

# DRUGS AND ADDICTIONS IN OVERSEAS FRANCE

## STATE OF PLAY AND ISSUES

---

### SUMMARY



Ivana Obradovic

---

June 2020

## SUMMARY

---

<b>INTRODUCTION</b>	<b>3</b>
<b>A LARGE SUPPLY OF DRUGS IN OVERSEAS FRANCE</b>	<b>5</b>
<b>LESS WIDESPREAD USE THAN IN METROPOLITAN FRANCE BUT MORE CONCENTRATED IN CERTAIN POPULATIONS</b>	<b>8</b>
<b>PUBLIC RESPONSES FALLING SHORT OF THE ISSUES</b>	<b>12</b>
A major mobilisation of the medical and social system	12
A significant part of the police force activity focused on narcotics	13
<b>CONCLUSION</b>	<b>14</b>
<b>APPENDIX</b>	<b>15</b>
Appendix 1: Administrative and political status of Overseas France	16
Appendix 2: Drugs, key figures in Overseas France	18

---

### Table of illustrations

<i>Map: Overseas France in 2020</i>	<b>4</b>
<i>Figure 1: Change in the number of smugglers questioned in Guiana from 2010 to 2019</i>	<b>5</b>
<i>Table: Retail price of illicit drugs per gram (in euros) in 2017-2018</i>	<b>7</b>
<i>Infographic 1: Health and social damage related to alcohol use in Overseas France</i>	<b>9</b>
<i>Infographic 2: Critical indicators of alcohol consumption in Overseas France</i>	<b>11</b>
<i>Figure 2: Number of people charged with drug-related offences in 2019</i>	<b>13</b>

---

## INTRODUCTION

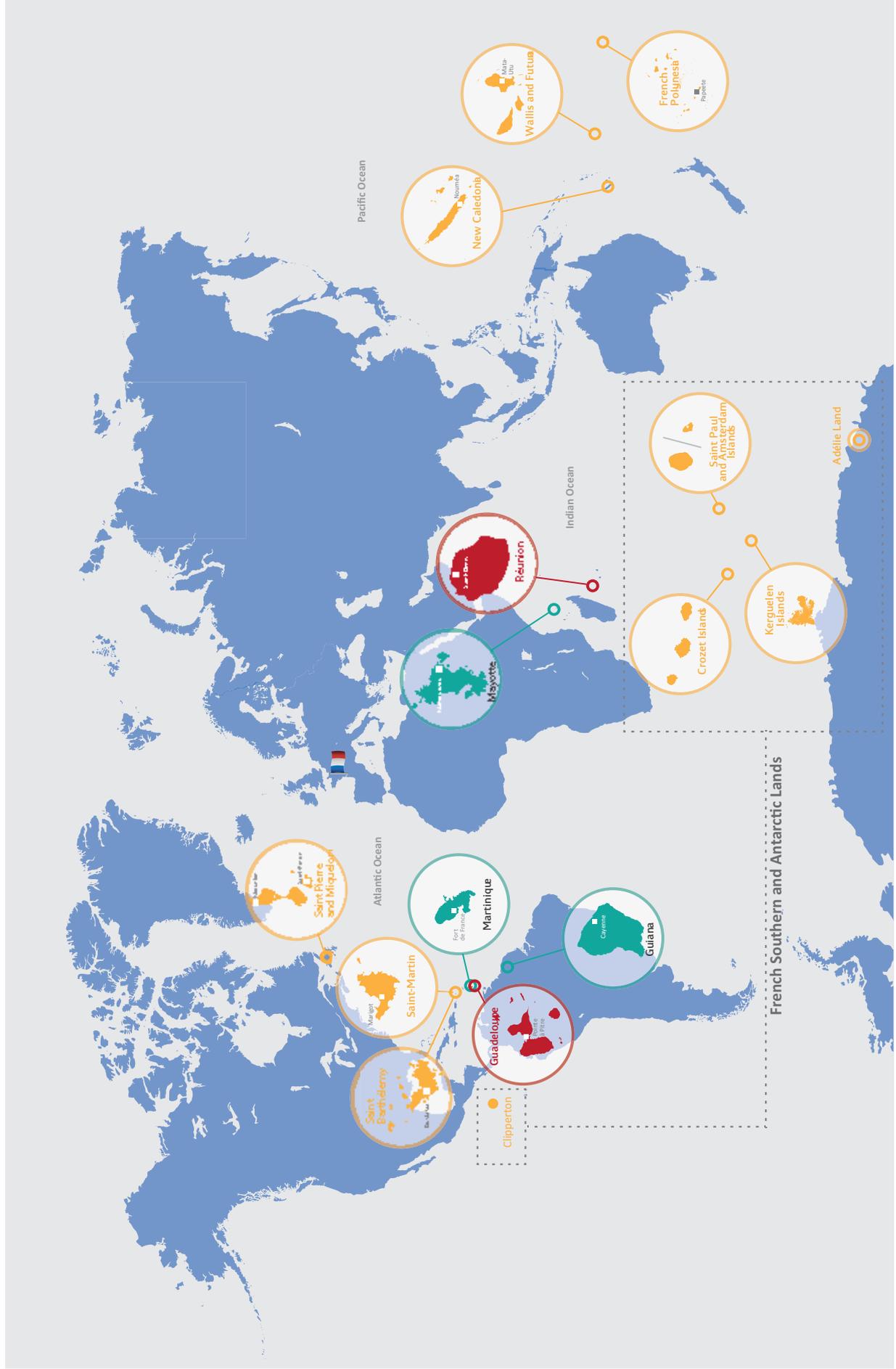
Like two other European Union member states who share a history of colonisation (Denmark and the Netherlands), France has “overseas countries and territories” that are constitutionally linked to it but are not part of EU territory. The French Overseas Territories include 12 territories of varied political and institutional statuses, which are characterised first of all by distinctive geophysical properties: they are spread over several continents and three oceans (Atlantic, Indian, Pacific), geographically remote from metropolitan France and are islands (except for Guiana) (see map below). However, they do share certain common features that have an impact on the contexts in which psychoactive products are consumed and circulated: a “colonial matrix” which has produced unequal linguistic, social, economic and political situations in Overseas France; socio-cultural and generational divisions (reinforced by linguistic and religious diversity); a demographic transition under way in the French West Indies, Réunion, New Caledonia and Wallis and Futuna (which contrasts with the high proportion of young people in the populations of Mayotte and Guiana); lastly, socio-economic difficulties linked to the high cost of living, or “la vie chère” to use the slogan of the demonstrations that have regularly taken place in these territories over the last ten years (in Guadeloupe, Réunion and New Caledonia in particular), fuelled by general strike movements (in Guiana, Martinique and Mayotte). These overseas particularities also have an impact on the conditions for conducting statistical surveys to measure drug use levels. They also determine the framework for implementing public policies to combat addiction, with state intervention in overseas France being conducted and adapted according to the territories’ institutional statuses and degrees of autonomy. In all these cases, asserting the State’s role in local policies requires a special effort to deploy and coordinate public responses, since these territories represent more than 22% of France’s surface area but barely 4% of the population and are, for the most part, fragmented (like the archipelagos<sup>1</sup>).

