

Drugs Workbook

2022

France

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Table of contents

T0. Summary.....	4
SECTION A. CANNABIS	6
T1. National profile.....	6
T2. Trends. Not relevant in this section. Included above.....	9
T3. New developments	9
T4. Additional information.....	9
SECTION B. STIMULANTS	10
T1. National profile.....	10
T2. Trends. Not relevant in this section. Included above.....	14
T3. New developments	14
T4. Additional information.....	15
SECTION C. HEROIN AND OTHER OPIOIDS	15
T1. National profile.....	15
T2. Trends. Not relevant in this section. Included above.....	18
T3. New developments	18
T4. Additional information.....	18
SECTION D. NEW PSYCHOACTIVE SUBSTANCES (NPS) AND OTHER DRUGS NOT COVERED ABOVE.....	19
T1. New Psychoactive Substances (NPS).....	10
T2. Trends. Not relevant in this section. Included above.....	22
T3. New developments	22
T4. Additional information.....	23
SECTION E. SOURCES AND METHODOLOGY	24
T6. Sources and methodology	24

T0. Summary

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

T0.1. 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

The latest available data in terms of levels of illicit drug use in France come from the 2020 Health Barometer Survey of *Santé publique France* for cannabis and from the 2017 Health Barometer Survey for the other illicit drugs. In 2020, cannabis is still by far the most widely used illicit substance, both among teenagers and the adult population (46% of 18 to 64-year-olds), with overall 18 million people having already tried it. The overall proportion of current users (in the last year) is 11.3% among adults.

Among last year users aged 18 to 64 years (11%), according to the 2017 Health Barometer Survey, 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 the [2016 'Drugs' workbook](#)) is 25%, i.e. 2.3% of the French population aged 18 to 64 years in 2017. 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 2017 and 2020, 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 T.2.1 of the [2021 'Market & Crime' workbook](#)).

In 2017, cannabis is also the illicit substance most widely used between the ages of 11 and 16 years, particularly among boys. (See T0.1 of the [2021 'Market & Crime' workbook](#))

The last ESCAPAD survey of 17-year-olds was conducted in 2022. The results will be available at the end of 2023.

In the survey on representations, opinions and perceptions regarding psychoactive drugs (EROPP) conducted at the end of 2018 among people aged 18 to 75, nearly 9 out of 10 respondents (88%) spontaneously reported cannabis as a "drug" they know, even if only by name (See T4.1 of the Cannabis section below for more on opinions).

In 2017, the spread of cocaine, the second most widely consumed illegal substance, is considerably lower: almost ten times fewer people had already tried it. The same applies to MDMA/ecstasy (See T0.1 of the [2021 'Market & Crime' workbook](#) for more on uses among the adult population).

The latest ENa-CAARUD survey carried out at the end of 2019 at the CAARUD low-threshold structures (Support Centre for the Reduction of Drug-related Harms)¹ confirmed the qualitative observations of the TREND scheme, which showed a shift in the consumption of the most precarious users towards the cheapest products, medicines and crack cocaine when it is available. It should also be noted that there has been a clear increase in poverty and social insecurity among users, as well as a significant increase in the prevalence of people who have used cocaine in the last 30 days (from 50% to 69% from 2015 to 2019), based in particular on cocaine.

T0.2. **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 both the French Public Health Agency's health barometer (adult population) and the OFDT's ESCAPAD survey (17-year-olds), polydrug use is defined as using at least two of the three following substances over the period of a month: alcohol, tobacco and cannabis. These are not necessarily concurrent uses. (See T0.2 of the [2021 'Market & Crime' workbook](#))

The last ESCAPAD survey of 17-year-olds was conducted in 2022. The results will be available at the end of 2023.

Regarding the public received in Youth Addiction Outpatient Clinics (CJC), please read T0.2 of the [2021 'Drugs' workbook](#)

¹ The people received at CAARUDs were mostly economically poor (54% lived on social income, 15% had no income) and vulnerable in terms of housing (10% lived in institutions, 15% in lorries or caravans and 16% were homeless), they were active drug users who were rarely involved in a treatment process or whose treatment had been interrupted, but were often receptive and active in terms of harm reduction.

SECTION A. CANNABIS

T1. National profile

T1.1. Prevalence and trends

The purpose of this section is to

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

T1.1.1. 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)

As in the rest of Europe, the cannabis market in France is changing, with herbal cannabis playing an increasingly important role in the consumption of users (Gandilhon *et al.* 2019) and in the supply of criminal networks (see T.1.1.1 of the [2020 'Drugs' workbook](#) and T.2.1 of the [2021 'Market & Crime' workbook](#)).

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 2020, 46.1% of adults aged 18 to 64 years are estimated to have tried it during their lifetime. This lifetime use is observed more in men than women (54.8 % vs 37.7%). Last-year use concerned 11.3% of 18-64-year-olds in 2020, like in 2017 (15.2% men and 7.5% women).

Lifetime cannabis use peaks between age 26 and 34 years (60.6%). Current cannabis use mainly affects younger age groups (25.8% for 18 to 25-year-olds), and then decreases with age to only 1.9% of 55 to 64-year-olds.

