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Addictions in France during lockdown (March 17th - May 11th, 2020)

French Monitoring Centre For Drugs and Drug Addiction

The Covid-19[1] pandemic is the origin of a health crisis that has led to more than 848 000 deaths worldwide in seven months[2], including more than 30 000 in France. Despite national variations, the pandemic led most governments to declare a state of health emergency and to take exceptional measures to limit the spread of the epidemic: restrictions on movement, closure of most places open to the public and of all international borders, general lockdown in some 50 countries, particularly within the European Union (except in the Netherlands and Sweden) and in France. Between 17 March and 11 May 2020, the entire French population was ordered to stay at home and checks on movements in public spaces were put in place. This period has resulted in changes in lifestyle, household consumption, work organisation, conditions of people's movement, access to health care, etc. It has also affected the conditions of access to drugs (licit and illicit) and the contexts of use.

The impacts of this unprecedented situation were a cause for concern from the outset, in the absence of prior experience and scientific studies on the social effects of such a lockdown. While some studies have identified boredom, stress, sleep disorders, anxiety, depression or suicidal behaviour as the main consequences of isolation, in terms of addiction, particularly for vulnerable people [1-4], there are gaps in the research on the effects of being told to stay at home on substance use [5]. On the other hand, a robust body of scientific evidence demonstrates the relationship between mental health problems and drug or alcohol abuse [6], often in a quest for self-medication [7]. Fears about an increase in mental health and addiction problems were therefore logically expressed, with the combined effect of the risk of contracting the virus and the potentially pathogenic nature of the lockdown. There is also evidence that the risk of loss of control over use and progression to addiction is increased in cases of stress, anxiety, depression or unease [6]. In addition, difficulties in accessing products or health care can precipitate a relapse among abstinent users by leading to them overusing after "forced withdrawal" [8-10].

State of play and initial results of the Cannabis online survey

With this in mind, many surveys have been launched, often in hurry: in three months, the issue of drugs and addiction has led to some fifteen study initiatives in France. This issue of *Tendances* provides an overall assessment of the first effects of the health crisis and lockdown on the supply and use of psychoactive substances and gambling, supplemented by the initial results of the online survey of cannabis users conducted by the OFDT between 10 July and 7 August 2020 [see methodology, p. 7]. It provides an overview of the developments reported for the three most consumed products (alcohol, tobacco and cannabis), both from the supply point of view (availability for purchase, supply arrangements, price trends, etc.) and from the demand point of view (consumption levels, contexts and practices of use, etc.), in connection with the measures taken to control sales and limit consumption occasions (keeping tobacconists open, closing bars and restaurants). It also reports on the organisational adaptation of health care institutions and the harm reduction carried out, in real time, during this critical period.

1. This text has chosen the name commonly used during the lockdown period.

2. Deaths recorded between 23 February and 31 August 2020 (source: World Health Organization).

Varying situations depending on the product

Alcohol and tobacco: accessibility remains strong, use is fairly stable

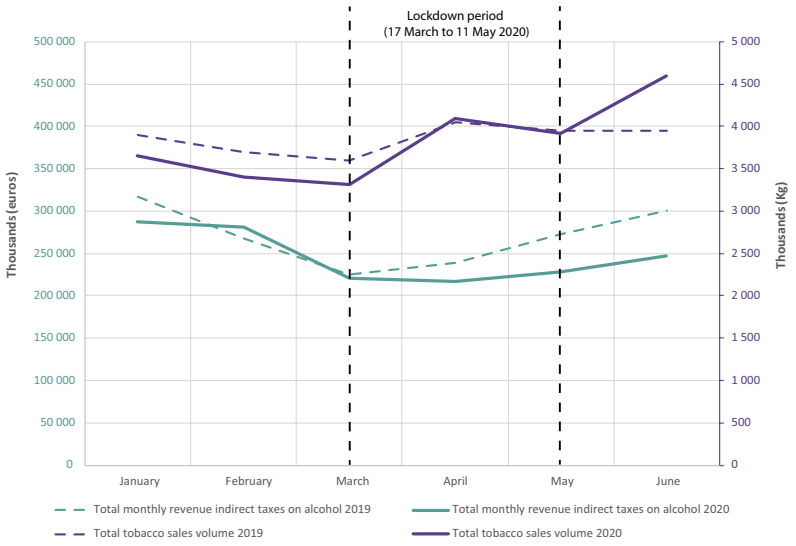
The supply of alcohol and tobacco was not affected much by the lockdown: cigarettes and alcoholic beverages remained available and accessible throughout the period. Tobacconists and alcohol retailers have benefited from public support, with a guarantee of being able to trade (alcohol and tobacco were classified as "basic necessity" products, see box p. 3), but also from private support: in France and on a European level, the main tobacco manufacturers have assumed part of the costs related to the implementation of protective health measures in tobacconists [11]. The supply of tobacco products has therefore remained significant despite a reconfiguration of the supply channels (the tobacconist network having enjoyed a de facto monopoly) and the closure of some of the bars-tabacs [bars licensed to sell tobacco].