The aim of this *Théma* is to provide an overview of the situations and problems currently observed in the French Overseas Territories with regard to drugs and addictions, based on the most recent statistical data and the main studies carried out in these territories. In this respect, it should be noted that the data offered by four of these territories is almost as complete as in metropolitan France (Guadeloupe, Réunion, Martinique, Guiana): the relative scarcity of data for the Overseas Territories is explained by the fact that it was included later than that of the departments and regions of metropolitan France in the public health surveys<sup>2</sup>, and done in a very progressive manner. The first representative surveys were set up in the 2000s, first among the young population, in 4 overseas departments (DOM), then in the overseas collectivities (COM) (the ESCAPAD survey from the OFDT and the ECAAP survey from the former National Institute for Prevention and Health Education (INPES), now *Santé publique France*), then among adults (from 2014 with *Santé publique France’s* DOM Health Barometer). With Mayotte becoming an overseas department in 2011, the statistical measurement system has been expanded: specific epidemiological surveys have been launched there recently, such as ESCAPAD (in 2017) and *Unono wa maore* (in 2018-2019).

1. See Appendix 1 for the administrative and political status of overseas France.

2. For example, the European Health Interview Survey (EHIS) conducted by DREES and INSEE in France every 6 years since 2008, which measures changes in the population’s state of health, use of healthcare and lifestyle habits, was carried out for the first time in the French overseas departments in 2019, making it possible to position these territories within France and Europe regarding major health indicators.

# Map: Overseas France in 2020



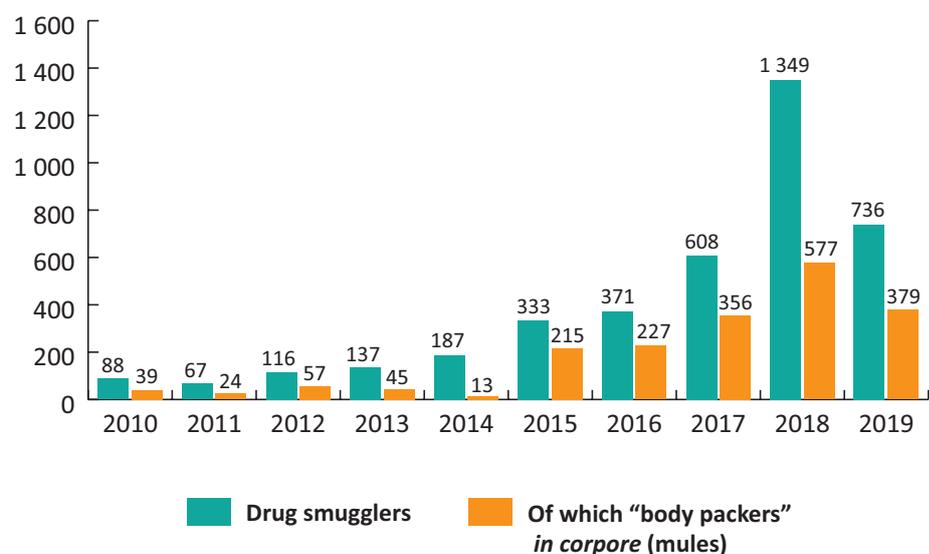
Overseas France is receiving increasingly targeted attention from public authorities, as evidenced by the increase in parliamentary work, expertise and control<sup>3</sup>. However, knowledge of the issues specific to these territories remains partial. A certain amount of data is nevertheless available and makes it possible to draw up an overview of the drugs and addictions situation, even if, due to their earlier inclusion in the surveys, this one focuses on the former French overseas departments (Guadeloupe, Martinique, Guiana, Réunion), with some data from ad hoc surveys on the overseas collectivities.

## A LARGE SUPPLY OF DRUGS IN OVERSEAS FRANCE

In terms of the main sources, centred on the four most studied overseas territories (Guadeloupe, Martinique, Guiana and Réunion) and supplemented by occasional data from New Caledonia, French Polynesia and Mayotte, the drug and addiction situation appears singular and contrasted.

From the point of view of drug supply, the overseas territories are characterised by a dynamic of drug circulation that is more determined by the issues of neighbouring states than by those of metropolitan France. Above all, however, being at the crossroads of drug routes, certain overseas territories play a major role in controlling drug flows: therefore, the French West Indies-Guiana region is a hub for the global cocaine market. While the route between Paramaribo, the capital of Suriname, and Amsterdam, in the Netherlands, has long been the main gateway for cocaine into Europe, Guiana is now fulfilling this role, given its proximity to Colombia, the world’s largest cocaine producer. Guiana is also confronted with the social difficulties of part of the population. For example, in 2019, customs in Guiana intercepted 1 072 kg of cocaine vs 1 024 kg in 2018, reaching a new record. Initially transported by sea, cocaine is now increasingly trafficked by air, due to the “body packing” phenomenon on the Cayenne-Orly route, which is being closely monitored (see Figure 1).

**Figure 1: Change in the number of smugglers questioned in Guiana from 2010 to 2019**



Source: OCRTIS/OFAST, Ministry of the Interior (police and gendarmerie, including customs remittances)

3. A senatorial fact-finding mission on drug trafficking from Guiana was created in 2020.

Given their island nature and the maritime areas associated with them (giving France the world's second most important Exclusive Economic Zone), Overseas France is in the front line in the fight against trafficking and smuggling. The French departments in the Americas (Guadeloupe, Martinique, Guiana) therefore appear to be strategic places for cocaine trade due to their geographical location between South American production areas (Colombia, Bolivia, Peru) and cocaine trafficking destinations (North America and Europe). Another trend, increasingly observed by law enforcement services, reflects the dynamism of the French West Indies-Guiana region as a secondary wholesale market for cocaine. Given the topography of Guiana, which offers multiple advantages to traffickers (a very dense river network, an equatorial forest covering nearly 90% of the territory, which limits the possibilities of police surveillance), this department is also a storage location and a "secondary" wholesale market for cocaine for the metropolitan networks that come to obtain their supplies at prices that are significantly lower than in metropolitan France: distributors can buy the product there at prices up to six times lower (€6 000-9 000 per kg vs €34 000 in metropolitan France). Moreover, compared with cocaine bought in the French West Indies or the Dominican Republic, cocaine traded in Guiana would be equivalent in quality (minimum 70% purity) but at least half as expensive (an average of €5 000 per kg).