In 2017, 39.1% of 17-year olds have tried cannabis (Spilka *et al.* 2018), with a large decrease over the 2014-2017 period, as for recent use. (See T1.1.2 of the [2021 'Drugs' workbook](#) for more details).

The last ESCAPAD survey of 17-year-olds was conducted in 2022. The results will be available at the end of 2023.

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 (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 ENCLASS survey (the union of the 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 (See T1.1.2 of the [2021 'Drugs' workbook](#)).

In 2021, a specific ENCLASS survey of ninth-grade students (Year 10 in England and Wales) was conducted, as the fieldwork took place during a period disrupted by the pandemic. The prevalence of cannabis use appeared to have fallen sharply among students at this level. Lifetime use had thus fallen from 16.1% to 9.1% between 2018 and 2021.

Among drug users seen in CAARUDs, cannabis plays a predominant role in substance use in 2019, three quarters of them had used it in the month before the survey, half of them on a daily basis (Cadet-Tairou *et al.* 2020).

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

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

T 1.2.2. Treatment. Please comment on the treatment and help seeking of cannabis users. Please structure your response around (suggested title: Reducing the Demand for Cannabis):

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)

Treatment and help seeking

See section T1.4.1 of the [2018 'Treatment' workbook](#).

*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 the [2018 '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

The latest data available for the general population dates back to 2017 and shows a rate of 1.3% of experimentation among 18–64-year-olds (Data from the 2017 Health Barometer Survey of *Santé publique France*), a level similar to that of heroin, although one must also consider the uncertainty that can sometimes surround definitions related to these products and the understanding of the question asked by respondents.

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).

The only known data for the specific audience of consumers using the forums date back to 2016 and show a significant poly drug use, both of NPS and of more traditional products, notably cannabis (Cadet-Taïrou 2016).

In 2021, the phenomenon observed since 2020 in the Breton region of selling synthetic cannabinoids in e-liquid continued to grow and now also concerns large cities in the south, such as Marseille or Bordeaux and more rural regions such as Normandy. The facts are repeated in various localities, showing an established network for the resale of synthetic cannabinoids in refills, sold on the outskirts of secondary schools. They are presented as containing CBD, alone or in combination with known drugs (cocaine, MDMA, etc.), or under fancy names, such as "PTC" for "*Pète ton crâne*" [Crack your skull]. The regions of Normandy, Hauts-De-France, Grand Est and Bourgogne Franche-Comté have been particularly concerned and have sometimes set up specific observation mechanisms, meetings between professionals, or information materials for parents or other stakeholders (particularly from the national education system). In some localities, thanks to the efforts of partner laboratories and those of the SINTES coordinators, notably the CEIPs in Caen and Nancy, products causing illness in schools were collected, as well as any products that would have led to hospitalisation. In 2021, lockdown and remote learning greatly reduced school-based collections. Of the 21 e-liquid collections that took place via SINTES, 15 involved people aged 18 and under. They are located in the above-mentioned regions, but the police have also reported similar cases in the south of France (see T 2.2 of the [2021 'Market and crime' workbook](#)). Of the products collected and used by those aged 18 or younger, more than half (n = 10) were sold as CBD.

Several serious adverse effects were reported after the use of these products, in connection with the addictovigilance scheme. Of the 21 SINTES collections, half (n = 10) were related to serious adverse events and 6 to non-serious adverse events, including one hospitalisation. Health professionals working in addiction treatment services in the north of France have reported an increasing number of cases of addiction to these products. The local and national press has also taken up this phenomenon, which primarily concerns adolescents, who in most cases do not know the composition of these products.

The issue of the consumption of these products in e-liquid form has emerged since 2014 (Cadet-Taïrou *et al.* 2015) and this issue has remained topical throughout the EWS news sources. In 2020, the synthetic cannabinoids found in e-liquids are not the ones that are most discussed by specialised forums, so if MDMB-4in-PINACA is found, in particular on the sites, it is usually the 5F-MDMB-PICA and 5F-Cumyl-PeGaClone that are the most talked about.

A more worrying phenomenon in 2020 was the emergence of herbs and resin adulterated with a synthetic cannabinoid, almost always MDMB-4en-PINACA (Detrez 2020) ; See T1.1.5 of the [2021 'Markets and Crime' workbook](#)). This type of product is not at all sought after by the

buying public, who initially want to acquire cannabis. The difficulty, if not the impossibility, of distinguishing one non-adulterated herb from another without analysis raises more strongly the question of access to drug analysis in France (see T.1.5.3 of the [2021 'Harms and harm reduction' workbook](#)).

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

T3. New developments

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

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

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

T3.1. Please report on any notable new or topical developments observed in Cannabis use and cannabis related problems in your country since your last report (title: New Developments in the Use of Cannabis)

The trend towards the manufacture of cannabis-derived products, the interest of users in vaping or using e-cigarettes, and the increasing visibility of products promoted as containing cannabidiol (CBD) have been reported in previous years. See T3.1 of the [2021 'Drugs' 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

Cannabis is not only the most widely used illicit substance in France: it is the first to be spontaneously cited as a "drug" by respondents to the survey on representations, opinions and perceptions on psychoactive drugs (EROPP), who are aged 18 to 75 and were surveyed at the end of 2018. 88% of them mention cannabis when asked what drugs they know, even if only by name (compared to 77% in 1999). Just under half of respondents (48%) considered it to be dangerous to use from the first time (54% in 1999), with this opinion being strongly linked to whether or not they have already used an illicit substance.

