

The seventh national report on the TREND system

The use of opioids, stimulants, hallucinogens and misused medical products in 2005 among high consumption population groups

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This edition of *Tendances* presents the main results of the seventh year of operation of the TREND system (recent trends and new drugs)¹.

It is important to remember that the TREND system focuses on population groups with a much higher propensity to consume psychotropic substances than the rest of the population of an equivalent age. Consequently, the findings may not be extended to the rest of the population.

Among the highlights noted in 2005, four main points stand out in particular: an increased prevalence of injection practices among the

most precarious sectors of the population for HDB and stimulants, changes noted in the consumption of opioids, (including a possible resumption of heroin consumption and an increase in the misuse of HDB among the same marginal groups), a diversification in the methods of use for stimulants, (particularly cocaine and ecstasy) and, finally, in the second part of the report, new phenomena concerning the hallucinogen family including the appearance of a new form of LSD and the use of GHB in particular.

The two key environments used for observation purposes by the system are the urban environment and the festive “techno” environment. The urban environment as defined by TREND chiefly covers front-line structures (syringe exchange

1. The national report on the TREND system is available in full on the OFDT website at the following address: www.ofdt.fr

Established in 1999 in order to identify and describe changes in the trends and emerging phenomena related to illegal products or those subject to misuse, the TREND system is designed to provide early information for key players and decision makers in the field of drug abuse. It draws upon:

- Qualitative continuous collection tools coordinated by OFDT, and implemented by a network of local coordination offices (Bordeaux, Lille, Lyon, Marseille, Metz, Paris, Rennes, and Toulouse in 2005) using a common information collection and analysis strategy.

- The SINTES scheme (Système d'identification national des toxiques et des substances – National poison/substance identification system), an observation system focusing on studying the toxicological composition of illegal substances.

- Recurrent quantitative surveys, including among others PRELUD, carried out among users of front-line structures which have become CAARUDs (Centres d'accueil et d'accompagnement à la réduction des risques des usagers de drogues - Reception and Risk Reduction Support Centres for Drug Users) in 2006. This survey followed the «front-line» survey carried out between 2000 and 2003 in mainland France and in certain overseas départements. The data from PRELUD, which is only carried out in mainland France, is

therefore only compared to the data from mainland France from the «front-line» survey.

- Thematic qualitative or quantitative investigations to provide added depth for a particular subject.

- The use of results from partner information systems, namely:

- The OPPIDUM survey (Observation des produits psychotropes illicites ou détournés de leur utilisation médicamenteuse - Monitoring of illegal psychotropic substances or those that are used for purposes other than medicinal) run by the CEIPs (Centres d'évaluation et d'information sur les pharmacodépendances - Drug Dependency Information/Evaluation Centres): yearly description of the users visiting the CSSTs (Centre de soins spécialisés pour toxicomanes – Specialised centres for drug addicts), namely:

- Surveys into the use of drugs among the general population: the Baromètre Santé (INPES/OFDT) and the ESCAPAD survey (OFDT).

- Data from the OCRTIS (Office central pour la répression du trafic illicite des stupéfiants - Central office for the Repression of Drug-related Offences) concerning policing activity statistics and deaths by overdose.

All of this data is analysed by the local coordination offices generating the site reports, and is subsequently commented on at a national level.

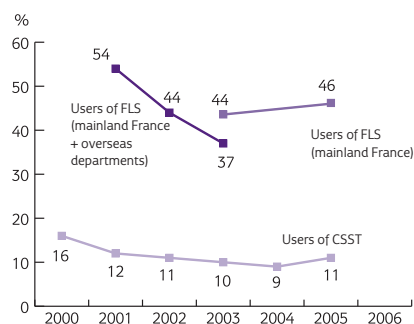
centres and programmes) and open environments (the street, squats, etc.). Most of the people interviewed in this environment are problem users of illegal products whose living conditions are heavily characterised by precariousness. The festive techno environment refers to venues at which events organized around this musical scene are held. It includes the so-called "alternative" techno environment (free parties and teknivals, etc.) but also commercial venues (clubs, discotheques or private parties when these are "techno" parties). The choice of these two environments is justified by the high probability of discovering new or hitherto unobserved phenomena here, even if these environments alone do not encapsulate drug use in France as a whole. The use of drugs in more diffuse population groups, for which no precise observation location can be defined, may be the subject of specific surveys.