In addition to this function as a platform for drug trafficking to the French and European markets, Overseas France is now also an important cannabis herbal production area, as evidenced by the increase in seizures.

Significant seizures of herbal cannabis have been made in the Caribbean Basin, reflecting the dynamic flow of cannabis within the area. Four overseas areas stand out due to the large volumes of herbal cannabis seized by the police each year: Martinique (90% of the herbal cannabis seized in the overseas departments), Réunion, Guadeloupe and French Polynesia. The strong presence of herbal cannabis in Martinique is explained by flows from St Vincent and the Grenadines, which is now the main supplier of cannabis to the French West Indies (surpassing Jamaica, the historical supplier of highly psychoactive cannabis). However, the main overseas particularity lies in the development of large cannabis production areas, taking the form of large-scale local crops, most often grown outdoor, because of the very favourable climatic conditions. In recent years, the largest plantations have been found in New Caledonia (nearly 700 plants seized in 2016, 2 006 in 2017) and in French Polynesia (where several thousand plants are seized each year): locally grown "pakalolo" represents the majority of the seizures there. In addition to large-scale plantations in rural areas, self-growing cannabis (known as *zamal*) is a phenomenon particularly reported in Réunion, where a multitude of small-scale cannabis farms intended for a limited circle of users are maintained in the home, sometimes in the garden in full view of passers-by. Since 2013, UNODC has reported an increase in local production in the Caribbean area, although this is much lower than in neighbouring countries, and the growing proportion of young people in these territories cultivating about ten cannabis plants to supplement their low incomes.

While, unlike in metropolitan France, herbal cannabis remains the main form of cannabis consumption in overseas France, resin has also become more popular in recent times, due to a trend imported from metropolitan France. In Réunion, for example, the supply of cannabis has become more diversified with the introduction of Dutch hybrid varieties, which are highly appreciated by some users because they contain a higher THC content than *zamal*. After expanding into Europe, the French West Indies and Guiana would in turn face a flow of cannabis resin from Europe.

The retail prices of the various narcotics illustrate the particular situation of Overseas France with regard to addictions: most illicit drugs are much more expensive there than in metropolitan France (and therefore their use is low), with the exception of cocaine, which is much more accessible in the French West Indies and Guiana than anywhere else (see table below).

**Table: Retail price of illicit drugs per gram (in euros) in 2017-2018**

	French West Indies-Guiana	Réunion	Mayotte	French Polynesia	New Caledonia	Average in metropolitan France
<b>Cannabis resin</b>	6-11 9*	10	8	na	40	5-10 7*
<b>Herbal cannabis</b>	4-10 8*	5	na	8	13	7-10 10*
<b>Cocaine</b>	10-30 20*	150	na	na	250	50-80 70*
<b>Heroin</b>	na	100	na	na	500	25-40 35*
<b>Ecstasy (tablet)</b>	10	15	na	na	25	5-10 10*

\*median price  
na: not available

Source: OCRTIS/OFAST (Department of Home Affairs)

There are also some very specific phenomena or trends, such as the trafficking of medication in Réunion (trihexyphenidyl hydrochloride (Artane®), clonazepam (Rivotril®), flunitrazepam (Rohypnol®) and other benzodiazepines), which users combine with alcohol and *zamal*, sometimes also with cocaine. Artane® is widely trafficked in Réunion (11 000 tablets seized in 2017), sold between €5 and €10 per “grain” (5 mg tablet) and between €100 and €120 for a pack of 20 tablets. According to addiction experts, trade in Artane® is fuelled by the trafficking of prescriptions and medication from Madagascar, where the supervision of medication is less strict.

Local actors also note the emergence of methamphetamine in French Polynesia: since 2019, the gendarmerie has pointed out the increasing presence of methamphetamine (methylamphetamine hydrochloride, also known as “ice”) in French Polynesia, the effects of which are considered to be ten times more powerful than cocaine<sup>4</sup>.

4. Methamphetamine is a stimulant in the form of colourless, odourless, transparent crystals similar to broken glass or crushed ice (hence the name “ice”).

## LESS WIDESPREAD USE THAN IN METROPOLITAN FRANCE BUT MORE CONCENTRATED IN CERTAIN POPULATIONS

From an epidemiological point of view, the prevalence of tobacco, alcohol and cannabis use is generally lower than in metropolitan France (except in New Caledonia and French Polynesia, which have much higher levels of consumption), but there are also very specific problems, which are rarely observed in metropolitan France: a high visibility of crack cocaine in the French departments in the Americas (Guadeloupe, Martinique, Guiana), which is found only in the Ile-de-France region; intensive (and often problematic) use of alcohol and cannabis concentrated in certain segments of the population; long-term misuse of drugs reported in Réunion.

### Box: Definition of indicators of use

- **Experimentation or Lifetime use:** use of a substance at least once in a lifetime
- **Use in the last year (or current use):** at least one instance of drug use in the 12 months preceding the survey
- **Use in the last month (or recent use):** at least one instance of drug use in the 30 days preceding the survey
- **Regular use:** at least 10 instances of drug use in the 30 days preceding the survey
- **Daily use:** at least one instance of drug use per day during the 30 days preceding the survey
  
- **Heavy episodic drinking:** at least 5 drinks on a single occasion (at 17 years old), at least 6 for adults
- **Heavy episodic drinking in the last month:** on at least one occasion in the month preceding the survey
- **Repeated heavy episodic drinking:** on at least 3 occasions in the month prior to the survey
- **Regular heavy episodic drinking:** on at least 10 occasions in the month prior to the survey

Apart from the overseas collectivities (New Caledonia and French Polynesia), which have a special situation with regard to drugs, the overseas territories have different drug use profiles (see Appendix 2 for key figures on drug use in the overseas territories), although they have certain common features. The most recent figures for adults come from the 2014 DOM Health Barometer (regularly published by *Santé publique France*), while those for adolescents come from the Survey on Health and Use on National Defence and Citizenship Day (ESCAPAD) conducted in 2017 by the French Monitoring Centre for Drugs and Drug Addiction (OFDT).

First of all, tobacco consumption (in people aged 15-75 years old) is significantly lower than in metropolitan France, with the exception of Réunion, where a quarter of adults smoke (26% vs 29% in metropolitan France) and nearly one teenager in five (22% of 17 years old vs 32% in metropolitan France). In Martinique, Guadeloupe and Guiana, the proportion of smokers is half as high: no more than 15% of adults smoke.