When looking at how users are perceived, 50% of respondents considered cannabis users to be dangerous to their friends and family and 40% agreed with the idea that they are looking to involve young people in drugs. At the same time, 58% of respondents shared the opinion that this use may be a lifestyle choice (Spilka *et al.* 2019). There is also a real consensus in favour of the medical use of cannabis, which was endorsed by 91% of survey respondents, in connection with its strong presence in the public debate and the start of its experimentation by the ANSM (See T3.1 of the [2021 'Drug policy' workbook](#)). But opinions on potentially legalising the drug are much less consistent; just over one in two respondents (54%) said they do not support it and six in 10 (61%) do not want cannabis to be sold over the counter.

References to foreign regulatory experiences and their effects feed French debates and arguments on cannabis. Since 2019, encouraged and coordinated by the OFDT thanks to funding from the 2019 Fund for Combating Addiction for 3 years, the ASTRACAN project aims to compare the policies for regulating cannabis for non-medical use implemented in the United States (where 15 states have opened a legal cannabis market despite the federal ban) and in Canada.

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)

In 2019, cocaine is the most widespread stimulant in the whole French population with around 2.1 million lifetime users, including 600 000 users within the year (estimates for 11-75-year olds); then it's MDMA/ecstasy with 1.9 million lifetime users, including 400 000 users within the year (OFDT 2022).

Other stimulants are less significant: 2.2% of 18-64-year-olds used amphetamines in 2017 (use within the year: 0.3%).

Of people aged 18-to-64, 0.7% tried crack cocaine (freebase cocaine) within their life in 2017 and 0.2% have used it in the last year. These uses are still mainly located in Paris and the French Antilles.

In recent years, there has been a significant increase in the availability of cocaine. This favours the circulation of the substance in very diverse social environments: from the most integrated to the most deprived. MDMA/ecstasy (in its powder or crystal form or as tablets) is sought for in the party scene (whose activity has been greatly reduced in 2021, notably due to the sanitary restrictions in place) and by relatively young people.

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.

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 (See T1.1.2 of the [2021 'Drugs' workbook](#)).

Among 17-year-olds, in 2017, MDMA/ecstasy is the stimulant with the highest levels of lifetime use (3.4%), ahead of cocaine (2.8%) (See T1.1.2 of the [2021 'Drugs' workbook](#)).

In 2020, the number of cocaine hydrochloride users in the previous 30 days was estimated to be 128 000 individuals (124 000 – 131 000), with a prevalence of 3.2‰ (3.1‰ – 3.3‰). The number of crack cocaine users remained stable: 41 100 (39 200 – 43 000) in 2020 vs 42 800 (40 900 – 44 700) in mainland France in 2019, i.e. a prevalence of 1.1 per 1 000 individuals aged 15 to 64 (1.0 – 1.2). This estimate confirms the constant increase observed since 2010 (12 800 (12 000 – 14 000) i.e. a prevalence of 0.31 per 1 000 (0.29-0.33)).

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 (suggested title: Stimulant Use in Schools and Other Sub-populations)

Stimulant use in sub-populations

Users and the workplace

See T1.1.3 of the [2021 'Drugs' workbook](#)

Populations with particularly high levels of drug use

See section T1.2.1

Precarious users

ENA-CAARUD data (Cadet-Taïrou et al. 2020)

In 2019, in the month preceding the survey, 67% of users attending harm reduction support centres for drug users (CAARUD) used stimulants, compared with 57% in 2015. Among these users, cocaine in all of its forms is increasing sharply (69% in 2019 compared to 50% in 2015). The base form concerned 54% of users in 2019 (compared to 32% in 2015) and the non-base form 45% in 2019 (compared to 31% in 2015).

In this population, the level of recent MDMA/ecstasy use remains stable (14% in 2019 and 2015) and that of amphetamine is slightly down (13% in 2019 compared to 17% in 2015).

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 T3 of the [2018 '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. According to the TREND scheme, the year 2017 also saw the price of a gram of cocaine fall after eight years of it increasing (G erome *et al.* 2018). The price per gram continued to fall in 2018 to around  70. In 2021, it is common to see prices per gram at  60 at dealing points in large cities such as Lyon, Lille, Paris or Marseille as well as in medium-sized cities such as Rennes. Some low prices are found, at  40 or  50 per gram, from 3 to 5 grams purchased. The phenomenon of split sales (half-grams at  30 or  40) is now spreading to all the major cities; sales by "pochon" or sachet at  15 or  20 have also been observed (particularly in Marseille).

These elements help improve the image and give a new impetus to this substance. Given cocaine is widely available, there are increased opportunities to use for people who up until this point had been occasional users (See T2 of the [2021 'Drugs' workbook](#)).

Since 2018, this spread of cocaine not only results in the increased use of cocaine in its hydrochloride, acid (powder) form, but also in its basic form (crack cocaine, rock) obtained after the addition of ammonia or bicarbonate (freebasing). These practices are spreading to rural areas in certain regions (Lille, Lyon, Marseille) where they were not or were hardly visible until now (G erome *et al.* 2019). The increase in crack cocaine use is also reflected in the rising demand for consumer equipment and care in large cities. Signs of crack cocaine use in Paris and Lille among migrant populations who have recently arrived in metropolitan France, who are also homeless and in a very precarious situation, were reported in 2019.

