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Levels of illicit drug use in France in 2017

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The general population surveys conducted in France over the past twenty-five years by *Santé publique France*[1] and the French monitoring centre for drugs and drug addiction (OFDT) are essential in order to describe the changes in psychoactive substance use and sociodemographic characteristics of users.

Based on the findings of the 2017 Health Barometer Survey, which interviewed over 20,000 people aged 18 to 64 years, this issue of *Tendances* describes the changes in illicit drug use since the early 1990s. Particular attention should be given to cannabis use which has grown continuously among younger generations, in a context of high consumption over the past twenty-five years, and also among older adults in recent years. Levels of use are presented according to the gender, age and professional activity. It also offers an overview of cannabis supply modes. Secondly, this edition briefly examines the use of other illicit substances, such as cocaine or MDMA/ecstasy, which levels of use are markedly lower among the adult population compared with cannabis.

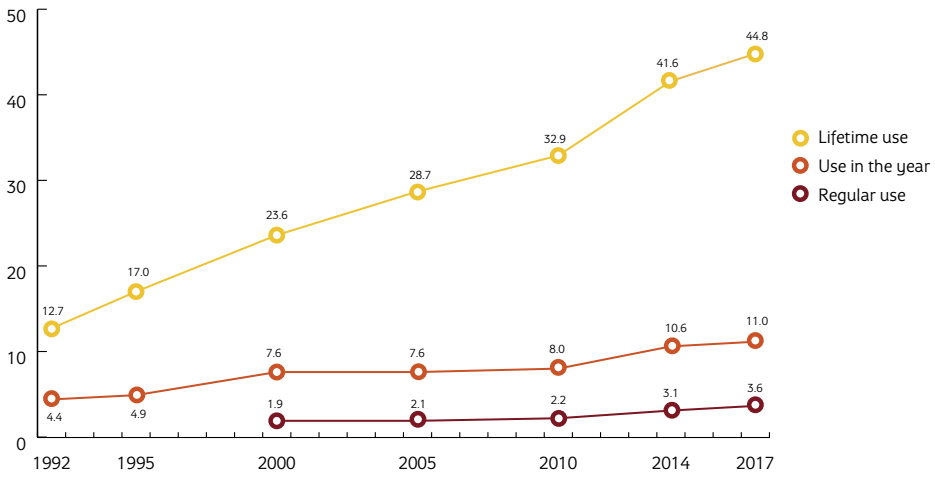
Results of the 2017 Health Barometer survey on the use of illicit psychoactive substances and changes in use among the adult population

Growing cannabis use among over 25s

In 2017, cannabis remained the most widely consumed illicit substance in the whole population: among adults 44.8% have tried it, with a higher prevalence among males: more than half of men

1. Before the creation of *Santé publique France* in 2016, the Health Barometer surveys were conducted by the French National Institute for Prevention and Health Education (INPES).

Figure 1. Changes in cannabis use between 1992 and 2017, among 18 to 64-year-olds (%)



Sources: 1992, 1995, 2000, 2005, 2010, 2014, 2017 Health Barometers, Santé publique France, processed by OFDT

claimed to have already smoked cannabis, compared to less than four in ten women (37.2%, Table 1). Cannabis consumption has grown continuously over the past three decades: lifetime use reached 12.7% in 1992, 23.6% in 2000, 32.9% in 2010, and 41.6% in 2014, before rising to 44.8% in 2017 (Figure 1)[2]. The proportion of last-year users also increased continuously, from 4.4% to 11.0% between 1992 and 2017. These changes concern both men and women, with the proportion of current users increasing from 6.0% to 15.1% and 2.8% to 7.1%, respectively, over the same period. The increase in the levels of last-year use concerns all generations but is particularly apparent among adults aged 35 to 44 years, rising from 1.2% to 9.4% over the same period (Figure 2).

Regular use (10 or more instances of last-month use), measured since 2000, increased considerably from 1.9% to 3.6% (Figure 1), particularly among over 25s: these levels increased from 2.2% to 6.3% among 26 to 34-year-olds and from 0.9 to 3.3% among 35 to 44-year-olds.

