abuse and addictive behaviour related to medications, mainly supported by the French addiction monitoring network (ANSM and CEIP-A) were monitored and showed a general upward trend in signals related to tramadol. In 2013, the latter accounted for 6% of suspicious prescriptions reported by the OSIAP survey (vs. 0.5% in 2007) and 2.4% of network reports vs. 0.6% in 2006.

Discussions aiming to define measures to prevent the spread of this behaviour were initiated by the Ministry of Health, notably aiming to improve patient information on the addictive potential of opioid medications and to improve medical monitoring of prescriptions. "Doctor-shopping" behaviours exist, and certain users (more than likely still rare) are liable to purchase tramadol online; however, this medication appears to be more widely procured simply on prescription. At present, it is widely prescribed in emergency rooms and in primary care, and easily shared between friends.

In the general population, the main user profiles abusing tramadol are among the middle-aged or elderly population, including both men and women (unlike drug user populations which are predominantly male). Cases of abuse or addiction mainly concern patients treated, at therapeutic doses, for chronic non-cancer-related pain, or following an acute medical event (surgery, injury, etc.). Dependence can simply prevent patients from stopping treatment; however, tolerance also causes certain patients to increase their daily dose in order to reduce persistent pain.

Certain factors appear to be related to the more frequent development of problem use; however, more in-depth studies are necessary. This is partly due to the inefficacy of analgesic treatment with regard to pain, particularly if the cause of pain has not been diagnosed, and also due to the underlying presence of psychological disorders relieved by tramadol. This hypothesis is suggested by the description of the cases reported, but also by the frequently observed co-administration of other psychoactive medicines such as anxiolytics and antidepressants in these situations of abuse or dependence.

Polydrug users generally have a higher prevalence of psychoactive substance use compared to the general population owing to their health condition. This is also the case for tramadol use. Also diversion of this drug is becoming more common in this population, it is not on the scale of that observed for OST or morphine sulphate. In this context, tramadol tends to serve the same purpose as codeine medications: it is used as OST by socially integrated individuals dependent on opiates wishing to manage their dependence themselves, by individuals simply wanting to avoid withdrawal symptoms when the opiate of choice is unavailable, or to supplement OST. However, use of tramadol by homeless people has been reported locally by the TREND network site in the north (Lille), accompanied by sales on the street market.

*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.)

### **Increased diversion of opioids and codeine products by non-drug users**

An increase in diversion practices concerning codeine medications (Neo-codion, CoDoliprane, etc.), strong opioids (fentanyl, oxycodone, etc.) or weaker opioids (tramadol) among individuals who are a priori not drug users (except for cannabis which may be observed) and have never used heroin or opioid substitute medications, has been observed over the past few years. This primarily concerns individuals who have become addicted following analgesic treatments at therapeutic doses, for chronic painful conditions or further to surgery. While these situations have always existed, the new aspect is the proliferation of cases referred to specialised drug treatment centres for opioid substitute treatment. These individuals do not fit a unique profile, but are often adults aged 30 to 70, with a higher proportion of women compared to drug users attending these counselling facilities. They go to multiple pharmacies to avoid notice, or obtain multiple prescriptions. As for polydrug users, physicians regularly face difficulties when treating pain among patients already used to high doses of opioids, and management of their addiction comes up against persistent complaints related to pain. Overdose, sometimes fatal, are reported, particularly by the Centres for Evaluation and Information on Pharmacodependence (CEIP). However, this phenomenon is incommensurable with the situation observed in the United States in recent years with the use of opioid medications.



## 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. (Suggested title: Prevalence and Trends in NPS Use.)*

#### **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 2017 by *Santé publique France*. Hence, 1.3% of 18-64-year-olds claim to have already smoked a synthetic cannabinoid, which matches the lifetime use of heroin.

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%), methoxetamine (34%), and the 25x-NBOMe series (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, 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).

Aside from cathinones, relatively visible through chemsex and slamming practices, the increased visibility of long-standing compounds should be noted. Hallucinogenic,

psychedelic or dissociative NPS are particularly visible according to several information sources. Molecules such as DMT are re-emerging and recognised by users as being safer substances than 25I-NBOMe for instance (Martinez *et al.* 2017). However, certain compounds are still not perceived as NPS by users, such as phenethylamines like DOC, 2C and DMT. By extension, users are also turning to other lesser-known compounds, similar to the latter, such as DOB and 5-MeO-DALT.

## **Prevalence and changes in the use of other less widespread psychoactive substances**

### GHB-GBL

2017 also saw an increase in the visibility of GBL use (an industrial solvent which is a precursor of GHB) in commercial dance-event settings (particularly in Paris), leading to a rise in the number of intoxications. The death of a 23 year-old was also reported in early 2018. GBL, like GHB, had until this point been primarily used in a private setting, in the context of sex, mainly among the gay population. Following an initial wave of use and incidents in recreational settings in 2006-2008, GBL has resurfaced in clubs. The substance is behind a noteworthy wave of emergency medical care signals, following use in younger populations not necessarily aware of the risks and regularly combining it with alcohol and other substances without following the required dosages (G erome and Chevallier 2018).