Results and observations from 2005

A likely increase in injection practices among the most precarious users

Although since the year 2000, both quantitative and qualitative observations have pointed to a reduction in injection practices, a possible reversal of this trend may currently be underway. Indeed, although the quantitative data collected between 2001 and 2003 during the various surveys performed involving drug users frequenting so-called «front-line structures» (FLS) appear to show a reduction in the prevalence of injection (as do the surveys carried out involving the CSSTs), this year we are not only witnessing the end of this downward trend, but also an increase in the proportion of recent injectors² in both schemes [1,2].

The percentage of recent injectors among all drug users frequenting front-line structures, and all users visiting the CSSTs



FLS: injectors during the previous month, CSST: injectors during the previous week.

Sources: PRELUD, TREND / OFDT, 2001 to 2003, and 2006 [2-4], OPPIDUM, CEIP / AFSAPS 2000 to 2005 [1]

This phenomenon, which has been reported by field observers, is perceptible in quantitative terms, for cocaine, HDB (high-dose buprenorphine) and ecstasy consumption, usually within rather young, male and marginalised population groups living in situations of extreme precariousness and frequenting both FLSs and alternative techno/festive environments. On the other hand, this change does

not appear to concern heroin even though a number of observers have reported a spread in the injection of this substance among certain highly marginal population groups.

Changes in the prevalence of injection practices according to the substance consumed during the last month, among users of front-line structures between 2003 and 2006

| | 2003 (n=855) | 2006 (n=1,017) |
|--------------|-----------------|-------------------|
| Heroin | 53% | 54% |
| Cocaine | 46% | 54% |
| HDB | 47% | 58% |
| Ecstasy | 13% | 19% |
| Amphetamines | 22% | 40% |

Sources: PRELUD / TREND / OFDT 2006 [2,5].

Opioids

A slight increase in heroin use

Since the launch of the TREND system in 1999, observers from the network of sites located in urban environments agree on a fundamental fact: the growth of opioid substitution treatments (high-dose buprenorphine, methadone, etc) has had a tendency to dry up the demand for heroin in France, reducing the availability of the product and making it difficult to obtain due among other things to the disappearance of open venues. However, heroin use has never really disappeared. Additionally, the continuing decline in the image of HDB, particularly among those who misuse it, is encouraging the latter to turn to heroin use.

This year, several sources of quantitative data suggest a slight upturn in heroin use. Although, among those interviewed in front-line structures in early 2006, 34% declare that they took heroin during the last month, (i.e. just four percentage points more than with the previous survey carried out in 2003), [2] this trend is also seen among users interviewed within the framework of social and health treatment (13% in 2004, 16% in 2005) [1]. Additionally, we are seeing an upturn in the number of arrests for heroin use since 2003, and the number of overdoses attributed to heroin since 2004 (32 in 2005 compared to 23 in 2004, the lowest level achieved since 1994) [6]. If confirmed, this rise would indicate a reversal of the downward trend witnessed over recent years.

However, in 2005, only the Paris site reported an increased availability of heroin, including the reactivation of numerous points of sale in the north-east of the city. For their part, the other sites report no change in availability. The price per gram of brown heroin on the black market in major urban areas in 2005 stood at 50 euros compared to 35-40 euros in previous years.

In festive environments, and in particular at free parties and teknivals, observers report the increased visibility and availability of heroin. The presence of heroin in techno/festive

environments had already been objectivised by a quantitative survey carried out in 2004-2005 demonstrating that although 26% of people frequenting this environment had consumed heroin at least once in their life (and 8% during the previous month), these frequencies rose respectively to 41% and 15% among those familiar with alternative environments (please see the panel on page 1) [7]. In most cases, we are witnessing a rise in the secondary use of heroin, not for the «high» which it can produce, but as an accompaniment when using stimulants in order to help the user with the «come down». In this particular environment, snorting remains the dominant consumption method, with observers this year reporting an increase in hot inhalation (blowing, «chasing the dragon», bangs or joints).