More specifically regarding the most recent changes (2014-2017), last-year use remained stable at 11.0% among 18 to 64-year-olds. This use gradually declines with age, from 26.9% for adults aged 18 to 25 years to 17.7% for adults aged 26 to 34 years, 9.4% for 35 to 44-year-olds, and 1.6% for older age groups (55-64 years).

Main indicators used

- Lifetime use: use at least once in a lifetime
- Use in the last year (or current use): use at least once in the 12 months prior to the survey
- Use in the last month (or recent use): use at least once in the 30 days prior to the survey
- Regular use: use at least 10 times in the 30 days prior to the survey
- Daily use: use at least once daily in the 30 days prior to the survey

The concept of lifetime use covers all types of users, including those who have only tried a substance once. It thus represents a stock measurement and describes the distribution of the substance in the population rather than its use. Once a person has started using a substance, he/she will keep this status throughout his/her life.

For example, as regards cannabis, lifetime use among 18 to 64-year-olds increases mechanically from one survey to the next, as long as each new year includes new generations with high lifetime use rates, while older generations rarely demonstrating lifetime use no longer fall within the scope of the survey.

Most of the percentages are expressed to one decimal place, while others are rounded to the nearest unit when the size of the sub-sample studied is insufficient. For prevalence rates below 5%, the decimal place was maintained for greater clarity, despite a limited number of users concerned (for example, lifetime use of heroin only concerned 228 individuals in the sample, i.e. 56 females and 172 males). For these very low levels of use, crossover results arising from comparisons based on different variables, such as gender or age group, should be interpreted with caution.

2. *Santé publique France* conducted a Health Barometer survey in 2016 which mainly aimed to document population health in terms of vaccination, the transmission of vector-borne diseases, sexual health, contraception and screening for hepatitis B and C virus, and HIV. The survey also included a shorter section on tobacco and e-cigarette use, together with two questions on cannabis use (lifetime use and last-year use). These questions reviewed the levels of cannabis use for 2016 [1]. However, to ensure consistency with all other types of illicit substance use explored herein, the data from 2016 have not been taken into account.

Table 1. Levels of illegal psychoactive substance use according to the age and gender among 18 to 64-year-olds in 2017 (%)

		2014	2017								
		All	All		Men		Women	18-25 y.o.	26-34 y.o.	35-44 y.o.	45-54 y.o.	55-64 y.o.
	Population	*13,039*	*20,665*		*9,729*		*10,936*	*2,614*	*3,380*	*4,397*	*5,010*	*5,264*
Cannabis	Lifetime use	42.0	**44.8**	↗	52.7	>	37.2	53.5	62.1	52.0	39.4	22.3
	Use in the last year	10.6	**11.0**		15.1	>	7.1	26.9	17.7	9.4	5.7	1.6
	Use in the last month	6.3	**6.4**		9.4	>	3.6	16.4	10.2	5.9	2.9	0.6
	Regular use (at least 10 times in the month)	3.1	**3.6**		5.4	>	1.8	8.4	6.3	3.3	1.7	0.2
	Daily use	1.7	**2.2**	↗	3.4	>	1.1	4.8	3.9	2.0	1.2	0.2
Cocaine	Lifetime use	5.6	**5.6**		8.0	>	3.2	5.2	10.1	7.0	4.1	2.0
	Use in the last year	1.1	**1.6**	↗	2.3	>	0.9	2.8	3.4	1.6	0.6	0.1
Hallucinogenic mushrooms	Lifetime use	4.8	**5.3**	↗	8.0	>	2.7	5.9	9.0	6.4	4.3	1.7
	Use in the last year	0.3	**0.3**		0.5	>	0.2	1.2	0.5	0.2	0.1	0.0
MDMA/Ecstasy	Lifetime use	4.3	**5.0**	↗	7.3	>	2.7	6.9	9.5	6.5	2.8	0.4
	Use in the last year	0.9	**1.0**		1.5	>	0.6	2.7	2.1	0.8	0.2	0.0
LSD	Lifetime use	2.6	**2.7**		4.0	>	1.4	3.0	4.2	3.0	2.0	1.6
	Use in the last year	0.3	**0.4**		0.5	>	0.2	1.2	0.5	0.3	0.1	0.0
Amphetamines	Lifetime use	2.3	**2.2**		3.2	>	1.2	1.9	4.0	2.4	1.5	1.2
	Use in the last year	0.3	**0.3**		0.5	>	0.1	0.7	0.5	0.4	0.1	0.0
Heroin	Lifetime use	1.5	**1.3**		2.1	>	0.5	0.2	1.9	1.7	1.6	0.8
	Use in the last year	0.2	**0.2**		0.3	>	0.1	0.1	0.3	0.3	0.2	0.0
Crack	Lifetime use	0.6	**0.7**		1.1	>	0.3	0.3	1.4	1.0	0.5	0.2
	Use in the last year	0.1	**0.2**	↗	0.3	>	0.1	0.2	0.4	0.4	0.1	0.0