In 2019 and 2020, the observations carried out at the 8 TREND sites were marked by numerous testimonies of integrated users who were no longer able to control their consumption initiated in a festive context. Their attempts to stop or reduce their use of the drug were hindered by their strong addiction to the product, as well as by the numerous opportunities for use and the recurrent solicitations of traffickers. Professionals also report many cases of physical and psychological deterioration.

MDMA/ecstasy

Its diffusion seems to regress in recent years, unlike ecstasy tablets in festive environments. This substance continues to mainly be used on weekends every week by young people, but on a more occasional basis by older people. The spread of the substance is based on the dynamic supply and can be explained by the commercial strategies of manufacturers targeting young potential users.

Since 2017, TREND reported that users frequently insist on the quality and intensity of the effects of ecstasy tablets which measure up to what they are looking for in a party context and that they split the tablets (in 2, 3 or 4), in response to harm reduction campaigns following the circulation of extremely strong tablets (See T1.2.1 of the [2021 'Drugs' workbook](#)).

T 1.2.2. Treatment. Please comment on the treatment and help seeking of stimulant users (suggested title: Treatment for Stimulants). 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)

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. (suggested title: High Risk 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

For data on acute emergencies, see section T1.2.2 of the [2021 '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. As with other NPSs, the variety of substances linked to the dynamic supply does not necessarily seem to translate to an increase in use.

3-MMC remains the leading cathinone, across all EWS sources. While substitute scams are sometimes spotted, it is the most visible product. The 4-MEC, which has always been mentioned, was almost non-existent in 2020. At the same time, 3-MMC has also been introduced in physical resale channels, which are most often aimed at chemsexers, particularly in the south of France.

Following the ban on 3-MMC in the Netherlands at the end of 2021, SINTES collections show that it is being replaced by other cathinones, mainly 3-CMC and 4-MMC. This replacement is often carried out without the buyer's knowledge on resale websites, but users who have been informed of the change (by an explicit mention on the website, word of mouth or exchanges on networks) are also counted, although they are a minority. This transfer results in an increase in the number of missales related to alleged 3-MMC collections and also in the occurrence of unexpected and adverse effects associated with them.

Since 2020, the TREND sites in Paris and Lyon observed consumption of 3MMC in festive contexts by regular cocaine users. This development in consumption is explained by the low cost of 3MMC compared to cocaine for similar effects. This phenomenon clearly developed in 2021, with drug users in festive settings substituting 3-MMC more often for cocaine, because the product was cheaper (from €20 to €40 per gram) and more widely supplied by dealers, delivered via social networks.

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)

The TREND scheme reports an increasing number of semi-integrated cocaine users switching from snorting to injecting or to inhalation (known as free basing).

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)

New developments in the use of stimulants

Crack cocaine

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. They experiment with this way of using that comes from the alternative techno festive scene, then adopt it when looking for more intense effects or because of their tolerance to cocaine (See T3.1 of the [2021 'Drugs' workbook](#)).

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 cocaine use and the displacement of users (see T3 of the [2021 'Drug policy' workbook](#)).

Cocaine

Active substance potency of cocaine samples seized by the police in 2020 and 2019 or collected as part of the SINTES scheme in 2018 is still high (See T1.1.5 of the [2021 'Markets and Crime' workbook](#)).

In 2018, a very large majority of the samples seized by the police (82%) included levamisole as the main 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 excipients, no cutting agents were detected in a third of the samples collected by SINTES.

This phenomenon is associated with a growing number of emergency medical care signals for cardiovascular, neurological and even psychiatric symptoms (See T.3.1 of the [2020 'Drugs' workbook](#)).

Finally, it should be noted that during the COVID-19 health crisis, the TREND site in the Ile-de-France region noted reports of a change from cocaine or stimulant use, which were considered products deemed unsuitable for the lockdown situation, to alcohol uses, more available and accessible. These reports concern users who usually frequent party venues.

MDMA/ecstasy

See T1.2.1 of the [2020 'Drugs' workbook](#).

Ethylphenidate

See T.3.1 of the [2020 'Drugs' workbook](#).

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

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*)

Perceptions of stimulants

In the EROPP survey on perceptions on psychoactive drugs, 68% of 18-75-year-olds surveyed in 2018 spontaneously mentioned cocaine as one of the drugs they know, "even if only by name". Crack cocaine was mentioned by 15% of people, ecstasy by 27% and MDMA by 7%.

With regard to perceived danger levels, 77% of respondents believed that cocaine is dangerous, even when experimenting. This percentage has decreased compared to 1999 (86%). At the same time, the percentage of those who believed that cocaine use is only dangerous when taken daily increased from 7% in 1999 to 14% in 2018 (Spilka *et al.* 2019).

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 users² (See T1.1.1 of the [2021 'Drugs' workbook](#)).

² General population surveys have the advantage of measuring prevalence in terms of use; however, the observation of rare behaviours (heroin use for example) or certain specific or difficult to reach sub-

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-Tairou and Milhet 2017).

