



DRUG USE, DRUG SUPPLY AND PROFESSIONAL PRACTICES IN FRANCE AT THE TIME OF COVID-19: QUALITATIVE CROSS-OBSERVATIONS OF THE TREND SCHEME

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The development of the COVID-19 epidemic and the implementation of lockdown measures by the French public authorities in mid-March 2020 changed the consumption practices of drug users and disrupted the activities of trafficking networks.

In order to better understand these developments, the French Monitoring Centre for Drugs and Drug Addiction (OFDT) has appealed to the eight local centres in its Emerging Trends and New Drugs (TREND) monitoring system. The eight local coordinating sites (Bordeaux, Lille, Lyon, Marseille, Metz, Paris, Rennes, Toulouse) were able to draw up an overview of the effects of lockdown with the support of their network of informants (drug users, professionals in the medical-social sector, risk reduction, etc.). In total, nearly 50 users and almost 90 professionals (managers, social workers, doctors) representing more than 80 organisations (including 35 low-threshold harm reduction facilities "CAARUD", 30 specialised drug treatment centres "CSAPA" and 3 drug users' self-support groups) replied to a short questionnaire, most of them at least twice during lockdown.

After an initial bulletin covering the first three weeks of lockdown (from mid-March to the first week of April 2020), this updated overview includes the data collected between 7 April and 7 May in order to document in greater detail the following three themes: the adaptation strategies adopted by users (abstinence and forced or consensual withdrawal, overconsumption, compensation and transfers to other products, etc.); the ways in which health care and risk reduction facilities have changed their practices and activities in order to best pursue their missions; and the transformations concerning trafficking networks.

Different supply and usage regulation strategies

The data collected by the TREND scheme during the first three weeks of lockdown (16 March - 6 April) had highlighted various supply and consumption regulation strategies adopted by users of psychoactive products ([see bulletin no.1](#)).

Certain lockdown situations have led to the cessation of or a drastic reduction in consumption, particularly of cannabis and/or cocaine. This is, for example, the case for urban users who have left their homes to isolate far from urban centres, with family or friends. The depletion of product reserves after a few weeks, no local supply (see the section on supply) and the risk of fines in the event of travel to urban areas have led them to reduce or cease their consumption. Being confined with people (spouses, parents, etc.) that are unaware of and/or do not tolerate consumption has also had an impact on the reduction or even cessation of some consumption.

On the other hand, the TREND scheme also identifies cases of increased consumption of psychoactive products. Whereas in normal times abstinence is imposed by working hours, situations of technical unemployment or working from home open up the possibility of consuming alcohol, cannabis, cocaine or all three at home during the day or even while working. The reason for overuse most frequently cited by users and professionals refers to the need to deal with the additional anxiety generated by lockdown and its effects (reduced social relations, feelings of isolation, etc.).

Alcohol is still the most cited product that people are overconsuming. In Marseille, Lyon, Rennes and Bordeaux, this overconsumption concerns people who are well-integrated on a socio-economic level (students, young working professionals, etc.), whose use of psychoactive products, although regular, was previously limited to special occasions, and who now say they drink one or two glasses every day at home. The increased use of alcohol, which is legal and easily accessible, is often intended to offset the supply risks of other products that have become less accessible due to travel restrictions, sometimes doubling or even tripling in price (see below).

Intensification of the difficulties for users involved in high risk behaviour

The further deterioration in the living conditions of the most vulnerable users reported in the first bulletin is confirmed by the information collected since mid-April. At all TREND sites, uncertainty about livelihood options amplified pre-existing psychological suffering during the weeks of lockdown, despite the efforts of CAARUD professionals.

The drastic drop in income from begging, which has become particularly difficult to exercise in the cities covered by the TREND scheme, has reduced the possibilities of purchasing products and increased withdrawal and anxiety symptoms for many precarious users. In addition, some of them, in Auvergne-Rhône-Alpes and Metz for example, have encountered difficulties in maintaining or obtaining social benefits, particularly the RSA [earned income supplement] (difficulty in reaching a contact person due to saturation of telephone lines, inability to access the counters of institutions, etc.).