↗ : *significant rise at the level of 5% between 2014 and 2017*

> : *levels of use among males significantly higher compared to use among females at the 5% threshold*

Sources: 2014 and 2017 Health Barometers, Santé publique France, processed by OFDT

Note: the Health Barometer also focused on the lifetime use of psychoactive substances diverted from their original use: poppers (8.7%), glue or solvents (2.3%) Subutex® (0.8%), methadone (0.4%), GHB or GBL (0.2%), purple drank (< 0.1%) and DXM (< 0.1%)

The proportion of regular cannabis users reached 3.6% in 18 to 64 -year-olds. This level is also stable relative to 2014. However, a clear increase in prevalence is observed in males, from 4.6% to 5.4%, while remaining stable in women at 1.8%. With 8.4% regular users, 18 to 25-year-olds are still the most widely affected: 12.8% of young males and 4.1% of young females in this age group (Figure 3).

A rise in daily use was observed relative to 2014 (1.7% to 2.2%), mainly with a marked increase among the older generations: from 1.4% to 2.0% for 35 to 44-year-olds, and from 0.6% to 1.2% for 45 to 54-year-olds.

Cannabis use is currently typical of younger generations (more than 40% of 17-year-olds had already used the substance in 2017 [2]). However, with the ageing generations of lifetime users, growing use is observed among over 25s.

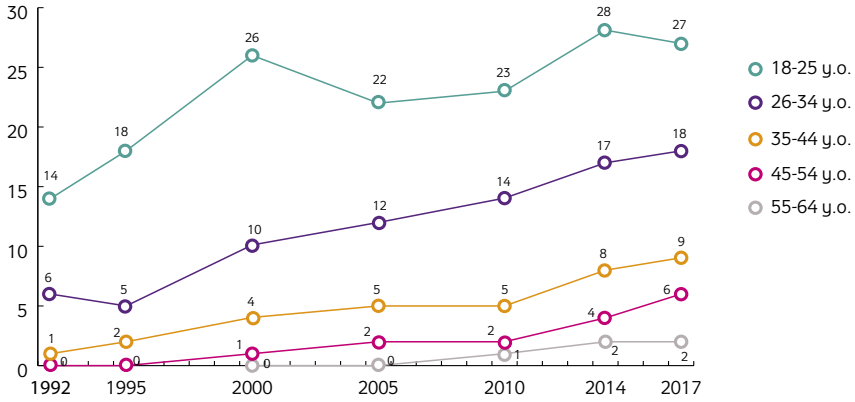
More cannabis users in the working population, whether employed or unemployed

In the adult population, as is the case for tobacco and alcohol use, gender and age are still factors associated with cannabis use. Use also appears to be highly dependent on the individuals' professional status (Table 2): hence, in 2017, current levels of cannabis use were almost twice as high among the unemployed compared to the employed population. These levels of last-year use increased three-fold between 1992 and 2017, both in the actively employed (from 3.5% to 9.6%) and the unemployed (from 5.0% to 15.8%). The gap appears to have slightly narrowed between 2014 and 2017, owing to increased use in the actively employed, and stable use among the unemployed. Perhaps these changes should be compared with those observed for tobacco use in the actively employed, for which a particularly marked decline was observed among the unemployed for the first time in 2017 [3].