### Ketamine

The availability of ketamine, for which no organised market exists, has been growing for more than 5 years in alternative techno festive scenes, despite recurring periods in which the drug has been in scarce supply. Its use is determined by availability, as supply is rarely able to satisfy demand. In 2017, 5 out of the 8 TREND sites, particularly in western and southern France, reported accelerated growth in its accessibility. This rise in availability is shown by the spread of use to commercial dance-event settings or private parties, diversification of lifetime user profiles to less seasoned users in terms of drug use and, above all, an increase in harm reduction interventions at the places of use. The latter aspect stems from the growing levels of substance use, and also the fact that it is now reaching populations with very little knowledge of substances and harm reduction practices. Ketamine use is also particularly present in the gay community in the context of sex. This new occurrence of ketamine intoxication may stem from confusion with cocaine powder. Ketamine use during party events is largely prompted by the fact that it is not detected by saliva tests carried out on drivers. However, a specific test is currently being trialled.

*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). (Suggested title: Harms Related to NPS Use.)*

*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.)*

Lifetime use of LSD among the general population is very low. In 2017, only 2.7% of 18-64-year-olds reported lifetime use of the substance. Lifetime use is more common in the younger generations, particularly among 26-34-year-olds (4.2%) (forthcoming data). Among the 17 year-olds interviewed in 2017, less than 2% of adolescents claimed that they had already tried this substance, with more lifetime users among boys than girls (Spilka *et al.* 2018).

Lifetime use was shown to be stable between 2014 and 2017, regardless of the age groups. Although the continuous diffusion of LSD among 17-year-olds has also been observed since 2003, as lifetime use at this age practically doubled between 2003 and 2017 (1.6% at this time vs. 0.9% in 2003), the proportion of those continuing beyond the initiation stage is very minimal. Less than 1% of 17-year-olds claimed to have used LSD more than 5 times in their lives (Spilka *et al.* 2018).

Current use (in the past year) only concerns 0.4% of 18-64-year-olds, including 1.2% of 18-25-year-olds, the age group with the highest levels of use (i.e. less than one in three lifetime users) (forthcoming data). Among 26-34 year-olds, only one in ten lifetime users took LSD in the past year, indicating limited recurrent use with age, or occasional or, indeed, rare use.

Lifetime use or use of LSD mainly concerns younger populations in the recreational dance scene, and the alternative setting in particular. To have an idea of the scale, recent (past-month) LSD use concerns approximately 10% of persons frequenting the recreational dance scene and nearly a quarter of those in the alternative setting (Reynaud-Maurupt *et al.* 2007).

The price of the substance is consistent throughout the country, with LSD drops or blotters being sold for €10 on average (a stable price). In recreational settings, it is thus perceived as the most "profitable" drug in terms of the price/altered consciousness ratio. Users have also given it a reputation as a non-addictive drug. Combined with the desire for psychedelic effects, these two aspects are strong incentives for use (Sud erie 2015).

## **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.

Please structure your answers around the following question.

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.  
(Suggested title: New Developments in the Use of NPS and Other Drugs.)

### Poppers

At least 3 TREND sites reported the greater visibility of popper use in 2017. Used in the party scene, mainly by younger people (aged 18-25) and in the gay sex context, they have been the subject of several changes in the legislation in France since 2009 (Gandilhon and Cadet-Tairou 2013). They have been freely accessible since 2013, and had already been used by 11.7% of young people aged 18-25 in 2014 (Beck *et al.* 2015). In 2017, convergent observations described uninhibited use in commercial recreational settings (even, for example, providing a glass of poppers for clubbers to dip their cigarettes into). This "liberalisation" of the substance is accompanied by a rise in emergency medical care signals related to erroneous ingestion of poppers rather than inhalation. This development may stem from the high availability of the substance related to the numerous possibilities in terms of access, particularly in tobacco retail shops where it can be conspicuously on display. Supply also appears to be diversifying.

### Nitrous oxide

Nitrous oxide, perceived as a minor substance by users and aimed at young people, was occasionally visible in alternative techno party settings to varying degrees. Four TREND sites report that not only is this substance now regularly observed in this party setting, it is also spreading to other user categories, primarily young people, in middle school or higher education, in the urban festive scene or student parties. The two sites close to the north-eastern border of France (Lille and Metz) are also describing the emergence of non-recreational use, among more vulnerable users.

### Glues and other inhaled solvents

A phenomenon not apparent in France until now may be reported: the use of various solvents (neoprene glue and other solvents), among unaccompanied foreign minors with their "heads in a bag", in public spaces in north-eastern Paris. Solvent use is particularly observed among the very young (as others move onto different substances) and is exacerbating the advanced social isolation and deteriorated health of these young people (Cadet-Tairou *et al.* 2017).

## 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.)

**T.4.3 Optional.** Please provide any information on non-specific drug use and polydrug use.  
(Suggested title: Non-specific drug use and polydrug use)

## SECTION E. SOURCES AND METHODOLOGY

### T6. Sources and methodology.

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

Sources and methodology for each of the drug sections above (Cannabis, Stimulants, Heroin and other opioids, NPS) may be combined and placed here instead of at the end of each of the drug sections.