As in metropolitan France, smoking has seen a marked decline since 2005 among the younger generations in almost all of Overseas France (except Martinique), including New Caledonia, even if it remains at a high level (more than 40% of smokers at the age of 17). Nevertheless, the use of the electronic cigarette is much less widespread in Overseas France: one in ten people use vapourisers in the French departments in the Americas and one in five in Réunion, compared to a quarter of metropolitan France.

### Infographic 1: Health and social damage related to alcohol use in Overseas France



Sources: DGN/DGGN/PP; ONISR; Cépi-Dc (Inserm), Oscore® network.  
na: not available

Controlling the use of alcohol among adults, but especially among young people, is a major public health issue in Overseas France. Admittedly, usage practices are generally less widespread than in metropolitan France - with two exceptions, however, which show record usage practices for the whole of France: New Caledonia and French Polynesia. But they

are more intensive and more concentrated in certain populations (especially young people) and are more often a source of social and health damage. In Guadeloupe and Martinique, for example, the proportion of road accidents involving alcohol is two to three times higher than in metropolitan France. Generally speaking, alcohol-related mortality is much higher in Overseas France (in relation to the number of inhabitants). The increased severity of the consequences induced by alcohol use can be explained by two main factors: more intensive drinking patterns, associated with episodes of heavy binge drinking (especially at weekends) and greater quantities consumed; preferences for alcoholic beverages with higher alcohol content (especially rum), with aggravated and more rapid consequences.

While weekly consumption of wine is significantly lower than in metropolitan France, the consumption patterns of beer and spirits are more frequent and more intensive.

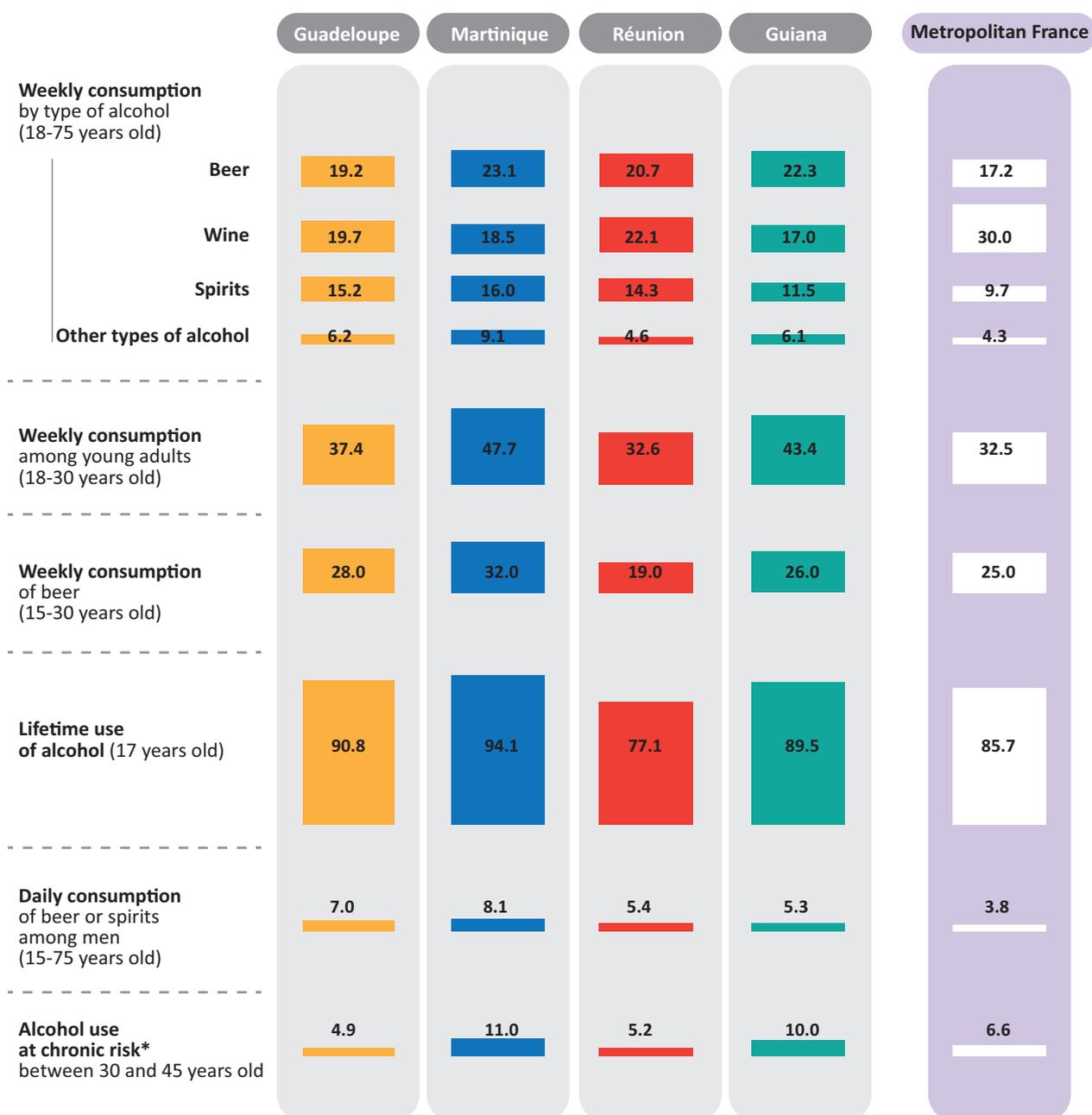
In contrast to the decline in alcohol use in metropolitan France, there has been an increase in heavy episodic drinking among young people in Overseas France: apart from Guiana, where this practice is stable, the entirety of Overseas France shows a significant increase in heavy episodic drinking at the age of 17, including repeated (at least 3 times a month) and regular (at least 10 times a month) drinking. In Réunion, the increase has been continuous for the last ten years, and has now reached a peak among teenagers (37% in the last month). In Guiana and Martinique (where 42% of adolescents report having consumed at least 5 drinks on one occasion in the last month), regular and intensive drinking behaviour is particularly critical. They also reveal wide disparities between populations of different ethnic and cultural backgrounds, whose drinking habits reflect very diverse lifestyles. This high prevalence can be explained firstly by the high accessibility of alcoholic beverages: the “dock dues” taxation regime specific to Overseas France (“octroi de mer”) subjects rum to a lower tax regime than wine or champagne, which makes it particularly cheap. However, it should be noted that this price explanation is not true for tobacco, which is consumed much less than in metropolitan France. Another hypothesis relates to living conditions, which are worse than in metropolitan France in terms of socio-economic and health conditions, and public safety.