Home-grown cannabis, more widespread among over 35s

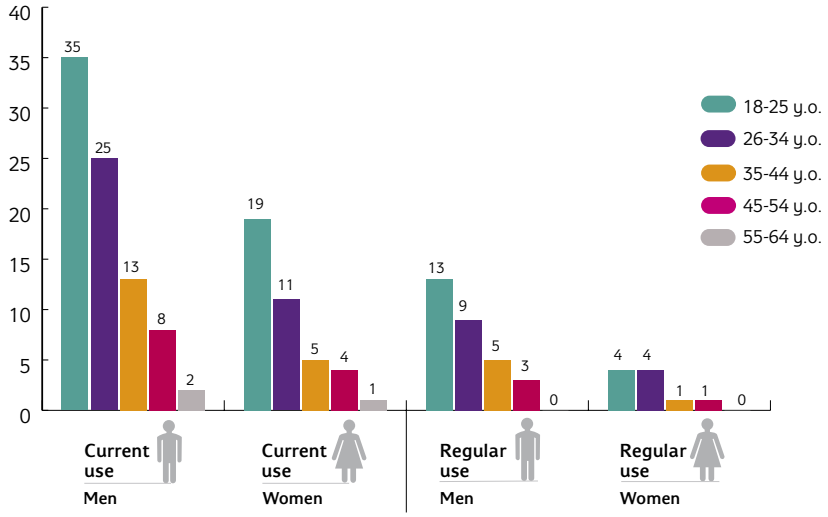
In 2017, last-month cannabis users (i.e. 6.4% of 18 to 64-year-olds) were interviewed on their supply modes over the past year. The black market proved to be the most common supply mode: nearly two-thirds of users used these supply channels, whereas 7% claimed to grow their own cannabis (Table 3). Slightly more than half of home-growers also claimed to have purchased cannabis in the past year, which suggests that home cultivation did not cover use.

Figure 2. Changes in last-year cannabis use between 1992 and 2017, according to the age group (%)



Source: 2017 Health Barometer, Santé publique France, processed by OFDT

Figure 3. Proportion of last-year and regular cannabis users, according to the gender and age group in 2017 (%)



Source: 2017 Health Barometer, Santé publique France, processed by OFDT

Table 2. Changes in cannabis use among 18 to 64-year-olds according to the professional status, since 1992 (%)

Status	Use	1992	1995	2000	2005	2010	2014	2017
All 18-64 y.o. (n = 20,665 in 2017)	Current	4.4	4.9	7.6	7.6	8.0	10.6	11
	Regular	na	na	1.9	2.1	2.2	3.1	3.6
Actively employed (n = 14,268 in 2017)	Current	3.5	4.4	6.0	6.5	6.7	9.0	9.6
	Regular	na	na	1.4	1.7	1.7	2.6	3.0
Unemployed (n = 1,813 in 2017)	Current	5.0	5.9	10.2	11.9	14.9	16.0	15.8
	Regular	na	na	3.1	4.0	6.1	6.4	6.6

na: not available

Sources: 1992, 1995, 2000, 2005, 2010, 2014, 2017 Health Barometers, Santé publique France, processed by OFDT

More 35 to 64-year-olds claim to grow their own cannabis: 10% were last-year growers, versus 6% of 18 to 34-year-olds. This characteristic is thought to illustrate the reluctance among older generations to resort to street dealing or user-drug dealer networks, along with changes in living environment (larger, independent accommodation, etc.) which could facilitate home cultivation.

Lastly, nearly a third of recent users (32%) reported supply modes other than purchases or home cultivation, such as sharing or obtaining the drug free of charge, women more often than men (40% *vs.* 29%).