T.6.1 Please list notable sources for the information provided above. (Suggested title: Sources.)

#### Sources

2014, 2016 and 2017 Health Barometer Survey from *Santé publique France*

2014 and 2017 ESCAPAD surveys

2011 and 2015 ESPAD surveys

2010 and 2014 HBSC surveys

2014 and 2015 CJC surveys

2015 ENa-CAARUD survey

SINTES scheme

I-TREND project / Forum monitoring scheme (TREND)

TREND scheme

Seizures and checks performed on postal freight or during police cases

RECAP data

ANSM (2017). Augmentation du nombre et de la sévérité des intoxications liées à la consommation de cocaïne - Point d'Information (11/08/2017) [online]. Available: <http://ansm.sante.fr/S-informer/Points-d-information-Points-d-information/Augmentation-du-nombre-et-de-la-severite-des-intoxications-liees-a-la-consommation-de-cocaine-Point-d-Information> [accessed 05/09/2018].

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T.6.2 Where studies or surveys have been used please list them and where appropriate describe the methodology? (Suggested title: Methodology.)

**ARAMIS: Attitudes, perceptions, aspirations and motives surrounding the introduction to psychoactive substances**

*French Monitoring Centre for Drugs and Drug Addiction (OFDT)*

From November 2014 to June 2017, the OFDT coordinated a qualitative study among young volunteers, so as to shed light on the factors encouraging (or dissuading) them to experiment with (then use) substances, particularly the most common substances (tobacco, alcohol, cannabis). The analysis, conducted according to the grounded theory method, is based on three types of materials: 125 individual face-to-face interviews with 57 boys and 68 girls aged 13 to 18 (mean age 16.2), with parental agreement; 6 collective interviews with 7 to 12 individuals, i.e. a total of 29 boys and 21 girls aged 15 to 20 (mean age 16.6); direct observation of 150 boys and 70 girls aged 15 to 25 during 4 prevention discussions organised among school children in the Ile-de-France region. The mean age of the young people having taken part in the interviews corresponds to the pivotal age identified in statistical surveys as the period in which regular initial use becomes established (age 16).

**Health Barometer**

*Santé publique France*

The health barometer is a telephone health survey of a representative random sample of the population of mainland France: 25,319 individuals aged 18 to 75 years took part in the 2017 edition. Conducted from January 2017 to August 2017, this survey was the most recent in a series of seven, entitled "Adult health barometers", conducted in 1992, 1993, 1995, 2000, 2005, 2010, 2014. 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 questions the use of tobacco, alcohol, cannabis and other psychoactive substances.

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

*French Monitoring Centre for Drugs and Drug Addiction (OFDT)*

Conducted every two or three 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 at the structure. The questions asked are on use (frequency, administration route, equipment-sharing), screening (HIV, HBV and HCV) and social situation (social coverage, housing, level of education, support from friends and family).

The 2015 survey was conducted from 14 to 27 September: 3,129 individuals completed the questionnaire and were included in the analysis. Out of the 167 CAARUDs registered in France, 143 took part in the survey (i.e. 86%). The data collection rate (proportion of users for whom the questionnaire was completed relative to all users encountered during the survey in the CAARUDs having taken part in the survey) was 64% in 2015. 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.

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

*French Monitoring Centre for Drugs and Drug Addiction (OFDT) in partnership with 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. This is an exhaustive sample.



In 2017, all national armed services centres in mainland France and in overseas French departments were mobilized for a week in April. A total of 43,892 individuals were surveyed and 39,115 questionnaires were analysed in mainland France. 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*

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 2015 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*

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.

## **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.

## **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.

### **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 2017, approximately 208,000 patients seen in 260 outpatient CSAPAs, 15 residential treatment centres and 3 prison based CSAPAs for an addiction-related issue (alcohol, illicit drugs, psychoactive medicines, behavioural addiction) were included in the survey.

### **OSIAP: Suspicious prescriptions, indicators of possible abuse**

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

The OSIAP (Suspicious prescriptions, indicators of possible abuse) survey contributes to the evaluation of the potential for abuse and dependence relating to medications through monitoring and collecting suspicious prescriptions identified by pharmacists. Data collection is organised 2 months per year, in May and November ("survey periods"): pharmacists contacted by the French CEIP-Addiction Monitoring network (Bordeaux, Caen, Clermont-Ferrand, Grenoble, Lille, Lyon, Marseille, Montpellier, Nancy, Nantes, Paris, Poitiers and Toulouse) routinely record these suspicious prescriptions using a questionnaire collecting demographic characteristics, the medications concerned and the criteria for suspicious prescriptions. Prescriptions collected outside these survey periods are also recorded.

In 2013, 2,530 pharmacies were approached in May, and 2,663 in November (which represents 11.8% of French pharmacies). 23.9% of pharmacies took part in May and November, corresponding to 603 and 636 pharmacies, 146 of which found at least one suspicious prescription. Hence, 223 suspicious prescriptions were collected over the survey periods, corresponding to 575 mentions of medications and 247 proprietary medicinal products.