In terms of sales, an indicator of consumer motivation and ability to purchase, there has been a marked increase in purchases of tobacco (Figure 1). Thus, total tobacco sales in mainland France[3] increased considerably in the first phase of lockdown (in April), registering an exceptional monthly increase (not recorded for ten years) before stabilising: +23.6% between March and April; -4.2% between April and May. This increase in sales in the first month of lockdown was twice as pronounced for roll-your-own tobacco as for cigarettes (+43.4% and +19.6% respectively). This increase is focussed on a regional level: between April 2019 and April 2020, tobacco sales rose by 25.6% in border departments, while they fell by 3.5% in the others. The increase in border sales was accentuated during lockdown, with a 46.2% increase in tobacco sales in these departments between March 2020 and April 2020 compared to +19.1% in the others. Indeed, the closure of borders with neighbouring countries and of airspace (limiting the use of duty-free shops) until 11 May in France limited supplies abroad. As this was probably more of a transfer of purchases than an increase in consumption, the lockdown period provides a "low" estimate, in the range of 20 to 25%, of the share of tobacco sales outside of the monopoly of tobacconists in France in normal times. This order of magnitude confirms existing estimates [12].

In order to estimate the development of alcohol consumption during lockdown, we can rely on the volumes of pure alcohol put on sale in France, estimated on the basis of the taxes collected. In France, there was a relatively moderate decline targeted at a few types of alcohol, in contrast to other European countries where lockdown and the closure of bars, pubs and restaurants has led to large increases in in-store alcohol sales (as in Belgium). Thus, overall, the amounts of indirect taxes decreased between January and June 2020, relative to 2019 (Figure 1). The volumes of alcohol available for sale were 10% lower. The decline was more pronounced for wines and beers (-11% for each category) than for spirits (-7.5%). In 2020, there is a clear drop in revenues from April onwards, at a level that is durably lower than in 2019. While revenues from June onwards tend to move closer to 2019 levels, the inertia effect persists. Data from the Nielsen panel (excluding cafés, hotels and restaurants) [see methodology, p. 7] showed a decline in alcohol sales of around 4% during the two months of lockdown, followed by a strong rebound after release from lockdown (focussed on champagne sales).

In terms of drug-related behaviour, complete cessation of tobacco and alcohol consumption during lockdown was rare: surveys conducted up to September 2020, which mainly measure changes in quantities consumed (more than usage prevalence), show that most users made little change to their consumption. According to the French public health agency (SpF), after the first two weeks of lockdown, most smokers reported maintaining a stable cigarette consumption (55%), while a quarter increased their tobacco consumption (27%) and nearly one in five smokers reported smoking less during lockdown (19%) [15]. These estimates vary: the figure of 27% of smokers who increased their consumption is confirmed by some surveys [13] but it is lower (around 10%) in other surveys [14].

Figure 1. Evolution of monthly tobacco and alcohol related revenues (indirect taxes) in the first half of 2020 (in euros)



Source: DGDDI [French customs authority], Ministry of Public Accounts under the Minister of the Economy, Finance and Recovery (processed by the OFDT)

Similarly, among alcohol users, 65% reported drinking the same amount as usual, 24% reported a reduction in their consumption and 11% reported drinking more during lockdown [15]. This limited increase in consumption is corroborated by other surveys (13%) [14]. When they increased their level of consumption, respondents cited boredom, inactivity, stress, anxiety and pleasure as reasons for use [15]. In general, the lockdown period reduced the opportunities for drinking, especially for young people or occasional drinkers, who were deprived of opportunities to go out to bars and restaurants but also to party events. On the other hand, it can be noted that drinking practices have been adapted to the circumstances, following the trend of "virtual aperitifs", even if the visibility of this in the media probably exaggerates the phenomenon.

Illicit drugs: disrupted supply channels, reconfiguration of usage practices

In its annual report, the UNODC compares the impact of the global Covid-19 epidemic on the drug market in 2020 with the impact of the 2008 financial crisis [17]. However, in France, the expected disruption of the market, a hypothesis suggested when lockdown and transport reduction measures were put in place in many countries on the drug trafficking routes, has not taken place.