Spotlight on problem cannabis use

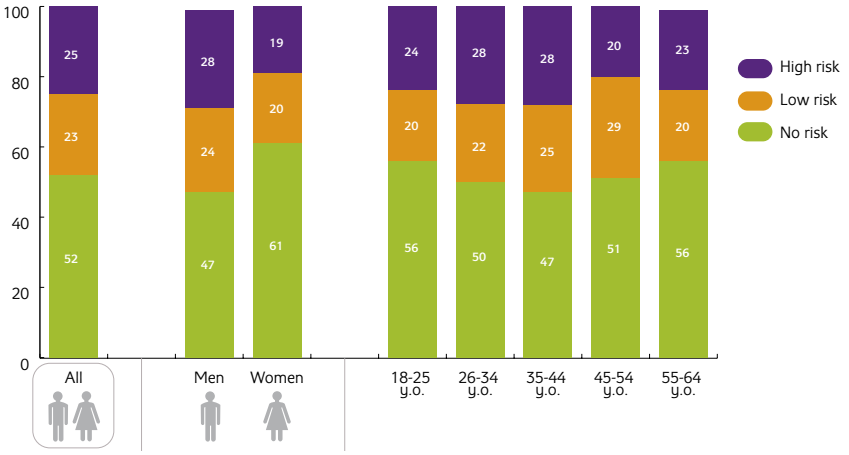
Between 2014 and 2017, the proportion of last-year users with a high risk of problem use or dependence increased from 21% to 25%. These high-risk users represent nearly 3% of all 18 to 64-year-olds in 2017. Among last-year users (Figure 4), men are more frequently at risk compared to women (28% *vs.* 19%), corresponding to 4% and 1% of adults, taking into account the differentiated prevalence of cannabis use.

The high risk of problem use peaks at 28% of users aged 26 to 44. However, this level shows little variation according to age: more than one in five users aged 45-64 also have a high risk of problem use.

Taking into account the different components of the CAST individually, smoking alone in the past year, reported by 54% of last-year users, is the component most frequently associated with cannabis dependence [6]. 39% then reported smoking before midday, which can sometimes indicate amotivational syndrome: morning cannabis use, as is the case for alcohol, is usually a sign of problem use [7]. The other problems mentioned concern 20 to 30% of last-year users: 26% reported that friends or family had made comments or expressed concern regarding their cannabis use. Hence, for a quarter of last-year cannabis users, the difficulties encountered, whether physical or psychological in nature, are sufficiently apparent to interfere with their family or social circles. Lastly, one in five last-year users (21%) unsuccessfully tried to reduce their use, a fundamental criterion in diagnosing dependence.

3. The available data do not confirm an increase in home cultivation, as suggested by the development in national production and the rise in plant seizures observed in recent years. However, these data reveal the increasing diversity in the profiles of cannabis growers [4].

Figure 4. Distribution of last-year cannabis use, according to the dependence risk (CAST), by age and gender (%)



Source: 2017 Health Barometer, Santé publique France, processed by OFDT

Table 3. Supply modes in the past 12 months among recent cannabis users (in the past 30 days) according to the age and gender (%)[3]

	All recent users	Men		Women	18-34 y.o.		35-64 y.o.
Purchases without home cultivation	61	63	>	55	64	>	54
Home cultivation without purchases	3	3		1	2	<	5
Purchases and home cultivation	4	5		3	4		5
Other supply mode (sharing or obtained free of charge, etc.)	32	29	<	40	31	<	36

<, > : significant change at the level of 5%

Source: 2017 Health Barometer, Santé publique France, processed by OFDT

The CAST

With the aim of shedding more light on health and social problems potentially associated with cannabis use, the OFDT developed a scale for identifying problem use or dependence on cannabis for epidemiological surveys, known as the Cannabis Abuse Screening Test (CAST) [5]. Made up of six simple questions based on the main criteria for determining abuse and harmful use according to the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, 4th edition) and ICD-10 (International Classification of Diseases - 10th version), the scale makes it possible to determine a problem use score, independently of the frequency of use.

Synthetic cannabinoids

Synthetic cannabinoids belong to the category known as "new psychoactive substances" (NPS), a composite group of substances imitating chemical structures or the effects of illicit substances [8].
In 2017, a question made it possible to determine whether individuals had already used this substance at some point in their life. Overall, 1.3% of 18 to 64-year-olds claimed to have already smoked this substance, which represents 3% of lifetime cannabis users and 12% of last-year users. This percentage places synthetic cannabinoids on a similar level of use to that of heroin. Lifetime users are predominantly males (1.7% *vs.* 0.8% females) and aged under 35: 3.5% of 18 to 34-year-olds (4.3% of males and 2.7% of females) have tried synthetic cannabis, versus 0.2% of 55 to 64-year-olds.
Synthetic cannabinoids remain the most frequently used NPS: only 0.3% of 18 to 64-year-olds claimed to have used another NPS at some point in their life.