In Lyon, Marseille, Metz, Toulouse and Paris, access to food, water and personal hygiene remained insufficient throughout lockdown, despite the mobilisation of associations and citizen groups from the first few days of lockdown.

Action from police services has also been problematic in several urban areas, such as Lyon (and other cities in Auvergne-Rhône-Alpes), Metz and Toulouse, where there have been numerous reports of non-compliance with the lockdown of homeless users, as well as reports on "abuse of power" by some food store managers. In these towns, the fear of controls has also led some users to limit their use of the CAARUD and the taking of injection equipment, making professionals in Metz and Lyon fear that the equipment could be reused. This situation also concerns users who are not experiencing huge difficulty and who fear police checks on certain roads. This is one of the reasons why more and more users are using the postal needle and syringe exchange programme, whose active queue is still growing (see box below).

The issue of access and accommodation conditions has also been criticised by users and professionals. Housed in collective facilities (gymnasiums), some users point out the risks of contamination. Some professionals share these questions and indicate that, in their opinion, it would have been more relevant to open or reopen small facilities adapted to users and corresponding to their territorial anchorage.

Professionals' adaptations and innovations in the face of the epidemic

In response to fears of reduced access to harm reduction equipment, many CAARUDs have developed alternative delivery methods, such as home delivery or "drive" delivery with extended time slots, informing partner organisations and users (when their contact details are known) of these new services. The supply from CAARUD's partner pharmacies has also been developed in several territories but also that of other relays such as day care centres and doctors. The CAARUDs have set up or reinforced patrols in order to increase the delivery of equipment and avoid increased risks (particularly those related to injections), to promote access to care, and to establish or to continue contact with users, particularly those living far from city centres. The postal needle and syringe exchange programme has also helped to ensure access to harm reduction equipment (see box below). In addition, some CAARUDs distributed meal trays, service vouchers or food parcels, as in Bordeaux, Paris and Marseille, while others, in Lyon for example, reopened their showers in April to promote access to hygiene. Hotel accommodation initiatives have also been offered by the facilities, sometimes financed out of their own funds.

Strong development of remote risk reduction

Led by the SAFE association at the national level and CAARUD at the local level, the postal needle and syringe exchange programme has recorded a net increase in its activity since lockdown began. More than 100 new users were added to the system in March 2020, compared with an average of 33 per month in 2019, the highest monthly increase in the active queue since the programme was created. In the first 19 days of April, 59 new users joined the system. Nearly 62,864 syringes were provided (compared to 37,186 in February 2020). These new requests mainly come from users redirected by CAARUDs who can no longer do home distribution or are made during patrols when users are no longer able or no longer wish to travel to the cities where the CAARUDs and automatic syringe dispensing machines are located.

CSAPA (specialised drug treatment centres) professionals have also adapted to the situation by facilitating the delivery of opioid substitution treatments (OST) from the outset of lockdown through faxed prescriptions to pharmacies, which were automatically renewed. Access to OSTs for substitute users was thus possible without major difficulties during all of lockdown for the majority of patients already undergoing follow-up care. Some CSAPAs have also facilitated access to treatment for new users by relaxing the protocols for inclusion in methadone or even Skénan® (forms of low-threshold access), but this approach does not apply to all facilities. Caregivers have also responded to new requests for benzodiazepine treatment from dependent users who had difficulty accessing these drugs via GPs and pharmacists, as well as adjustments for patients already benefiting from these treatments. Many facilities have deployed various actions to support users, such as the generalisation of teleconsultations and the development of home visits, while maintaining (or re-establishing after a few weeks' suspension) the possibility of individual physical reception and access to caregivers in certain special or urgent cases (inclusion of OSTs with methadone, finalisation of medical records or procedures for access to rights, patients in great difficulty expressing the need for physical contact, etc.).

The health crisis has also stimulated the development of relations between different care actors (including addiction facilities) and social emergency services (Samu sociaux [Emergency Medical Assistance Service], day care centres, food patrols, Restos du cœur [French food package charity], CCAS [Communal Social Welfare Centre], shower baths, emergency accommodation and social reintegration centres, etc.).