Among the illicit drugs, cannabis is far ahead of any other product and is more widespread than in Martinique and Réunion than in metropolitan France. Unlike in metropolitan France, where it is mostly smoked in resin form, cannabis is mostly consumed in herbal form, due to the greater availability of locally produced plants. In contrast to metropolitan France, Martinique and especially Réunion have recorded increasing levels of use among the younger generations (since 2005), as has New Caledonia. Regular cannabis use concerns a proportion of teenagers close to the metropolitan average (6% of Réunionese and Guadeloupeans and 7% of Martinicans) but it affects more than 10% of young New Caledonians. Adolescents in Réunion Island and New Caledonia are particularly affected by daily cannabis use. More generally, poly-drug use appears to be more frequent among adolescents in Overseas France, combining alcoholic drinks and smoked products, as is the very frequent association, among young people in Réunion, between smoked cannabis in the form of herb (*zamal*) and “round” or “grain” (medicated tablet) diluted in an alcoholic or soft drink (beer, rum or Coca-Cola).

The spread of illicit drugs other than cannabis, which is more limited than in metropolitan France, is tending to increase among the younger generations. The range of products on offer is less diversified than in metropolitan France and often much more expensive (partly due to it being an island). Nevertheless, initiation to certain products is experiencing a surge: amphetamines in Martinique, ecstasy/MDMA and cocaine in Guadeloupe and Réunion (now used by more than 2% of 17-year-olds), cocaine and LSD in New Caledonia. Despite

the fact that consumption is generally lower than in mainland France, several products are being widely distributed among adolescents in overseas France: crack cocaine (Guiana and Réunion), heroin (Guadeloupe and Guiana), ecstasy/MDMA (Guiana and especially Réunion). However, the presence of crack cocaine in the French departments in the Americas remains limited to disadvantaged populations, with open scenes in several overseas capitals (Fort-de-France, Pointe-à-Pitre, Cayenne).

**Infographic 2: Critical indicators of alcohol consumption in Overseas France, in %**



Sources: DOM Health Barometer from Santé publique France; ESCAPAD survey by the OFDT

\*defined by a weekly consumption of more than 21 units of alcohol for men, 14 units for women, or a weekly consumption of at least 6 units on the same occasion.

In terms of consumption behaviour, there are at least three overseas particularities. First of all, the problems of consumption are concentrated in certain populations, particularly in Guiana, where excess alcohol consumption affects young Amerindians with an acute intensity, and goes hand in hand with accentuated social damage (for example in terms of domestic violence). Secondly, the gender differential is more pronounced there than in metropolitan France, reflecting gender-differentiated social roles. Although the increase in consumption most often affects men, French Polynesia is characterised by an over-consumption by women, linked to the persistence of matriarchal customs in Polynesian societies (especially in Tahiti). Conversely, there is virtually no regular cannabis use among women in Martinique. More numerous in terms of drug users, men living in Overseas France are also more often involved in regular (or even problematic) drug use, sometimes even beyond their counterparts in metropolitan France (cannabis and alcohol, in Guiana for example). However, observation of the younger generations shows a convergence of behaviour according to gender: at 17 years of age, the proportion of tobacco smokers has been evolving since 2014 in the direction of the parity between genders as observed in metropolitan France. The same is true of drinking behaviour in Martinique and Guadeloupe. Thirdly, in terms of consumption patterns, there is a marked tropism towards the oral (alcohol and medicines in Réunion) and smoked (cannabis above all, but also crack cocaine in the French West Indies and Guiana) routes of administration, which contrasts with the scarcity of injection practices, which are culturally not very accepted, which explains the low levels of heroin use. The snorting route is also present (cocaine in Guiana and Réunion). It is also worth noting the development of new consumption patterns in certain overseas territories, such as the “chimique” drug in Mayotte (soaking cigarettes in alcohol and mixing them with herbal cannabis or synthetic cannabinoids).

## **PUBLIC RESPONSES FALLING SHORT OF THE ISSUES**

Public responses to addiction problems reveal a major mobilisation of existing resources and a territorial coverage of the care provided that falls far short of needs, particularly in territories such as Guiana and Mayotte.

### **A major mobilisation of the medical and social system**

Despite the fact that the overall provision of care is lower than in metropolitan France, the number of drug users cared for in specialised drug treatment centres (CSAPA) appears to be twice as high in Guadeloupe (72 people cared for per 10 000 inhabitants aged between 15 and 74 in 2016) and Martinique (98 out of 10 000) than in metropolitan France (64 out of 10 000) or in Guiana (46 out of 10 000) and Réunion (45 out of 10 000). This indicator obviously depends on the available health supply, which varies from one territory to another, both in terms of volume and types of intervention. The number of active CSAPAs has been steadily increasing in most of Overseas France since the beginning of the decade.

Professionals working with adolescents and young adults, particularly within Youth Addiction Outpatient Clinics (CJC), describe situations of problematic use and particularly strong dependence within the population they serve. In Réunion, for example, cannabis remains the most harmful product and the most cited in CJs among young users in outpatient care (64%), bearing in mind that most young people also consume other products (8 out of 10 young people are poly-drug users).

The predominance of cannabis is found among the consultants at harm reduction facilities (CAARUD): in Réunion, for example, two thirds of them report cannabis use, but use motivated by MDMA/ecstasy increased sharply in 2016.

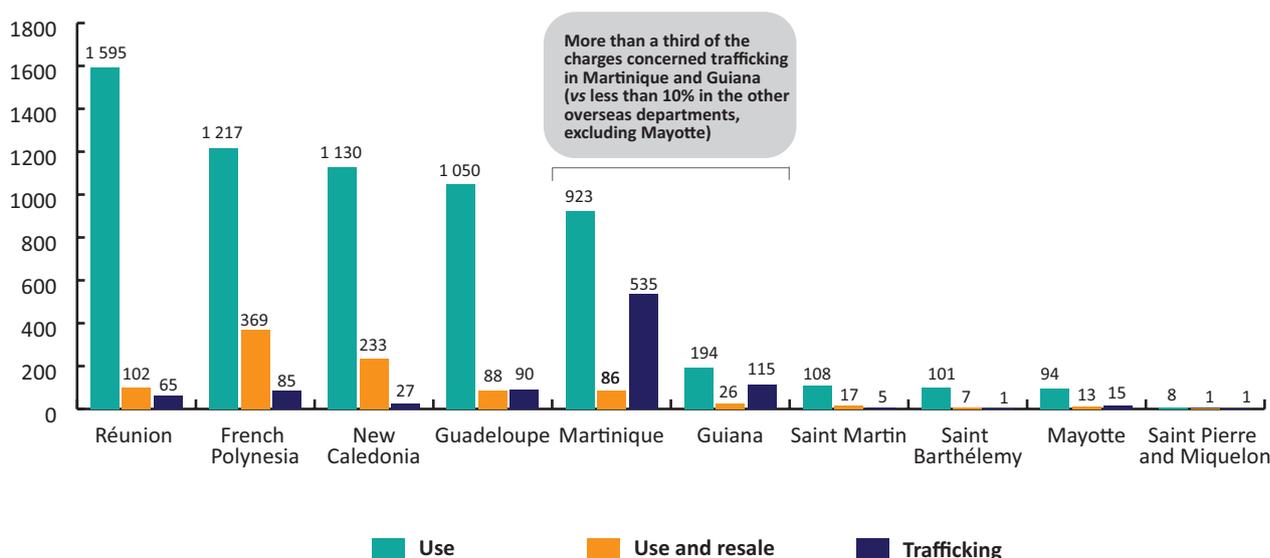
## A significant part of the police force activity focused on narcotics