Other illicit drugs: few changes relative to 2014

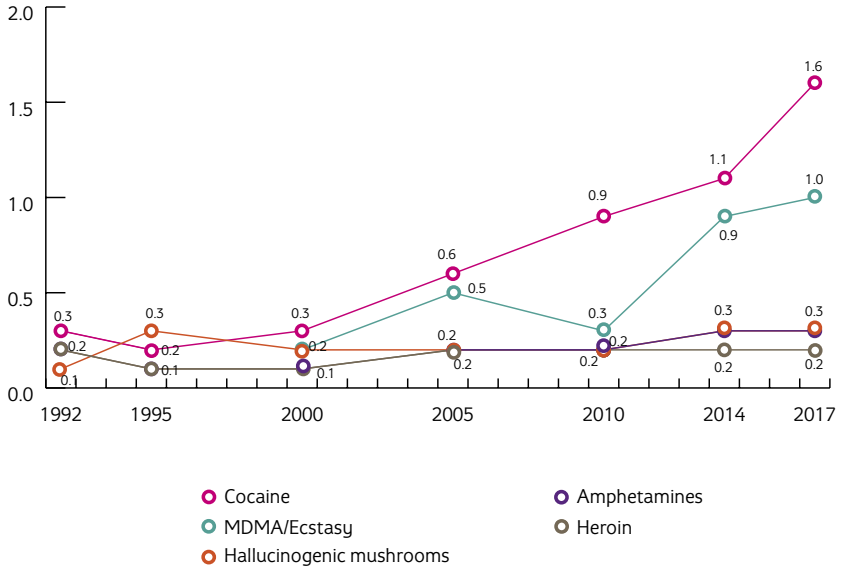
In the same way as for cannabis, the levels of lifetime use of other illicit drugs differ considerably according to the user age and gender (Table 1). Males were more frequently observed to be lifetime users compared to women, for all substances. Lifetime use of these substances is generally higher in younger age groups, and decreases in over 45s, highlighting generational effects.

Nonetheless, illicit drug use, even for stimulants such as cocaine or MDMA/ecstasy which feature among the most frequently mentioned substances, is considerably lower than cannabis use, with lifetime use below 6% and last-year use below 2%.

After increasing for two decades, and in the context of wider availability both in France and Europe [9], lifetime use of cocaine seems to be stabilising (1.2% in 1995 *vs.* 5.6% in 2014 and 2017) owing to a decline among young adults: 5.2% of 18 to 25-year-olds tried cocaine in 2017, versus 7.1% in 2014. As in 2014, lifetime use is more common among adults aged 26 to 34 (10.2%). Over the same period, last-year use continued to rise significantly: from 0.2% in 1995 to 1.1% in 2014, reaching 1.6% in 2017 (Figure 5), thus becoming the most widely used illicit substance in the past year after cannabis. This increase is attributed to men, among which last-year use rose from 1.5% to 2.3% between 2014 and 2017. Cocaine also stands out due to increasingly frequent use among over 25s: 3.4% of 26 to 34-year-olds reported last-year use in 2017, versus 2.2% in 2014. Over the same period, last-year use rose from 0.6% to 1.6% among 35 to 44-year-olds.

Lifetime use of MDMA or ecstasy (Table 1), mainly concerning males (7.3% *vs.* 2.7% of females), increased between 2014 and 2017 (from 4.3% to 5.0%). This increase was driven by 35 to 44-year-olds (from 5.3% to 6.5%) and 45 to 54-year-olds (from 1.9% to 2.8%), while lifetime use remained stable among young adults (6.9% of 18 to 25-year-olds and 9.5% of 26 to 34-year-olds). Last-year MDMA/ecstasy use is stagnating after strong growth (Figure 5) between 2000 and 2014 (from 0.2% to 1.0%). Relative to 2014, there was a higher proportion of last-year users among 26 to 34-year-olds (2.1% *vs.* 1.3%) and 35 to 44-year-olds (0.8% *vs.* 0.2%); however, this declined among 18 to 25-year-olds (2.7% *vs.* 3.8%).