According to the observations of the TREND network, the cocaine market has been affected by a shortage, which is probably due to the disruption of part of the supply chains (cocaine being

3. *Figures not available for Overseas France.*

produced in Latin America), in particular by air (stopping the illicit trade via "mules" in Guiana, for example) rather than by sea: it appears that cocaine has continued to be transported to Europe in containers [18]. The impact of lockdown on the narcotics market in France has been reported by the Home Affairs Department's Anti-Narcotics Office (OFAST), which notes a halt in imports and a reduction in supply: in March 2020 compared to March 2019, seizures of cannabis decreased by 58%, cocaine by 30% and heroin by 69%, although seizures of herbal cannabis and resin rebounded from April 2020 [19]. Despite the reduction in supply, the products remained available, due to the presence of a stock of supply, the adjustment of drug traffickers' approach and sales techniques (use of social networks, home deliveries [20]) and the probably greater use of cutting and adulteration products, corroborated by the signals from the SINTES (National Detection System of Drugs and Toxic Substances) retrievals and seizures analysed by the National Forensic Science Institute (INPS).

As far as cannabis is concerned, the supply difficulties observed in some cities (excluding regional metropolitan areas) have been limited to resin, as in other European countries such as Switzerland [21], with herbal cannabis continuing to be available without major price changes [25].

First results of Cannabis online

The Cannabis online survey [see methodology, p. 7], which describes changes in cannabis use behaviour during lockdown, shows that more than one in four users (28%) reporting use at least once in the past 12 months did not use cannabis during lockdown: an equal proportion increased their use (27%), one quarter maintained it at the same level (26%) and 16% decreased it, with a minority stopping it during the period (4%) (Figure 2).

Whatever the reason for these changes in behaviour (deliberately stopping, running out of cannabis or having limited access to it, opportunities to consume becoming increasingly scarce), they mask contrasting situations: while the majority of daily or weekly consumers have maintained their consumption at the same level (82% and 50% respectively), occasional users often changed their consumption, sometimes very sharply (Table 1). In general, the higher the frequency of use, the less varied the drug-related behaviour was, with infrequent users being more often associated with occasional use. Logically, those who usually consumed cannabis less than once a month overwhelmingly abstained during lockdown (80% reporting no cannabis use compared to 6% among daily users).

What is a "basic necessity" in a period of lockdown? A notion that varies from country to country

The notion of "basic necessities" and "essential shops" appears to be a social construct that varies from one country to another. In France, **tobacconists** have been classified as a non-food exception to the ban on opening shops: tobacconists have remained open because all nicotine products have been recognized as "basic necessities" (beyond tobacco products alone). The legislative order of 17 March 2020 in fact adds to the category of "food retailing on stalls and markets" the "retailing of tobacco products, electronic cigarettes, vaporiser equipment and devices in specialised shops". This decision was taken in response to the mobilisation of a number of associations supporting smokers in reducing or stopping smoking. One of the considerations of this measure was also to limit the exposure of smokers' families to passive smoking. Considered as "non-essential" in Belgium, shops specialising in vaporiser products, on the other hand, remained closed throughout lockdown. Several countries took even stricter measures by totally banning the sale of tobacco (South Africa, India, Botswana).

While bars and restaurants in France were ordered to close, **alcohol** remained available in supermarkets and retailers (wine merchants). With the announcement of the first lockdown measures and the closure of all "non-essential businesses" on 14 March 2020, the question of the right to sell alcoholic beverages in a specialist shop was raised: as wine merchants were, administratively speaking, part of the "fruit and vegetables" collective agreement, these businesses were allowed to enter the food sales business, an activity that was maintained in the context of a health emergency.

In other countries, on the contrary, the sale of alcohol was subject to a period of prohibition (in South Africa, India or certain American states such as Pennsylvania and Alabama). In France, several departmental prefects took the initiative to ban the sale of alcohol for a few days, in the Aisne and Morbihan departments (before renouncing such a measure) and also in French Polynesia (to avoid misbehaviour and domestic violence).

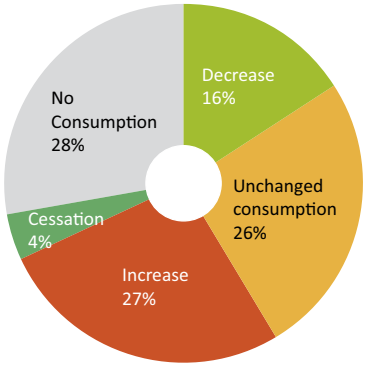
Finally, with regard to **cannabis**, in the United States, where, as of March 2020, 33 states had legalised cannabis for medical use, it has been categorised as "essential commerce" in most jurisdictions. This evolution from a "legal product" to an "essential commerce" is significant. The ten American states that have legalised so-called "recreational" use have almost all (with the exception of Massachusetts) kept sales outlets open and introduced new sales methods (drive thru, outdoor take-away stands and home deliveries) that continued after lockdown. Similarly, in Canada, some jurisdictions, such as Quebec, considered the cannabis trade to be a "priority"; others, such as Ontario, were more indecisive, first of all urging that cannabis be considered an essential good, before opting for a limited opening to combat the black market. In most of the US states that had legalised cannabis for non-medical use, sales of cannabis increased during the lockdown period, according to local regulatory authorities [16].