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. The heroin, mostly available in the north and east in particular, and close to the Dutch and Belgian markets, is in 2017 more visible in the south (Marseille, Toulouse, Bordeaux). However, in 2019 and 2020, heroin remained scarce and, according to users, of poor quality in the conurbations of southern France.

The opioid market for users in vulnerable situations is still largely dominated by Subutex® and Skenan®, with heroin targeting a more integrated clientele. In 2019, Skenan® is still described as being highly available on the street market, particularly through the TREND sites in Lyon, Paris, Bordeaux and Toulouse (G erome *et al.* 2019).

Since the end of 2018, several TREND sites have observed an increase in the phenomenon of injecting methadone capsules, even though this is still not very widespread and is very specific to users in highly precarious situations (See T1.1.1 of the [2021 'Drugs' workbook](#)). Other opioid drugs can also be used for treating severe and/or intractable pain with other analgesics. The number of opioid prescriptions remains considerably lower than the number which caused the epidemic of death and addiction in North America.

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 (suggested title: Estimates of Opioid Use in the General Population)

Estimates of opioid use in the general population

As with stimulants, the number of current opioid 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 2020, the number of opioid users was estimated to be 226 000 individuals (CI 95%: 221 000 - 231 000), with a prevalence of 5.6‰ (5.5 ‰ – 5.7‰).

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 2019, around 180 000 people were reimbursed for OST (OFDT 2019). 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 (suggested title: Estimates of Opioid Use in Sub-populations)

Estimates of opioid use in sub-populations

In 2020, the number of heroin users was 140 000 (136 400 – 144 000), i.e. prevalence of 3.5% (3.4% – 3.6%). Note that this estimate confirms a continuous increase since 2015 (107 000 (85 000 – 124 000), or a prevalence of 2.7% (2.1 – 3.1)). These levels are consistent with the average observed in Europe (EMCDDA 2019).

populations calls for additional methodologies and measuring instruments, such as the OFDT TREND scheme.

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 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 1.2.2. Treatment. Please comment on the treatment and help seeking of heroin and other opioid users. Please structure your response around: (suggested title: Treatment for Heroin and Other Opioids)
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)*

The Ministry of Health has published a road map for "Preventing and responding to opioid overdoses" for the period 2019-2022, one of the major objectives of which is to ensure wide distribution and access to ready-to-use naloxone for at-risk users and their families (Ministère des Solidarités et de la Santé 2019).

A campaign to mobilise professionals (private and hospital pharmacies, primary care physicians, CSAPA specialised drug treatment centres, CAARUD harm reduction facilities) was conducted in the Spring of 2020 during the lockdown period, to prevent the changing of opioid use through the distribution of posters and a summary note to encourage the delivery of naloxone kits to users and their families.

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*

(suggested title: High Risk Opioid Use)

For data on acute emergencies, see section T1.2.2 of the [2021 '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)*

T1.2.5. Injecting. Please comment on rates and trends in injecting among heroin and other opioid users (cross-reference with Harms and Harm reduction workbook) (suggested title: Injecting and other Routes of Administration)

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 2020, the number of last-year injecting users is estimated at 107 000 (103 300 – 110 300), i.e. a prevalence of de 2.7‰ (2.6‰ – 2.8‰).

Injecting is no longer a consequence of heroin use, due to the increase in patterns such as smoking and inhalation, and affects a diverse population. Injection of buprenorphine (Subutex®) is a relatively common practice among patients on substitution treatment (in line with the trends observed since the start of the '00s), individuals frequenting the techno party scene, together with precarious users of stimulants (cocaine, amphetamines, MDMA/ecstasy, methylphenidate (Ritaline®)).

T1.2.6. 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)

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

T3. New developments

The purpose of this section is to provide information on any notable or topical developments observed in the use and availability of heroin and other opioids in your country **since your last report**. T1 is used to establish the baseline of the topic in your country. Please focus on any new developments here. If information on recent notable developments have been included as part of the baseline information for your country, please make reference to that section here. It is not necessary to repeat the information.

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

New developments in the use of heroin and other opioids

Opium

See T3.1 of the [2021 'Drugs' workbook](#)

Codeine substances

For more than 3 years the use of codeine syrups and H1 antihistamines has been progressively documented (See T3.1 of the [2020 'Drugs' workbook](#)).

The suspension of over-the-counter sales in 2017 (See T3.1 of the [2018 '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. There is still a strong demand for these products, with codeine cough suppressants being the second most frequently cited product in the OSIAP scheme, after pregabalin (369 citations for Euphon syrup, and 414 mentions in total). The analysis of atypical seizures also shows that a shipment of almost 9 000 capsules for the black market was intercepted. This attraction for the “lean” or “purple drank” mix continues to be noticeable during 2021.

On the forums, codeine in general is one of the most consulted products.

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

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). See the [2018 'Drugs' workbook](#) for details.

Perceptions of heroin

In the EROPP survey on perceptions on psychoactive drugs, 50% of 18-75-year-olds surveyed in 2018 spontaneously mentioned heroin as one of the drugs they know, "even if only by name".