HDB continues to be misused in marginal environments within urban areas

Among those persons in contact with treatment schemes, substitution treatments appear to be increasingly administered as part of a therapeutic treatment programme. This was the case for 94% of them in 2005 [1]. However, at the same time, misuse appears to be on the increase among certain population groups.

Indeed, during 2005, despite more frequent inspections carried out by the CPAMs (French government department dealing with health insurance) concerning HDB prescriptions, it appears to be as present as ever on the black market in major urban areas. On the other hand, the impact of the measures taken is being felt on prices. In Paris, the going rate for an 8 mg Subutex® tablet on the black market has increased from 1.5 to 2 euros. In Toulouse and Marseille, the price per tablet has doubled compared to previous years. Nationally, the median price for a tablet on the black market, which fell from 6 to 3 euros between 2000 and 2002, rose to 5 euros in 2005.

In some sites, the inspection and control measures are confronted with a trafficking system which is far better structured than in the past, no longer based on the resale of the drugs by patients receiving substitution treatments, but instead organised by genuine drug traffickers including the «hiring» and/or theft of «Vitale» cards, the sending of clients to doctors by dealers in order to obtain prescriptions, and multiple consultations outside the person's area of residence, etc. All of these practices are designed to avoid any suspicion arising during examinations of the medical files (which have no link between them) by each CPAM.

Continuing the trend noted in previous years, the observers in urban environments confirmed the high prevalence of HDB among the drug consumption practices witnessed in the most marginal environments. The misuse of this substance even seems to be increasing. Within the FLSs, although the percentage of people using HDB during the previous month remained virtually unchanged (at 44% in 2006

2. Recent injectors : during the month preceding the survey.

compared to 43% in 2003), the exclusive misuse of the drug³ concerned 28% of HDB users compared to 11% in 2003. At the same time, the percentage of users declaring a combination of both therapeutic consumption and misuse is falling (34% in 2003 compared to 23% in 2006) [2,3].

Moreover, it appears that we are witnessing a diversification in the profiles of those misusing HDB. A number of sites have highlighted the major presence of groups of young marginals from Eastern Europe and «wanderers» passing to and from the urban and festive environments. Within these groups, numerous observers report a greater visibility of injection practices for those seeking to «get high». The rise in the injection of HDB can also be seen thanks to a survey carried out among users frequenting front-line structures (Table p.2). However, despite this trend, a number of key players in the medical field or working with the CSSTs and FLSs agree that we are witnessing a reduction in the usual problems related to Subutex® injection. The same sources attributed this to the spreading of the use of Sterifilt®. This new filter blocks the passage of those substances responsible for the vein problems and abscesses related to injection.

The emergence of limited misuse of methadone

A refocusing of prescription practices in France, favouring substitution treatments using methadone (underway for several years now) has brought about a gradual increase in the use of this treatment among opioid addicts. As may be expected, several examples of misuse are appearing, concerning a substance which, due to its treatment method and galenic characteristics, does not lend itself well to misuse.

Since the launch of the TREND system, the occasional and limited presence of methadone has been noted on the black market at several sites. In 2005, several sites (Paris, Rennes, Toulouse, Metz and Lille) have reported increased availability of methadone in this market. Misuse appears to be rising among those regularly visiting FLSs. Indeed, in early 2006, although 71% of methadone users consumed the substance exclusively as part of their scheduled therapeutic treatment, 12% stated that they both misused it and used it as a substitution treatment and 17% stated that they exclusively misused it compared to 8% in 2003

[2]. Cases of misuse have been reported on several sites, particularly when combined with alcohol, as well as use for substitution purposes outside an official treatment programme. It also appears that this year, contrary to the findings in previous years, the image of this particular medicine has significantly deteriorated among users as misuse has appeared.

However, it should be noted firstly that the product is virtually never injected, and secondly, that unlike Subutex® which can be trafficked by non-users, the methadone sold on the black market is obtained almost exclusively from surpluses built up by patients receiving substitution treatments who, for one reason or another, do not use all of their prescribed doses.