For some of the users who continued to use, lockdown had an "intensifying" effect on consumption habits. Thus, one quarter of previously weekly users (27%) and nearly one in ten monthly users (8%) increased their frequency of use, moving to daily use during lockdown.

In short, as a result of the eviction of the most occasional users, the pattern of cannabis use was concentrated on the most regular users: the share of daily users increased by 11 points, from 20% to 31% (Figure 3).

In addition to the variations in frequency, there is an overall increase in cannabis use, as users smoked the equivalent of one additional joint on average per day of use during lockdown. This increase in the average number of joints does not necessarily imply an increase in the amount of cannabis smoked, as users may have reduced or adapted the dosage of resin or herb in their joints (Table 2).

Figure 2. Trends in cannabis use during lockdown among current users



Note: the reference population here is the total number of current cannabis users who responded to the survey (n = 2 778). The sum of the percentages may exceed 100 due to rounding to the nearest unit.

Source: Cannabis online, OFDT

While lockdown had a variable impact on the frequency and volume of consumption, it had less of an impact on the consumption preferences of the most regular users: the smoked form of herbal cannabis remained the most popular form (preferences measured in terms of the type of cannabis usually consumed before lockdown).

Thus, while one of the expected consequences of lockdown was reduced accessibility to illicit substances, it turns out that 67% of cannabis users purchased cannabis during lockdown (compared to 78% under normal circumstances). However, the "deterrent" effect of difficult access did have an impact on occasional users, with one in six (17%) reporting having purchased cannabis during lockdown compared to one in three (35%) reporting having purchased cannabis under normal circumstances. With regard to purchase declarations, lockdown seems to have had a greater impact on the resin market, with the price of resin rising by 27% during lockdown, from €5.70 per gram to €7.20, while the price of herbal cannabis did not change (remaining stable at around €7 per gram).

Lockdown, on the other hand, seems to have significantly changed consumption contexts. As a result of being told to stay at home, the usual circumstances of socialising and going out have been reduced. Thus, solo use, usually considered an indicator of problematic cannabis use [22], which affected less than one in ten users before lockdown (6%), increased by more than 30 points, affecting four in ten users (39%) during lockdown, regardless of the frequency of their use. The first use happened earlier in the day: 19% of those who smoked cannabis during lockdown reported that they usually smoked their first joint before noon, 20% between noon and 4 p.m., 22% between 4 p.m. and 8 p.m. and 38% after 8 p.m. Compared to pre-lockdown habits, the timing of the first joint remained unchanged for 41% of users: in contrast, 38% reported that they started smoking earlier in the day during this period.

To date, quantitative data on the use of other illicit substances during lockdown is not yet available. However, it is possible to understand the evolution of such use among cannabis users who have consumed other illicit substances (in addition to cannabis in the past 12 months) surveyed in the Cannabis online survey (41% of current cannabis users). Among them, one-third reported at least one other use during lockdown: cocaine (for half of them), ecstasy or MDMA (for a third), LSD (for a fifth) or amphetamines (for a sixth). In addition, the number of visits to emergency units in connection with the use of psychotropic substances decreased by 29% during lockdown (weeks 12 to 19) compared to the same period in 2019 (source: Oscour® - Coordinated hospital emergency presentation monitoring network, Santé publique France, processed by the OFDT, data not published).

Table 1. Changes in frequency of cannabis use during lockdown among current users (%)

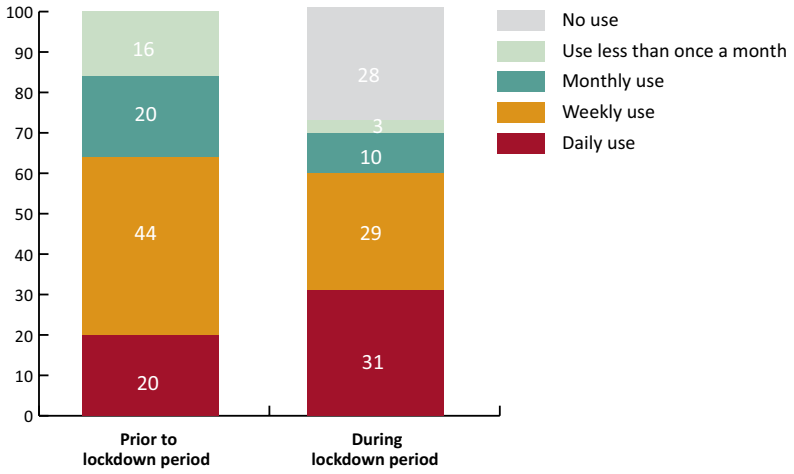
Frequency of use prior to lockdown	Frequency of use during lockdown: Daily	Weekly	Monthly	Occasionally (less than once a month)	Non-user
Daily (at least once a day)	82	9	3	1	6
Weekly (every week but not every day)	27	50	9	2	12
Monthly (at least once a month but not every week)	8	22	21	6	43
Occasionally (less than once a month)	4	3	7	7	80