With regard to perceived danger levels, 84% of respondents believed that, even from the stage of lifetime use, heroin is dangerous. This percentage has decreased compared to 1999 (89%). At the same time, the percentage of those who believed that heroin use is only dangerous when taken daily increased from 5% in 1999 to 11% in 2018 (Spilka *et al.* 2019).

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 opioid medicines

An increase in diversion practices concerning codeine medications (not OST) 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 (see T.4.2 of the [2020 'Drugs' workbook](#)).

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

T1. 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 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. **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

(See T.4.2 of the [2021 'Drugs' workbook](#))

Prevalence and changes in the use of other less widespread psychoactive substances: GHB-GBL, nitrous oxide, poppers, ketamine

The years 2018 and 2019 are characterised by an increased visibility of these substances and a wide variety of user profiles and the types of places where they are used.

GHB-GBL

(See T.4.2 of the [2021 'Drugs' workbook](#))

Nitrous oxide

In 2019, the consumption of nitrous oxide in various party settings (free parties, student parties, nightclubs, etc.) seems to have increased in relation to previous years. Similarly, use in the public space does not seem to be decreasing according to the professionals working with young users (school health staff, CJC, etc.). On some TREND sites, the traces left by the consumption of cartridges are visible in specific streets in the city centre, while the young people of the so-called "cities or neighbourhoods" appear as a new profile. Permanently occupied deal locations show the presence of the same waste.

Since 2020, websites specialising in the sale of the product have been offering new containers to replace the "capsules", such as canisters (weighing up to 600 grams and allowing more than 80 balloons to be made, at a cost of between €25 and 30 each) and bottles (called "reservoirs" on online sales sites and "tanks" by users, weighing up to 15 kg and with an estimated capacity of between 1 000 and 2 000 balloons, at a price of over €200). Based abroad (mainly in Belgium and the Netherlands), these companies deliver the gas to the buyer's home within a few days. They offer bulk purchasing to achieve economies of scale. Pallets of several hundred canisters can be delivered after a personalised quotation has been drawn up.

By-products and other accessories have also been developed, such as the "cracker", a metal accessory that allows nitrous oxide contained in a cartridge to be easily transferred into a balloon. More or less structured networks (sometimes already involved in the sale of narcotics) import large quantities of nitrous oxide into Metropolitan France via Internet sites and then store and sell it.

In 2021, the TREND interviews conducted with users underlined that nitrous oxide was systematically associated with other psychoactive substances in party settings. The use of gas occurred after the effects of the other substances used have been felt. Polydrug use could vary depending on the type of party and the products that were used. Regardless of who was interviewed, nitrous oxide was almost always perceived as a secondary product, i.e. not central to use.

However, the cases of intoxication recorded by addictovigilance services were on the rise in 2020 and this trend was confirmed in 2021. The most widespread complications (in the case of very high and repeated daily use) were neurological, with certain serious pathologies (cases of damage diagnosed as central or peripheral). The number of reports made to the Network of the Regional Abuse and Dependence Monitoring Centres (CEIP-A) increased fivefold in France between 2019 and 2020, from 47 to 254 (CEIP-Addictovigilance de Nantes 2020). Those reported to the Poison Control and Toxicovigilance Centres (CAP-TV) increased from 46 to 134 cases over the same period.

Reflecting concerns about such consumption, two bills (one in the National Assembly and one in the Senate) were tabled in 2019 and municipal ordinances were issued to prohibit sales to minors (see T.3.1 of the 2022 'Drug policy' workbook). The [law no. 2021-695 of 1 June 2021](#) to prevent the dangerous use of nitrous oxide subsequently prohibited the sale or offer to a minor of nitrous oxide in any form of packaging (see T.3.1 of the 2022 'Legal framework' workbook).

The measurement of the prevalence of nitrous oxide use in the general adult and adolescent population in France remains underdeveloped. This legal product was included (without being mentioned as such) in a generic question on the use of inhalants (including glues and solvents) in the surveys carried out in the general adult population (addictions section of the *Santé publique France* Health Barometer) and in the adolescent population (EnCLASS and ESCAPAD surveys carried out by the OFDT). Nevertheless, a special section of the EnCLASS survey in 2021 (Spilka *et al.* 2022) showed that use during adolescence does not appear to be marginal, insofar as 5.5% of students in the ninth grade (Year 10 in England and Wales) said that they had already used nitrous oxide, with boys twice as often as girls (7.3% vs 3.7%).

Poppers

(See T.4.2 of the [2021 'Drugs' workbook](#))

Ketamine

Ketamine, which is not the subject of any organised market, has been increasingly available in alternative techno-festive settings for more than 5 years, despite periods of shortages. In 2018 and 2019, the TREND scheme saw a continuous rapid increase in the availability of the substance as well as a gradual spread towards more conventional festive scenes (nightclubs, clubs, bars, etc.). It is accompanied by a diversification of the profiles of the experimenters, particularly among users who are far from the alternative environment and unfamiliar with hallucinogenic and dissociative substances (students and young people who are socially and economically established and who attend electro clubs and use stimulants) (Gérome *et al.* 2019). A resurgence of ketamine use by particularly young users (aged between 20 and 35) has also been observed in Marseille. There were also more reports of ketamine use in an MSM sexual context in 2017 and 2018 in Paris and Lyon, although this is not a massive phenomenon.