Indications that morphine sulphate is making a come-back at certain sites

Although limited, the availability of morphine sulphate marketed chiefly under the brand names Skenan® and Moscontin® appears to be rising moderately at a number of sites. Two sites, Paris and Rennes, (well-known for their black market), reported an increase in their availability in 2005, as did the Marseille site to a lesser extent [4]. In Paris, the market is concentrated in the 18th district and to a lesser extent in the Halles area. In these two areas, the consumption of Skenan® can be seen on the streets.

The number of users of misused morphine sulphate products appears to be rising among young «wanderers» (20-30 years old) on the margins of the festive environment. According to observers in Paris, these young people live in squats and inject Skenan®, with this substance now forming the daily basis of their drug consumption. A number of young HDB injectors are now converting over to Skenan® in order to get the «real effect» and to avoid problems with their veins or infections related to HDB injection. In the FLSs, we are generally witnessing a rise in the use of morphine sulphate during the previous month, chiefly related to increased misuse of this substance. Among all users encountered in these structures, the percentage of morphine sulphate users taking the product exclusively to «get high» almost tripled between 2003 and 2006 (at 3.3% and 9% respectively). This percentage rises to a maximum of 22% in Rennes [2,3].

Stimulants

Cocaine availability levels remain high regardless of the environment concerned

The availability of cocaine hydrochloride has continued rising in France over the last five years, with the median price per gram gradually falling to a level of around 60 euros per gram [4]. In 2005, certain sites such as Bordeaux and Lille even reported the direct sales of cocaine in public areas.

These two phenomena have together encouraged more widespread use, with consumption now involving very different social profiles, ranging from highly marginalised street users to individuals who are perfectly integrated socially. Consequently, the relative stability in consumption frequency reported in front-line structures devoted to «traditional drug users» leads us to suppose (as suggested by the data available among the general population) that use is growing to a greater extent among population groups better integrated socially, than those using the schemes [2].

In marginalised urban environments, in early 2006, 90% of users frequenting front-line structures had experimented with cocaine and crack and 39% had taken it during the last month. Although within this population group, the percentage of cocaine users changed very little, it appears that the main emerging trend concerns growth in the use of injection (Table p.2) [2,3]. Indeed, it appears that the brief effects of cocaine in its hydrochloride form when injected lead many users to repeat the process compulsively.

Additionally, this year numerous observers mentioned a major growth in health problems following the use of cocaine in the urban environment. These problems are related both to the nature of the product and the mode of administration, in this case injection. Apart from the problems of infections caused by injection, FLS professionals reported users in a state of total physical and psychological exhaustion.

The use of cocaine hydrochloride in smoked form in the same environment is also increasing (39% of users frequenting the FLSs used it during the previous month in 2006 compared to 8% in 2003) [2,3]. It has also been noticeable this year in festive environments. Indeed, in 2005 five sites (Rennes, Lille, Metz, Paris and Bordeaux) reported the growing emergence of a practice which involves smoking cocaine hydrochloride by mixing it directly with tobacco or cannabis in a cigarette or joint. The advantage of this prac-

Reported in 2005: the appearance and circulation of mCPP

In December 2004, m-chlorophenylpiperazine (mCPP) was identified for the first time in France in the form of tablets sold as «ecstasy». Reports by the SINTES scheme increased in 2005 in various parts of the country and several seizures were carried out. The initial tablets containing the substance were easily identifiable due to the «home-made» striped appearance of the tablets, which were sold as «Arlequins» (Harlequins). Tablets in new and different forms then began to appear, closer to the usual appearance of ecstasy tablets including a uniform colour and logo. In France, unlike other European countries, mCPP was the only psychoactive substance found in samples gathered, except in heart-shaped tablets which also contained MDMA. It appears that the substance had never been actively sought out or even identified by the users, who believed that they were consuming MDMA. Unpleasant effects have been reported following oral consumption including nausea, vomiting, headaches, a heavy, hemmed-in feeling and hot flushes. Two personal accounts, following intravenous use, described swelling of the face with violent hot flushes and respiratory blockages.