Source: Cannabis online, OFDT

NB: in red, the frequency increased during lockdown; in yellow, it remained the same; in green, it decreased; in grey, the proportion of users who did not use any drugs. The sum of the percentages may exceed 100 due to rounding to the nearest unit.

Note for the reader: 82% of daily cannabis users remained daily users during lockdown, while 9% switched to weekly use.

Figure 3. Changes in the structure of the frequency of cannabis use during lockdown (%)



Source: Cannabis online, OFDT

NB: The sum of the percentages may exceed 100 due to rounding to the nearest unit.

Table 2. Changes in cannabis use behaviours during lockdown

	Before	During
Average number of joints smoked on days of consumption	2.0	2.7
Share of buyers	78%	67%
Share of exclusive herbal cannabis smokers	62%	57%
Share of solo use	6%	39%
Share of use before noon	12%	19%

Note: Reference population includes users (prior to n = 2 778 and during lockdown n = 2 009)

Source: Cannabis online, OFDT

Gambling: the rise of online poker

Despite an overall decline in the online gambling market due to the interruption of sports betting[4], the evolution of gambling practices during lockdown shows a very significant growth in online poker[5] (with the highest turnover ever recorded over a quarter and an average of nearly 500 000 active players per week in the 2nd quarter of 2020 compared to 264 000 the previous year), with an increase in gambling practices. The average spending per active poker player thus reached €134 in the 2nd quarter of 2020, compared to €99 in the 2nd quarter of 2019. Horse race betting increased to a lesser extent (+33%), which can be explained by the addition of foreign races to the race catalogue but also by the shift of sports bettors to horse racing [23, 24].

The health crisis has had a significant impact on the structure of the gambling population, particularly in terms of age, with a strong increase in the activity of young players, especially in the poker section (+74% of active gambling accounts among 18-24 year olds compared to the 2nd quarter of 2019 and +73% among 25-34 year olds), which raises the issue of protecting young people from the risk of excessive gambling and addiction.

Constant adaptation of professional practices

The main fear of professionals in the field of addiction was that drug users would develop a state of withdrawal, associated with physical and psychological suffering, which would increase their vulnerability to the epidemic. More generally, one of the sources of concern has been the risk of worsening addictions, linked to the users transferring from one product to another and the accumulation of factors that make people vulnerable to addiction.

Faced with the unprecedented situation created by health and lockdown measures, institutions and professionals in the field of addiction medicine and harm reduction have adapted their professional practices and treatment protocols. Maintaining contact with users was the main challenge. The observations of the TREND scheme indicate that the priority was first of all to ensure the continuity of care by adapting support and counselling, in particular for the delivery of opioid substitution medications and access to harm reduction equipment [25]. A questionnaire survey conducted in real time on the adaptation of medical-social and health responses in addictology (ARMSSA survey) showed that protective equipment was accessible to professionals in almost all establishments (98%, n = 240) but not for all users (49%). The application of the rules of physical distancing has required professionals in "low threshold" reception, street work, social and health support, who are used to human contact and proximity, to be adaptable. Another major difficulty was the reduction, which was sometimes significant, in the number of caregivers (due to work cessations for childcare or sick leave for those carrying the virus). Most facilities had to reduce their opening hours (information sometimes relayed on Internet forums for drug users) and adapt their methods of intervention [25].

Getting to the heart of the matter: making harm reduction equipment available

In terms of the priority groups, lockdown forced medico-social establishments to concentrate on their core missions: maintaining or including opiate substitution treatment (OST) in face-to-face sessions (for 70% of the 253 CSAPA specialised drug treatment centres in the ARMSSA survey), ensuring the possibility of face-to-face consultations (for 86% of the CSAPA), maintaining individual counselling in the support centres for the reduction of drug-related harms (CAARUD) (76% out of n = 90), and providing harm reduction equipment (both in the CSAPA and the CAARUD). Most of the other services (showers, washing machines, permanent presence of staff, screening, etc.) have often been reduced or suspended: out of 69 CAARUDs, 61% report that access to hygiene services has been maintained, with 48% reporting access to the laundry. As a result, the majority of establishments continued to issue harm reduction equipment. Sometimes requests for equipment were made via an intercom, then the equipment was left in front of the place or given out through a hatch system. In order to limit comings and goings, restrictions on the quantities usually delivered (limiting the number of crack pipes, aluminium foil, etc.) were often lifted.