The number of arrests for narcotic offences is highest in Réunion, ahead of French Polynesia, New Caledonia and Guadeloupe. However, the likelihood of being arrested varies significantly depending on the overseas territory: narcotics-related arrests are most frequent in French Polynesia (81 per 10 000 inhabitants aged between 15 and 74), ahead of New Caledonia (70 per 10 000), Martinique (58 per 10 000) and Guadeloupe (44 per 10 000)<sup>5</sup>.

As in metropolitan France, the predominant form of drug-related litigation is arrests for use, although there are wide variations across Overseas France (see Figure 2). These appear more frequent in French Polynesia (59 per 10 000 inhabitants aged 15 to 74) and New Caledonia (57 per 10 000), far ahead of Guadeloupe (38 per 10 000) and Martinique (35 per 10 000). The lowest rates are recorded in Mayotte, Guiana and Réunion. However, arrests for trafficking represent a significant proportion of the arrests, in some overseas territories more than others: in this respect, Martinique stands out in particular, with more than a third of arrests per year related to drug trafficking, well above the overseas and metropolitan averages. Every year, one in every 1 000 inhabitants is arrested for trafficking offences.

It should of course be recalled that these indicators reflect a state of law enforcement activity rather than the extent of supply or use.

**Figure 2: Number of people charged with drug-related offences in 2019**



Source: OFAST, Ministry of the Interior

NB: the number of people implicated in Wallis and Futuna is nil.

5. OFAST (Ministry of the Interior) data cross-referenced with the general population census (INSEE).

## CONCLUSION

These observations call for the development of additional quantitative and qualitative surveys to verify the hypothesis of overseas particularities in the use of narcotics, and if necessary to identify combinations of explanations (for example in terms of social representations, the structuring of post-colonial social relations, economic and social conditions, position in the geography of the drug market, or public policies). One of the specific features of drug use overseas is the strong gender differential in terms of behaviour. In most of these territories (except in French Polynesia), the structure of uses is clearly more masculine. This line of analysis should also be verified by qualitative studies that focus on gendered perceptions of the acceptability of drug use.

In addition, Overseas France has certain particularities in terms of products on offer. For legally accessible products such as tobacco or alcohol, it stands out by exceptional customs arrangements that encourage the spread of usage behaviours. Above all, however, because of their geostrategic position, some territories constitute a transit and storage area for narcotic drugs, in particular cocaine. A part of the trafficking activities in Overseas France is thus structured around a “single cocaine industry” (and its derivatives such as crack cocaine) originating in the main producing countries, all located in the region (Colombia, Peru, Bolivia), transiting the Caribbean arc and destined for the United States or Europe. More recently however, a second, local, flow has reportedly centred around herbal cannabis production, either locally or in the Dominican Republic. However, the Caribbean arc is a transit area that is increasingly used by criminal organisations as a result of growing pressure in other countries to combat trafficking.

In view of the specific problems observed in Overseas France, the strengthening of a population-based approach and actions aimed at the most affected groups is fully justified, as in the case of the regional health programmes and plans deployed in recent years, particularly in the French West Indies and Réunion. Investigations focused on supply and product flow dynamics would also be useful. Generally speaking, the primary need is to strengthen the monitoring system in Overseas France, to make it more regular and better adjusted to local constraints, in order to guarantee public responses adapted to the specific characteristics of these territories. Within the EU, this issue of knowledge is not specific to France: the lack of specific data on drugs also concerns the overseas countries and territories under the jurisdiction of Denmark (Greenland) and the Netherlands (Aruba and the territories of the former Netherlands Antilles: Bonaire, Curaçao, Saba, Sint Eustatius and part of Sint Maarten).

## **APPENDIX**

*Appendix 1: Administrative and political status of Overseas France*

*Appendix 2: Drugs, key figures in Overseas France*

## Appendix I: Administrative and political status of Overseas France

The 12 territories that today form the unifying category of “Overseas France” are distinguished by a colonial history, in some cases more recent than others, often marked by slavery (Guadeloupe, Martinique, Réunion, Guiana), and administrative and political statuses that have differed increasingly over time. In 2020, these territories are:

- 2 overseas departments and regions (DROM): Guadeloupe and Réunion;
- 3 single territorial collectivities (CTU): the Territorial Collectivity of Martinique (CTM), the Territorial Collectivity of Guiana (CTG) and the Department of Mayotte;
- 7 overseas collectivities (COM): New Caledonia; French Polynesia; Saint Barthélemy; Saint Martin; Saint Pierre and Miquelon; French Southern and Antarctic Territories; and Wallis and Futuna.

Overseas France includes four archipelagos or groupings of archipelagos: *New Caledonia*, a grouping of islands and archipelagos of Oceania, the main island of which is Grande Terre; *French Polynesia* which comprises 118 islands spread over an area the size of Europe - 80 of which are inhabited - spread over 5 archipelagos corresponding to administrative subdivisions: the Society Islands (made up of the Windward and Leeward Islands), the Tuamotu Archipelago, the Gambier Islands, the Austral Islands and the Marquesas Islands; the *French Southern and Antarctic Lands* (TAAF), comprising the Crozet Islands, Kerguelen Islands, St Paul and Amsterdam Islands, Adélie Land and the Scattered Islands; and finally *Wallis and Futuna* which includes three main islands (Wallis, Futuna and Alofi).