In 2019, the declaration of a single SINTES partner laboratory shows its presence in 19 biological samples taken following roadside checks.

In 2018 and 2019 the TREND scheme reports an increase in signals of solitary, chronic (several grams per day) and problematic ketamine use. Daily and significant self-medication for alcohol and opiate withdrawal appears to be on the rise since 2018.

The dynamics of increasing use and health problems still seemed to be unfolding in 2020.

The Toulouse, Metz and Rennes sites also report significant consumption at work or at home, by semi-integrated or at-risk CAARUD users. Although these chronic consumptions remain marginal, there have been more signs on the health consequences in 2018 and 2019.

This increase in the availability of ketamine has been driven by the development of micro-trafficking of user-dealers who obtain their supplies from networks in neighbouring countries: Spain, the Netherlands and Belgium (Gérome *et al.* 2019).

T1.2. **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*)

T1.3. **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.)

LSD

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). (See T1.3 of the [2021 'Drugs' workbook](#))

Lifetime use and use of LSD mainly concern groups of young people frequenting the alternative electro scene (the only kind of festive scene where it is readily available), including people who only use psychedelic substances occasionally and those who have a long history of using. The price of the substance is consistent throughout the country, with LSD drops or blotters being sold for €10 on average (a stable price).

While several TREND sites gathered information in 2017, showing LSD was spreading to less alternative festive contexts, in 2018, the Rennes site saw the rate of spreading of this substance begin to slow down, particularly in the alternative electro context, which can be partly explained by a greater desire for psychostimulants or other hallucinogens, particularly ketamine.

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

T3. New developments

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

T1 is used to establish the baseline of the topic in your country. Please focus on any new developments here. If information on recent notable developments have been included as part of the baseline information for your country, please make reference to that section here. It is not necessary to repeat the information.

T3.1. Please report on any notable new developments observed in use of NPS or other new, novel or uncommon drugs in your country since your last report (suggested title: New Developments in the Use of NPS and Other Drugs)

Kratom

Kratom was assessed by the French addiction vigilance network at the beginning of January 2019. This initiative concerned the user community, which through one of the key associations in the sector, sent an open letter to the health authorities advocating the role that kratom plays in their use. The substance is described as a tool for managing a withdrawal phase in users with a low tolerance to opioids, or for managing craving phases in people who are abstaining but used to use heavily.

Achieving the desired effects is complex and depends greatly on the person and their past experience with opiates and if they have the expertise required to prepare them. The substance's positive effects are described as providing a mild opioid euphoria but it may have a bitter taste in return. Potential adverse effects are mainly nausea, headaches, and an increased body temperature.

Pregabalin

In 2020, the alternative use of pregabalin was emerging as a major concern for the authorities, with a legislative change around its dispensing methods (See [2021 'Legal framework' workbook](#)). Since 2017, the TREND scheme has seen significant development in the misuse of pregabalin (Lyrica®), a molecule prescribed for neuropathic pain, as an anticonvulsant or for certain anxiety disorders. In 2018 and 2019, this phenomenon kept expanding rapidly in several urban areas. This development can be seen in the existence of street markets (in Lyon, Marseille, Paris and its north-eastern suburbs). These uses, which are rather discreet in France, increased in the second half of 2018, with 106 cases recorded compared to 26 in 2017 (ANSM 2019). The updated data show that, in addition to the public having had an initial prescription for therapeutic purposes, there is a diversification of profiles. These are rather young men, looking for a euphoric and stimulating effect. The use of pregabalin is mainly linked to the presence of unaccompanied minors arriving from the Maghreb and adults from the same region or from Eastern Europe or in very precarious situations (G erome *et al.* 2019). The 2019 TREND report mentions that non-medical use is often associated with other products (methadone, heroin, cocaine, MDMA/ecstasy, tramadol, benzodiazepine, Rivotril®) among vulnerable populations, but also among socio-economically privileged populations. They can be used in combination with opioid substitution therapy or to modulate the effects of opioid withdrawal. Non-therapeutic use was also frequently observed in 2020, in all the towns covered by the TREND scheme. Furthermore, several professionals' reports mention prescribing pregabalin to addicts with a view to getting them hooked on care and regulating their consumption.

Nitrous oxide

See T1.1

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)

ARAMIS survey
2014, 2016, 2017 and 2020 Health Barometer Survey from *Santé publique France*
2015 and 2019 ENa-CAARUD survey
2018 and 2021 ENCLASS survey
2018 EROPP survey
2014 and 2017 ESCAPAD surveys
Cannabis Online survey
SINTES scheme
TREND scheme
Seizures and checks performed on postal freight or during police cases
RECAP data

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 first 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).

From June 2020 to March 2021, a second edition of ARAMIS sought to explore in more detail the ways of controlling alcohol use first of all, but also tobacco and cannabis use. The issue of regulation was also approached during the transition from adolescence to early adulthood (after reaching the age of legal majority), and in the light of parental supervision strategies for juvenile use. In total, 122 individual and group interviews (compared to 133 individuals surveyed as certain people were interviewed twice) were carried out and were broken down into three sections.

Health Barometer

Santé publique France (the French Public Health Agency)

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.