Figure 5. Évolution de l'usage dans l'année des principales drogues illicites autres que le cannabis entre 1992 et 2017, parmi les 18-64 ans (en %)



Sources : Baromètres santé 1992, 1995, 2000, 2005, 2010, 2014, 2017, *Santé publique France*, processed by OFDT

Lifetime use of hallucinogenic mushrooms concerns 5.3% of people interviewed (8.0% among men, 2.7% among women), slightly higher compared to 2014 (4.8%). Last-year use is still in the minority, at 0.3%.

Lifetime use of other illicit substances is below 3% and did not change between 2014 and 2017: LSD remained at 2.7% of lifetime users among 18 to 64-year-olds, amphetamines at 2.3%, heroin at 1.3% and crack at 0.7%. Last-year use was practically non-existent for these substances (less than 0.5%.).

Conclusion

The results of the seventh Health Barometer survey compiled by *Santé publique France* corroborate the main trends observed for more than a quarter of a century concerning the use of illicit substances, which mainly concerns younger generations and males.

However, after a decade of increases, levels of use for several substances generally remained stable in 2017 compared to 2014. Furthermore, user profiles are becoming increasingly diverse, with more users aged in their thirties and in employment.

In 2017, the proportion of cannabis lifetime users continued to increase, and now concerns nearly half of the adult population. While the proportion of current users in the adult population overall has not changed relative to 2014 (one in ten adults), growing regular use in the working population over 25 is becoming established, suggesting that cannabis use may no longer be exclusive to younger generations and could continue after entering the workforce.

With the exception of MDMA/ecstasy and hallucinogenic mushrooms which are still being consumed, lifetime use of other illicit substances remained similar in 2014 and 2017, thus curbing the practically continuous growth observed since 2005 [10, 11]. Lifetime use of heroin or crack is still extremely rare in the overall adult population.

In the same way as for cannabis, cocaine and MDMA/ecstasy use is reported, more frequently than before, outside the key age group of 18-25, reflecting the growing accessibility and availability of these substances.

Methodology

Since the beginning of the 1990s, Santé publique France has conducted a series of surveys known as Health Barometers, in partnership with numerous healthcare stakeholders, which examine the various behaviours and attitudes in terms of health among the French population. The section of the questionnaire on drugs was drawn up in the context of a partnership with the OFDT.

The Health Barometer is a telephone survey based on random polling on two levels (household, then individual), carried out using the telephone and computer-assisted collection system (CATI) described elsewhere [12]. In 2005, in response to landlines being abandoned for mobile phones by part of the population likely to present specific characteristics in terms of health behaviours, two independent samples were created: one consisting of individuals with a landline, and the other consisting of individuals with mobile phone only. The same protocol was used in 2010 and 2014, also including individuals with total unbundling (whose landline starts with 08 or 09) in the «mobile phone only» sample. In 2017, due to the preferential use of mobile phones by part of the population, including those with a landline, two «overlapping» samples were created: one interviewed on a landline, the other on a mobile phone, without a filter for household telephone equipment.

The 2017 Health Barometer Survey, entrusted to the IPSOS institute, took place from 5 January to 18 July 2017, on a representative sample of the French-speaking population aged 15-75, residing in mainland France. The sample included 25,319 individuals in total (9,717 individuals able to be contacted via a landline and 15,602 individuals with a mobile phone). The phone numbers were randomly generated. The interviewee was randomly selected from the eligible members of the household via the landline, or was the person answering the mobile phone. Each generated number was able to receive 25 calls in order to include individuals with limited availability owing to their work schedule. The survey was preceded by an announcement letter sent out to participating households, highlighting the importance of the study in order to limit the number of rejected calls. People initially refusing to take part in the survey were contacted again, two weeks after the first successful contact, by a team of interviewers specifically trained for this purpose. If a person was not available to take the call, a later telephone appointment was proposed. Only individuals aged 18 to 64 answered questions relating to illicit substances (n = 20,665). The questionnaire took 31 minutes on average to complete. The participation rate was 48.5%.

The data were weighted to take into account the probability of inclusion, then adjusted to the population structure, observed in the 2016 employment survey conducted by the French National Institute of Statistics and Economic Studies (INSEE) [13]. This CALMAR weighting takes into account gender cross-matched by age in ten-year categories, regions of residence, urban unit size, household size and education levels.

The Health Barometer survey received authorisation from the French Data Protection Authority (CNIL), guaranteeing the anonymity and confidentiality of participants.

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