Since the constitutional reform of 28 March 2003, the overseas territories have enjoyed “à la carte status”, a decisive step in a process of differentiation that has lasted 70 years (from 1946 to 2016). The Constitution of 27 October 1946 first created two categories of overseas territories: the overseas departments (DOM), subject to the principle of assimilation into metropolitan France and comprising Guadeloupe (971), Martinique (972), Guiana (973) and Réunion (974), and some twenty overseas territories (TOM), which had special status. Taken up again by the Constitution of 1958, this categorisation gave rise to the name “DOM-TOM” (French overseas departments and territories). However, from the 1970s onwards, this dual classification was replaced by a multiplication of special statuses (Mayotte in 1976, Saint Pierre and Miquelon in 1985, New Caledonia in 1985, French Polynesia), which were added to the existing ones (French Southern and Antarctic Lands became a *sui generis* collectivity in 1955, Wallis and Futuna).

The constitutional reform of 2003 distinguished four types of statuses that inspired the current regime:

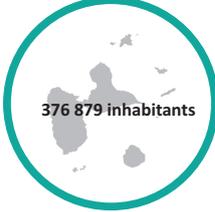
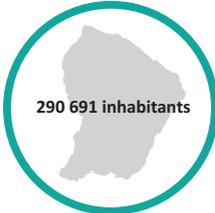
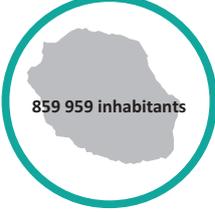
- the overseas departments and regions (DROMs), governed by Article 73 (Guadeloupe, Martinique, Guiana and Réunion since 1946, to which Mayotte was added in 2011);
- the overseas collectivities and countries (COM and POM), governed by Article 74 (French Polynesia, Saint Barthélemy, Saint Martin, Saint Pierre and Miquelon, Wallis and Futuna);
- New Caledonia, a collectivity with a special *sui generis* status governed by articles 76 and 77;
- the French Southern and Antarctic Lands (TAAF), enlarged in 2007 with the addition of the Scattered Islands (Tromelin, Glorioso Islands, Juan de Nova, Europa, and Bassas da India) and Clipperton Island (uninhabited land covered by the law of 6 August 1955).

Most of the territories of Overseas France have had different statuses. New Caledonia, a French colony until 1946 and an overseas territory until 1999, is now an overseas collectivity with "special status". Similarly, Mayotte became in 2011 the 5<sup>th</sup> overseas department and the 101<sup>st</sup> French department. Finally, Guiana and Martinique, formerly DOMs then DROMs, became single territorial collectivities (CTU) in 2016, on the same level as Corsica.

From a political, administrative and financial point of view, this diversity of statuses goes hand in hand with different degrees of autonomy. As CTUs, Guiana and Martinique have merged their regional and general councils. The DROMs are subject to the principle of legislative assimilation: French laws and regulations are automatically applicable even if certain texts may be subject to adaptations resulting from characteristics and constraints specific to these communities. Among the COMs, some enjoy a large degree of autonomy and prerogatives derogating from ordinary law. Thus, French Polynesia has its own president, government, elected assembly and its own identity symbols (flag, anthem).

From the point of view of addiction care, the policy relating to the organisation of care provision is steered by a regional health agency (ARS), as in mainland France, and follows a regional scheme for organising care. In addition to the ARSs operating in Martinique, Guiana, Réunion and Mayotte (the latest ARS, created on 1 January 2020), one ARS groups together Guadeloupe, Saint Barthélemy and Saint-Martin. In the overseas territories, the health care system is based on the same principles as in metropolitan France, in terms of organisation and health insurance cover, but access to care is very disparate in each territory.

## Appendix 2: Drugs, key figures in Overseas France

	Alcohol	Tobacco	Cannabis	Other illicit drugs
<p><b>Guadeloupe</b></p>  <p>376 879 inhabitants</p>	<ul style="list-style-type: none"> <li>■ A product experienced earlier than in metropolitan France (91% vs 86% at age 17)</li> <li>■ Sharp increase in heavy drinking behaviours among adolescents (regular heavy episodic drinking at age 17)</li> <li>■ 14 times higher alcohol-related mortality in men than in metropolitan France</li> </ul>	<ul style="list-style-type: none"> <li>■ Continued decline in the spread of tobacco (at age 17, one in two youth in 2017, compared to two in three ten years earlier)</li> <li>■ Similar proportion of smokers among adolescents and adults (11-12% vs 25% or more in metropolitan France)</li> </ul>	<ul style="list-style-type: none"> <li>■ Low relative presence of cannabis compared to overseas France (half as many users as in Réunion beyond 30 years of age)</li> </ul>	<ul style="list-style-type: none"> <li>■ High spread of cocaine and MDMA/ecstasy (almost 2% initiated into it at age 17)</li> <li>■ A very limited use of crack cocaine</li> </ul>
<p><b>Martinique</b></p>  <p>358 749 inhabitants</p>	<ul style="list-style-type: none"> <li>■ One of the territories in France most affected by the excessive use among young people: at the age of 17, 8% regular drinkers and 19% repeated heavy episodic drinking. Strong rise in drunkenness and alcoholism behaviours</li> <li>■ Weekly alcohol consumption far beyond that of metropolitan France among young adults (18-30 years): 47.7% vs 32.5%</li> <li>■ One of the 6 regions most affected by the risk of dependency (12.6%)</li> </ul>	<ul style="list-style-type: none"> <li>■ The French region with the lowest tobacco consumption</li> </ul>	<ul style="list-style-type: none"> <li>■ Expanding cannabis use among adolescents</li> <li>■ Hardening of the core of regular users, both among adolescents (7.2% at 17 years of age) and adults (3% between 18 and 64 years of age)</li> </ul>	<ul style="list-style-type: none"> <li>■ Increase in amphetamine experimentation (1.5% at age 17)</li> <li>■ Crack cocaine: virtually non-existent consumption</li> </ul>
<p><b>Guiana</b></p>  <p>290 691 inhabitants</p>	<ul style="list-style-type: none"> <li>■ Decrease in alcohol use at age 17 but regular heavy episodic drinking remain high (4.7%)</li> <li>■ Weekly use higher than in metropolitan France among young adults (18 to 30 years old) (43.4% vs 32.5%)</li> <li>■ Higher alcohol-related mortality among men than in metropolitan France (54.6 per 100 000 population vs 49.2)</li> <li>■ High prevalence of foetal alcohol syndrome</li> </ul>	<ul style="list-style-type: none"> <li>■ The lowest smoking rate among young people in France (6% of smokers at 17 years old) (excluding Mayotte)</li> </ul>	<ul style="list-style-type: none"> <li>■ Significant diffusion amongst adolescents</li> <li>■ Marked decline in regular and daily cannabis use among adolescents</li> <li>■ National record for prevalence of regular use among adults (4% between 18 and 64 years of age), especially men (6.7% vs 4.7% in metropolitan France)</li> </ul>	<ul style="list-style-type: none"> <li>■ Setting up cocaine experimentation among adolescents (2% at age 17 in 2017 vs 0.3% in 2005)</li> <li>■ The overseas department most concerned by the spread of crack cocaine (0.7% of users between 15 and 64 years of age), including among adolescents (0.8% initiated on it at 17 years of age), even if it remains concentrated in certain vulnerable populations</li> <li>■ Established initiations into ecstasy/MDMA (3.3% at age 17)</li> </ul>
<p><b>Réunion</b></p>  <p>859 959 inhabitants</p>	<ul style="list-style-type: none"> <li>■ Heavy alcohol use increases during adolescence: doubling of repeated heavy episodic drinking and tripling of regular heavy episodic drinking at age 17 (2005-2017)</li> <li>■ High alcohol-related road deaths</li> <li>■ Nearly 5% of annual hospital emergency presentations are alcohol-related (vs 1.4% in France as a whole).</li> <li>■ One of the areas most affected by alcohol-related mortality (40% higher than the average in metropolitan France for males: 68.3 per 100 000 vs 49.2)</li> <li>■ High prevalence of foetal alcohol syndrome</li> </ul>	<ul style="list-style-type: none"> <li>■ Smoking levels in line with the average in metropolitan France: 26% of adult smokers</li> <li>■ The overseas department most concerned with teenage smoking: 21% daily smokers at age 17 and 4.5% heavy smokers (more than 10 cigarettes per day)</li> <li>■ High accessibility of tobacco (1 point of sale for 450 inhabitants)</li> </ul>	<ul style="list-style-type: none"> <li>■ Very wide distribution: highest rate of experimentation at 17 years of age in all of France (47%)</li> <li>■ Significant increase in recent use at age 17 (one in five in 2005)</li> <li>■ Regular use at the level of the average in metropolitan France among adults (3% of 18-64 year-olds)</li> <li>■ Strong local production of herbal cannabis (<i>zamal</i>)</li> </ul>	<ul style="list-style-type: none"> <li>■ Psychotropic drugs: significant misuse (especially Artane®)</li> <li>■ Overseas territory most affected by initiation into MDMA/ecstasy (3.9% at age 17)</li> <li>■ Cocaine: significant increase in initiations at age 17 (2% in 2017 vs 0.5% in 2005)</li> <li>■ Growth in NPS according to non-local professionals (phenomenon not quantified)</li> </ul>