3. The users were questioned about the end purpose of their drug use. Regardless of the medicine concerned, misuse includes any use aimed at "getting high" or for control purposes when taking other drugs (for example, offsetting the craving for heroin or helping the user "come down" more easily after taking stimulants). Therapeutic use is aimed at stopping the consumption of heroin or of another opioid or treating the addiction).

tice lies in its discreetness when compared to other modes of administration such as snorting. Furthermore, this smokable form makes it easier for potential users put off by snorting or «freebasing»⁴ to «take the plunge», as despite their widespread use, these two methods are still associated with all the stigma of drug abuse. This mode of administration is also seen as more fun and sociable as the cocaine cigarettes can be passed around among the smokers. The effects are described as «gentler» and «milder» than snorting or inhaling freebase cocaine. It appears that the main user group for this method comprises young people, generally well integrated socially, frequenting the festive environment.

Ecstasy: a tendency to experiment with modes of administration other than oral administration

After cannabis, ecstasy is the most widely encountered illegal substance in France in the festive environment, (whether commercial or alternative). This high level of availability explains the continued fall in the price of ecstasy tablets in 2005 despite the already relatively low levels found in the market. Although the phenomenon is not particularly spectacular when we consider the tablets purchased singly (with an average price of 7 euros), the increasing tendency for users to buy their tablets «in bulk» is resulting in a major fall in the average price of the tablets, which can be as low as 4, 3 or sometimes even 2 euros. For its part MDMA in powder form, (the main active ingredient in ecstasy) remains much more expensive at between 50 and 60 euros per gram.

MDMA is highly present in festive environments everywhere. The «tablet» and «capsule» forms are particularly widespread in commercial festive environments (clubs and discotheques). Here, its use concerns a young and socially well-integrated population group comprised of recreational users. The only negative aspects adversely affecting the image of ecstasy concern the quality of the tablets, considered to be in decline for several years now.

In the «free parties» environment, the powder form is most frequently consumed, with ecstasy in tablet form now being seen as «old-fashioned». The massive spread in use observed over recent years has stripped ecstasy of the distinctive image it gave its users in the early 1990s. On the contrary, in this environment, where users are always on the lookout for new and more radical sensations, the «powdered» form circulating under the simple name of «MDMA» has a favourable image, related above all to the better quality levels users tend to associate with it.

The large-scale spread of MDMA in festive environments, particularly in «tablet» form has probably contributed to the growth (as reported by several observers) of the practice of snorting tablets, particularly in clubs and

discotheques. This practice is related to the search for more intense effects (a faster high), to the fashion trend associated with the popularity of snorting, and finally to a search for a more «social» aspect by sharing lines.

Ecstasy is hardly consumed outside festive environments. However, a non-festive use does exist, chiefly among a marginalised population group comprising «wanderers» frequenting front-line structures, but also present on the margins of the festive environment. In this environment, use of the drug is justified by the stimulating characteristics of the product which make it easier to face the harsh world on the streets. It was among this population group that several sites (Lille, Metz, Paris, Rennes and Toulouse) reported increased visibility of injection in 2005, with this mode of administration producing a faster high from the drug, coupled with more intense effects.

Hallucinogens

The use of hallucinogens (mushrooms and herbs, LSD and others) changed very little in 2005. Hallucinogenic mushrooms are still regularly consumed in techno environments, particularly the «alternative» environment where demand appears to be continuing to increase year-on-year.

A new form of LSD...

LSD is available in three forms: «blotting paper» (the impregnation of a piece of absorbent paper), the liquid form known as a «drop» (impregnation of a sugar lump or dilution in a glass of alcohol) and «microdots» (resembling the end of a pencil lead). In 2005, a new form of LSD was reported by the sites in Paris, Rennes and Lille. This is LSD geltab: a drop of LSD is deposited on gelatine and this is then placed in a «pack» with a plastic appearance which quickly dissolves once placed on the tongue. This form is rare and reputed to contain a high dosage.

GHB present on three sites

Since 1999, the use of GHB has been reported by the TREND network in Paris and Marseille in homosexual clubbing environments. It appears that the GHB is consumed in small doses for its inhibition-cancelling characteristics, much the same as alcohol. This year, these two sites were joined by Lille, where observers reported growth in its use in night-clubs on the border between Belgium and France.

4. Free base cocaine is obtained by adding bicarbonate or ammonia to cocaine hydrochloride. It is usually inhaled (smoked).

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