Generally speaking, the delivery of harm reduction equipment to homes, particularly in suburban and semi-rural areas, has been systematised, either by professionals travelling to the homes or living quarters of users, or by postal delivery via the "remote harm reduction" system (see box p. 6). This method of delivery was favoured by a growing number of users who, irrespective of reasons linked to geographical distance, did not want to produce a travel declaration to the police (fearing that they would have to explain the medical purpose of their journey or that they would be searched because their bag contained injection equipment).

Many CAARUDs continued their roaming activity but the usual routes were modified. The users of urban fringe spaces often moved away from the usual places because of checks and fines being issued. Roaming methods were also adapted: as such, some CAARUD (in the Auvergne-Rhône-Alpes region for example) dropped off harm reduction material in the day centres.

The difficulties encountered by users in accessing basic necessities (food, hygiene service, accommodation) prompted the provision of financial or in-kind assistance (e.g. meal trays and service vouchers). The issue of hygiene has been a point of concern within the CAARUD, as the closure of water points (toilets, public baths) in community buildings (day-care centres, etc.) has led to a deterioration in the state of health and increased health risks, particularly for injecting drug users. In Paris, the number of users in the drug consumption room was drastically reduced in order to limit interactions in the injection room, and the inhalation and rest rooms were closed. A doctor was present to maintain access to OST programmes and also participated in visiting those staying in hotels. The association managing the drug consumption room also provided hotel accommodation for nearly 60 homeless users.

Maintaining access to treatment and a support relationship

While a majority of the CSAPA retained support arrangements that allowed, for example, OSTs to continue to be dispensed, some ceased or, more often, reduced their capacity to provide support to people on their premises and extended their activities via telephone hotlines or videoconference tele-consultations (implemented by 95% of the CSAPA in the ARMSSA survey). Professionals at the CSAPA indicated that many users needed this support in managing their substance use or abstinence (whether voluntary or forced).

However, the professionals at the CSAPA report that some users stopped receiving support because of a lack of confidentiality during telephone interviews (their family being present at home). Conversely, in some situations, where connection with caregivers was previously quite difficult, this became much more possible over the telephone (sometimes the inhibition or discomfort of face-to-face contact was removed).

4. 24% decline in Gross Gaming Revenue (GGR), which reflects the net expenses (or losses) of players. It expresses the difference between the amount of the initial bets and the amount of the winnings paid out to the players.

5. +126% increase in GGR in the 2nd quarter between 2019 and 2020, with revenues reaching €142 million in the 2nd quarter of 2020.

For certain services, physical support was therefore maintained in a number of establishments. The most severe cases were treated with a traditional consultation (including prescription or delivery of medication, or treatment related to urgent needs for physical and/or psychological care that could not be managed at a distance). In addition, all the CSAPA in Marseille and Lyon maintained a medical, and sometimes social, presence for those on universal health coverage (CMU) or for those leaving prison for whom the situation was complex in terms of interruptions to their treatment caused by unscheduled early-releases from prison. Indeed, the legislative order of 25 March 2020 allowed for the introduction of early termination of sentences (for approximately 5 000 people between March and April) which, combined with reduced judicial activity, led to an unprecedented drop in the criminal population (-13 000 people in two months). However, these unscheduled releases generated difficulties in accessing health care for prison leavers, particularly those with OSTs due to the activity of health services intervening in prisons being reduced or even suspended for more than four out of five referral CSAPA (18% according to the ARMSSA survey).

Everything happened as if, paradoxically, the constraints of adapting to the context had led to individualising the response to the needs of the most vulnerable people (see box opposite).

Most CSAPA adapted during lockdown to ensure the continuity of OSTs and to facilitate their delivery by offering teleconsultations, scheduling prescriptions in advance and contacting pharmacies to ensure a follow-up. The CSAPA in the Ile-de-France region adapted their OST access protocols, sometimes with same-day inclusions. For example, a Parisian CSAPA expanded the inclusions in its access protocol for Skenan® (a protocol that includes the delivery of morphine sulphates for people failing OST using methadone and buprenorphine) to meet and accommodate requests. Although imperative for many users, the extension of methods of providing people with and initiating them into OST raised questions among some professionals concerned about the situation of users managing large quantities of methadone and Subutex® when they are not accustomed to doing so and when contact with professionals was often reduced. Some CSAPA then offered naloxone to users to avoid the increased risk of opiate overdose associated with having a significant stock of the product [25].

The health crisis, an opportunity to accelerate harm reduction?