Despite the synergies in terms of partnership, the strengthening of existing links between schemes and the energy deployed by professionals, the latter deplore the many negative consequences of lockdown such as the loss of contact with part of their active file. These include, for example, CSAPA patients who remain unreachable or dissatisfied with the teleconsultation for reasons of confidentiality (compromised when people are housed in social housing and rehabilitation centre, or at home with their families) or because possible

technical problems (network cuts or slowness) complicate exchanges, or because users have a poor command of French. Caregivers in the CSAPA also point out the difficulties associated with teleconsultation, which requires increased attention and concentration and interferes with non-verbal communication.

Several professionals have expressed their suffering due to a workload that generates wear and tear and fatigue, adding changes to their working conditions, which is linked to the physical distance imposed by the epidemic, and which contradicts the proximity required by the support relationship for users.

Impact on supply and trafficking

From the first week of lockdown, some TREND sites (Lille, Paris, Marseille) reported a drop in the number of visitors to drug-selling areas and a clear decrease in trafficking activity, although this did not stop. On the whole, the structured and organised sales outlets continued to operate on a reduced scale during the two months of lockdown. Trafficking was less visible, and much slower due to the confinement of customers and erratic product arrivals. To compensate for the drop in demand due to travel problems at the points of sale, almost all sites confirm the use of home deliveries throughout the lockdown period. For some substances, availability and accessibility deteriorated over time, while for others, once the shock of the first few weeks had passed, the market reorganised itself and adapted to the changes.

During the first month of lockdown, it appears that the cannabis resin market was the most affected. Trafficking would have suffered both a supply shock (closure of borders in Morocco and Spain) and a demand shock with lockdown measures. Although it should be recalled that no representative data is available, many sites (Bordeaux, Toulouse, Lyon, Metz) reported tensions manifested by rather significant price increases. When prices did not rise, this does not mean that the market was functioning without disruption. In Marseille, Toulouse and Rennes, although the retail price of the resin has not changed, the quantities served for the same amount were lower in some points of sale. These difficulties would have been offset in some regions by the use of local herbal cannabis production in urban areas, such as in the Lille metropolitan area, or in rural or peri-urban areas of Lyon. However, lockdown has aggravated territorial divides, with product shortages appearing to be much more significant in rural areas.

From the first month of lockdown, the cocaine market saw price increases in all regions, except for northern France situated near the Netherlands where the main wholesale market in Western Europe is located. In Bordeaux and Rennes, since the lockdown, the retail price has reportedly increased in some points of sale from €60-70 to €80-100, while in Lyon the increases appear to be more significant, with the retail price per gram increasing in some cities from €60-70 to €80-90 or even €100. In Marseille, the quantities served for the same price decreased during lockdown.

Lockdown appears to have had little effect on the regional divisions characteristic of heroin use in France. In Lille, one of the rare cities where heroin is resold in points of sale within sensitive neighbourhoods, the product still seems to be available (even if the content is unknown) despite a declining demand, due to the withdrawal of precarious users faced with the collapse of resources from begging. To cope with the situation, some resellers would have lowered their prices, the price per gram dropping from €20 to €10. In the Lyon region, the availability of heroin and its price in points of sale within sensitive neighbourhoods appear to be stable. In Marseille, where the market has been more discreet for 20 years, some observers speak of "scam growth", as well as a sharp rise in prices (up to €200 per gram), while in Rennes, some users report a product that is available but "ultra-cut".

This document is a summary of the second issue of OFDT Bulletin TREND-COVID-19 available online [in French]: <https://www.ofdt.fr/publications/collections/notes/bulletin-trend-covid-19-numero-2/>. While it is worth recalling the difficulties in gathering information and its partial and unrepresentative nature, the contribution of the two bulletins lies in the demonstration of the responsiveness of the TREND scheme in reporting emerging phenomena. In autumn 2020, the OFDT will produce a publication analysing and summarising the effects of lockdown on drug supply, behaviour and contexts of use.