In 2020, a new *Santé publique France* Health Barometer survey was carried out with a specific section on cannabis. The methodology was the same. However, the survey was interrupted due to the lockdown in spring 2020. In total, 10 879 people aged 18 to 64 responded to the questions in the cannabis section.

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).

In 2019, 2 735 fully completed questionnaires were included in the analysis (compared to 3 129 in 2015 and 2 905 in 2012). Between 1 and 161 questionnaires per CAARUD (20 on average) were included in the database. The data were adjusted according to the weight of the annual active files of each structure in the national active file of CAARUDs in 2018 (i.e. 65 602 individuals received at the fixed centres and mobile units).

EnCLASS: National health and substances survey among adolescents in middle and high school

French Monitoring Centre for Drugs and Drug Addiction (OFDT), Ministry of Youth, National Education and Research (MJENR), French National Institute for Health and Medical Research (INSERM U669), Santé publique France (SpF)

The National health and substances survey among adolescents in middle and high school (EnCLASS) is the result of the combination of two international school-based surveys: HBSC and ESPAD.

Implemented since 1982 in France, HBSC (Health Behaviour in School-aged Children) is a survey conducted every four years under the auspices of the European Office of the World Health Organisation (WHO). It addresses many health-related topics, both physical and mental, collected among adolescents aged 11, 13 and 15. In France, since 2010, this random sample has been extended to all middle school grades. The survey is conducted by the OFDT (French Monitoring Centre for Drugs and Drug Addiction) in conjunction with the French Ministry of Education and INSERM (French National Institute for Health and Medical Research).

Carried out since 1999 in France, ESPAD (European School Project on Alcohol and other Drugs), in conjunction with the European Monitoring Centre for Drugs and Drug Addiction, is a European survey conducted every four years among 16-year-old students. In France, since 2011, the sample has been extended to all adolescents from Grade 10 to their final year of high school.

It last took place in 2018 at the same time as the HBSC survey (in other European countries the ESPAD project took place in 2019), in order to facilitate EnCLASS being carried out and to provide a complete overview of use among all secondary school pupils. The survey guarantees to represent middle schools on a national and regional level. The sampling was carried out by the Performance and Prospective Studies Department (DEPP) of the French Ministry of National Education, based on a double-level sampling: selection of schools (in the end, 308 middle schools and 206 high schools), from which two classes were selected at random. EnCLASS is an anonymous online survey based on a self-administered questionnaire that questioned 20 577 high school students, representing a final sample of 20 128 students (12 973 middle school students and 7 155 high school students) after data cleaning.

In 2021, a specific EnCLASS survey was carried out with 1 972 ninth-grade students, following the same protocol as the 2018 survey.

EROPP: Survey on representations, opinions and perceptions regarding psychoactive drugs

French Monitoring Centre for Drugs and Drug Addiction (OFDT)

Established in 1999, the EROPP telephone survey focuses on French people's representations and opinions on licit and illicit psychoactive substances, as well as any related public actions. The survey was conducted for the fifth time from 12 November to 18 December 2018, interviewing 2 001 individuals over the phone. The survey relies on quota sampling, an empirical method adapted to small samples (2 000 individuals or less) even if theoretically the results cannot be applied to the whole population. The 2018 survey was limited to people aged between 18 and 75 (unlike the previous ones that questioned a population aged between 15 and 75).

The IFOP survey institute was in charge of the data collection, using the computer-assisted telephone interview system (CATI system). Two randomly generated sampling frames of telephone numbers were established, the first being made up of landline numbers (45%) and the second of mobile numbers (55%).

The sampling design is based on data from the INSEE employment survey. The data was ensured representativeness based on the following criteria: age and sex, socio-professional category of the respondent, the region where the house is located and the size of the city.

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 about 90%.

Cannabis Online survey

French Monitoring Centre for Drugs and Drug Addiction (OFDT)

The Cannabis online survey took place between 11 July and 7 August 2020, two months after the end of the first lockdown. The aim of the survey was to ask cannabis users about their use before and during lockdown. Recruitment of respondents was carried out via a Facebook advertising campaign. To answer the questionnaire, you had to have used cannabis in the last 12 months ("current users"), be between 18 and 64 years old and live in France (metropolitan + overseas), which represents an estimated coverage of 37 million Facebook accounts. During the 26 days that the ad was active on Facebook, the ad for the survey was seen in mainland France more than 400 000 times by almost 250 000 people, and the ad for the survey could be seen several times by the same person (1.6 times on average). Of these, 8 145 clicked on the link to the survey and 3 298 completed the online questionnaire, giving a response rate of 40.5%. In the end, 2 778 questionnaires were eligible under the selected criteria.

The results of the Cannabis online 2020 survey were published in December 2020 (Brissot *et al.* 2020).

A second survey was carried out in July 2021. The results will be available at the end of 2022.

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 n°2016-41 du 26 janvier 2016 de modernisation du système de santé](#)) and obtained by specifically trained survey workers.

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: Recueil commun sur les addictions et les prises en charge

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 2019, approximately 216 000 patients seen in 247 outpatient CSAPAs, 12 residential treatment centres and 1 prison-based CSAPAs for an addiction-related issue (alcohol, illicit drugs, psychoactive medicines, behavioural addiction) were included in the survey.

T6.3. Bibliography

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