Not provided for at the beginning of lockdown, the continuity of the essential activities of the CSAPA and CAARUD was quickly secured by the public authorities: instructions for care by social and medico-social establishments were published on 20 March 2020 and the government organised childcare for the professionals of these facilities.

Continuity of access to OST and naloxone diffusion

The rules for prescribing and dispensing opioid substitution medications were quickly relaxed to take account of the difficulties in renewing prescriptions for buprenorphine and methadone (the legislative orders of 14 and 19 March 2020 on various measures to combat the spread of the Covid-19 virus) [26]. Thus, during the lockdown period, access to the dispensing of OSM did not decrease. Overall, OSM sales and reimbursements even increased slightly, with significant weekly fluctuations [27]. With regard to the prevention of overdoses, the Ministry of Solidarity and Health has also endeavoured to promote the distribution of "take-away" naloxone kits for users at risk of opioid overdose and their families. Orders for naloxone kits have increased significantly since this prevention campaign.

Regulatory advances and public measures in favour of harm reduction

In general, the lockdown period was accompanied by significant developments in France and other European countries such as Belgium and Switzerland [21, 28, 29]. The harm reduction in collective accommodation for homeless people has been maintained or even extended: these places have remained open for people with Covid-19 who, confined in establishments, received enhanced care for their addictions. Moreover, in barely ten days, the professional addiction treatment federations (Fédération Addiction [the federative association of professional workers in addiction facilities], ANPAA [the association for the prevention of alcoholism and addiction], FFA [the federation of addiction care]) came together to form a partnership with DIHAL, the interministerial delegation for accommodation and access to housing, to agree on recommendations for harm reduction, after arbitration with the services of the Ministry of Solidarity and Health, for example authorising safe alcohol consumption in accommodation, rather than imposing an abrupt withdrawal.

The development of remote harm reduction

According to the SAFE Association, the remote harm reduction system saw a marked increase in activity during lockdown. 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 number of patients registered since the programme was created. In the first 19 days of April 2020, 59 new users joined the system. Nearly 62 864 syringes were provided (compared to 37 186 in February 2020). These new requests came mainly from users who were redirected by the CAARUD because they could not access the facilities or distribution terminals.

All united in a crisis? A stronger partnership dynamic

The health crisis has stimulated the development of relations between those involved in care (including addiction treatment facilities) and social emergency services (Samu sociaux [social emergency response units], day centres, food distributions, Restos du cœur [a charity distributing food parcels], communal social action centres, public baths, emergency accommodation and social housing and rehabilitation centres (CHRS), etc.). In Marseille, collaborations between self-support groups, reception or accommodation facilities, CAARUD, CSAPA and hospital addiction services have ensured continuity of care and access for new patients. In Bordeaux, the CAARUD have developed support for new groups in conjunction with mobile health teams and emergency accommodation centres. However, these new partnership collaborations (or the strengthening of existing ones) should not hide the difficulties lamented by many professionals relating to the very negative consequences of lockdown. The main one is the loss of contact with patients who are unreachable or dissatisfied with teleconsultations, for reasons of confidentiality or because of possible technical problems (network problems) which complicate exchanges or language problems. CSAPA caregivers also point out the difficulties associated with teleconsultation [30], which requires increased

attention and concentration, avoids non-verbal communication, and does not allow for a satisfactory clinical examination (assessment of signs of withdrawal, especially for alcohol). The loss of contact also affects users of the CAARUD who left city centres to escape police checks. The lockdown situation has also made access to OST and harm reduction equipment more difficult for users living in rural areas [25].

Several professionals reported a workload that wears them down and tires them due to team members being absent, stress related to the risk of virus transmission, contact with users in increased suffering and the physical distancing imposed, contrary to the relationship of proximity with and support for users. It was also necessary to rethink the actions and advice for harm reduction around the non-sharing of all usage equipment and containers: not sharing cigarettes, joints, cans, etc… Professionals insisted that they had a difficult role in listening to users (climate of tension, feelings of isolation and abandonment, etc.) requesting more support. Others spoke of the long hours spent on the telephone and on the Internet to deal with paperwork. The worsening of health conditions and the exacerbation of the mental suffering of users have had an impact on the morale of professionals. This observation calls for greater attention to be paid to the problematic use of drugs by those most affected by the pandemic (stress, psychosocial risks, etc.), particularly health professionals [31], as documented in the literature.