	 Alcohol	 Tobacco	 Cannabis	 Other illicit drugs
<p><b>Mayotte</b></p>  <p>279 471 inhabitants</p>	<ul style="list-style-type: none"> <li>Very low interest in alcohol (24% of users at age 17 vs over 90% in Overseas France and 86% in metropolitan France)</li> </ul>	<ul style="list-style-type: none"> <li>Smoking almost non-existent</li> </ul>	<ul style="list-style-type: none"> <li>By far the most consumed substance</li> <li>Overwhelmingly male consumption (no regular use reported among girls at 17 years of age)</li> </ul>	<ul style="list-style-type: none"> <li>Rise of the «chimique» drug and synthetic cannabinoids (phenomenon not quantified)</li> <li>Low spread of illicit drugs (less than 1% of population initiated, excluding hallucinogenic mushrooms)</li> </ul>
<p><b>New Caledonia</b></p>  <p>271 407 inhabitants</p>	<ul style="list-style-type: none"> <li>High prevalence of regular and daily use among adolescents: one in ten adolescents report 10 or more episodes of use within a month</li> <li>One in three teens report at least 3 heavy episodic drinking episodes in the past month and one in ten report at least 10 in the current month</li> </ul>	<ul style="list-style-type: none"> <li>Smoking is much more prevalent than in metropolitan France (or in Overseas France): 41% daily smokers at age 17</li> </ul>	<ul style="list-style-type: none"> <li>National record for regular use among teenagers: at age 17, more than one in ten young people regularly smoke cannabis</li> <li>Significant local production</li> </ul>	<ul style="list-style-type: none"> <li>A low level of illicit drug use during adolescence, with the exception of cocaine (1.7% at age 17), LSD (1.7%) and hallucinogenic mushrooms (2.6%)</li> </ul>
<p><b>French Polynesia</b></p>  <p>281 674 inhabitants</p>	<p><b>The overseas territory with the highest levels of consumption</b>  <b>Mainly female consumption</b></p>			
	<ul style="list-style-type: none"> <li>Use patterns close to the average in metropolitan France but higher prevalence of at-risk uses</li> <li>Over-representation of women from adolescence: at 15-16 years of age, drunkenness is more common in young girls (57% vs 49%)</li> <li>Normalised perception of heavy drinking among youth (20 to 30 units per occasion is perceived «normal» drinking)</li> </ul>	<ul style="list-style-type: none"> <li>Smoking prevalence among youth remains high</li> <li>Increasing early initiation</li> <li>Over-representation of women</li> <li>Strong presence of roll-your-own tobacco</li> </ul>	<ul style="list-style-type: none"> <li>Significant local production (pakalolo)</li> <li>Consumption equally common in boys and girls in adolescence</li> <li>Over-representation of «problematic» uses at age 15-16 (3.6% vs 2% in metropolitan France)</li> </ul>	<ul style="list-style-type: none"> <li>Specific consumption (kava)</li> </ul>
<p>Sources: INSEE (RGP); ESCAPAD 2017, OFDT; 2014 DOM Health Barometer 2014 by Santé publique France; Cépi-Dc, Inserm; ECAAP 2009 (Inpes has become Santé publique France); TREND observations.</p> <p>Note: No data available for Saint Martin, Saint Barthélémy, Saint Pierre and Miquelon and Wallis and Futuna.</p> <p>See definition of indicators of use in Box page 8.</p>				

## Acknowledgements

### For their rereading:

- From the OFDT: Clément Gérome, Stanislas Spilka, Olivier Le Nézet, Julien Morel d'Arleux, Michel Gandillon, Christophe Palle, Anne de l'Eprevier.
- Stéphanie Guyon (lecturer in political science at the University of Picardy Jules Verne).
- Armelle Crosse (pharmacist at the Kaz Oté! CSAPA in Réunion and expert in pharmacology within the Santé Addictions Outre-mer [Overseas France Addiction and Health] network).
- Viêt Nguyen-Thanh (Head of the Addictions Unit within the Department of Health Prevention Promotion, Santé publique France).

**Documentation:** Isabelle Michot

**Graphic design:** Frédérique Million

**Cover photo credits:** © Hanasaki/© thomathzac23 (Adobe Stock)

**Translated in English** by Global Voices, supervised by Anne de l'Eprevier

**OFDT - 69 rue de Varenne  
CS 70780 - 75700 PARIS CEDEX 07  
FRANCE**

---

<https://en.ofdt.fr/>