Conclusion

A comparison of the initial data available in France shows that, during lockdown, the increase in tobacco and alcohol consumption was restricted. However, the longer-term effects of the slight increase in smoking observed during lockdown, which contradicts the downward trend that has been ongoing for several years, are questionable. Despite the overall stability of consumption, the most regular users of tobacco and alcohol appear to have maintained or intensified their consumption. The same is true for cannabis, despite a lower availability of resin supply. On the other hand, the use of psychotropic drugs has increased dramatically [27]. Among the behavioural addictions, particularly gambling, which are monitored by public authorities, it can be noted that, from an economic point of view, lockdown has contributed to the growth of the online poker industry. This development is giving rise to public health concerns and raises the issue of protecting young people from the risk of excessive poker gambling.

Methodology

From March 2020, surveys were conducted to document the impact of lockdown on the health of the French and their drug-related behaviours. Only the original sources used for this issue of Tendances are presented here.

First of all, on 23 March, **Santé publique France** launched a general population survey (CoviPrev), conducted in several waves during and after lockdown (15 as of 30 September 2020). Each wave of the survey made it possible to conduct online interviews with a representative sample of 2 000 French people over the age of 18 (quota method). The questions focused on changes in certain behaviours (protective measures, lockdown, alcohol and tobacco use, diet and physical activity) and mental health (well-being, disorders).
The OSCOUR® network [the coordinated hospital emergency presentation monitoring network], covering 696 emergency units and 93.3% of emergency department visits in 2019, provides data for weeks 12 to 19, at constant facilities, in 2019 and 2020.

In order to assess the evolution of alcohol sales, the **consumer survey** conducted by the multinational company Nielsen, which specialises in market research, was mobilised to monitor the purchasing behaviour of households in France. This survey is based on a representative sample of the French population of 14 000 households volunteering to provide information on their purchases in exchange for remuneration in the form of gift points. There is other consumer survey data (Kantar, Secodip), often accessible for a fee. The data used is that which has been made public.

The OFDT's **Cannabis online survey** was conducted from 10 July to 7 August 2020. Recruitment of respondents was carried out via a Facebook advertising campaign. To take part, the respondent had to have used cannabis in the past 12 months, be between 18 and 64 years of age and live in France. The invitation was posted on more than 500 000 active pages. 18 016 people clicked on the link to the survey and more than 7 000 opened the questionnaire. In the end, 2 778 questionnaires were eligible under the selected criteria. While the Cannabis online survey provides a reliable description of trends in consumption among the general population, it is likely that the most precarious user profiles are under-represented because they are less inclined to respond or are harder to reach, especially via the Internet. Other studies directly focused on drug use have been carried out during lockdown, such as the **Cannavid** survey conducted by the Bus 31/32 Plus Belle La Nuit association in collaboration with Inserm (4 011 respondents interviewed from 17 April to 11 May) or the **Global Drug Survey special Covid-19** edition (40 000 participants in 12 countries in three weeks), the detailed results of which were not published as of September 2020.

The OFDT's regular observation tools have also been used (tobacco, alcohol, OST indicators) and sometimes even adapted. As such, the TREND scheme, which provides a qualitative watch on emerging phenomena among populations that are particularly dependent on psychoactive products, has been used to document three fields in real time: changes in use; adaptation of CSAPA and CAARUD practices; and changes in trafficking. This network relies on feedback from informants (drug users, professionals from the medico-social and harm reduction sectors, etc.) across 8 sites in mainland France (Bordeaux, Lille, Lyon, Marseille, Metz, Paris, Rennes, Toulouse).

A **survey on the adaptation of medico-social and health responses in addiction treatment (the so-called ARMSSA survey)** to the Covid-19 crisis was coordinated in May 2020 by Professor Olivier Cottencin, President of the National University College of Addiction Treatment Teachers (CUNEA), in order to assess the impact of organisational changes on access to health care for people in an addiction situation. The survey is based on a questionnaire addressed to the professional network of stakeholders in hospital addiction treatment (58 respondents), to the facilities managed by ANPAA (66 respondents) and to the medico-social facilities that are members of the Fédération Addiction (234 respondents).

More generally, the situation created by lockdown has provided a "reverse" observation ground for the usual supply and consumption behaviours of legal products, confirming, for example, the estimate that a quarter of tobacco sales would take place abroad, outside the tobacconist market. Similarly, the observation of cannabis use behaviour during lockdown, which points to an increase among the most frequent users, corroborates previous observations that there is a significant proportion of regular cannabis users in France who cannot easily do without it [22].

Beyond the effects of lockdown and the health crisis on addictions, fears of a "relapse" and a resurgence of excessive drinking behaviour in public areas, particularly among young people, have been expressed by health professionals. Other sources of questioning have emerged: has lockdown affected lifestyle habits and usage behaviours in the same proportions according to socio-economic category? How has it had an impact on the risk of intra-family violence, particularly that linked to excessive alcohol use? What is the share of drug users in Covid-related deaths? Should we fear that the behavioural changes observed during lockdown will take root? Current investigations will help to answer these questions.

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