

Main results of the Crack study in the Ile-de-France region - Overview

Agnès Cadet-Tairou (OFDT), Marie Jauffret-Roustide (Inserm),
Michel Gandilhon (OFDT), Sayon Dambélé (Inserm), Candy Jangal (Inserm)

SURVEY RESULTS NOTE NO. 2021-03
PARIS, JANUARY 2021



This overview presents the main results of a partnership between the French Monitoring Centre for Drugs and Drug Addiction (OFDT) and the French National Institute for Health and Medical Research (Inserm)¹, the aim of which is to describe and evaluate the current crack cocaine situation in Île-de-France in order, in particular, to improve the treatment of users and, more generally, the response of the public authorities to a phenomenon that has been identified for around thirty years. This study was financed by the Île-de-France Regional Health Agency (ARS-IDF), the Paris and Seine-

Saint-Denis Metropolitan Mission for the Prevention of Risk Behaviour (MMPCR), the Interministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA), the OFDT and Inserm. After a brief historical review, the first part of this summary is devoted to the supply and use of crack cocaine and to the various players involved, as well as to the geographical areas in which they are located. The second part addresses the organisation of the crack cocaine market in Paris and its surrounding area. Finally, the third part focuses more specifically on users, with a description of their profiles, their relationships with the settings in which they evolve and an analysis of their expectations and needs in terms of treatment and harm reduction. This summary concludes with the various public policy recommendations that emerge from this research.

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1. The organisation of the project and the presentation of the teams for the two parts of the study are specified on page 17.

At national level, the use of crack cocaine (or cocaine base) has been growing steadily for more than ten years, notably driven by the spread of powder cocaine use and the growing proportion of those who smoke it (in reality inhale it). However, Paris and the nearby Seine-Saint-Denis department remain specific due to the establishment of the only organised crack cocaine market in mainland France and the visible presence of a population of users experiencing situations of extreme social vulnerability (Cadet-Taïrou *et al.*, 2020; Pfau and Cadet-Taïrou, 2018). Indeed, the development of uses throughout the metropolitan area concerns people who are often better integrated socially, whether they have a job or are considered “semi-integrated”².

Since around 2017, crack cocaine users have been more visible in Parisian public spaces. At the same time, in a context where very pure cocaine is highly available, the most involved harm reduction facilities (CAARUD) have observed a significant shift towards crack cocaine consumption by precarious users who were not previously familiar with it, along with a new diversification of user profiles (G erome *et al.*, 2019; Pfau and Cadet-Taïrou, 2018).

An estimate produced from data³ from specialised drug treatment centres (CSAPA) puts the number of crack cocaine users aged 15-64 in France in 2019 at 42 800 (40 900-44 700). In  le-de-France, it is estimated that the number⁴ of crack cocaine users in harm reduction facilities (CAARUD/Centre d’accueil et d’accompagnement   la reduction des risques pour usagers de drogues) in 2019 was around 13 000, i.e. almost 70% of those admitted to the facilities, a large proportion of which is concentrated in Paris and its inner suburbs. In 2019, this population differed from users who had not recently used crack cocaine in that there was a higher female presence (16.5% vs 9.7%⁵ - among non-users), a higher proportion of users around the 35-39 age group (for a similar average age of 43.2) and more frequent social precariousness (as an example, 36% are homeless vs 25% of non-crack cocaine users) (ENa-CAARUD 2019 data). This share of women dropped considerably in the early years of the decade as it reached 29% in 2012 (Cadet-Taïrou *et al.*, 2013).

2. In this study, the expression “integrated user” or “semi-integrated user” refers to the person’s social integration, which is reflected in the existence of family or friendship ties, access to housing, social security coverage, the fact of having a regular income and possibly a job. Precarious users accumulate a set of difficulties linked to housing insecurity, the absence of solid social and family ties and, above all, the lack of income from employment. This is a typology which, although something of a caricature, makes it possible to characterise certain profiles and to outline social trends relating to crack cocaine use.

3. Estimate based on RECAP 2019 data, Eric Janssen, OFDT.

4. Temporary estimate based on ENa-CAARUD 2019 data, Eric Janssen, OFDT.

5. This low proportion was specific to Ile-de-France, as the new outpatient admissions to CAARUD generally included, at a national level, about 20% women (ENa-CAARUD data from 2006 to 2015).

I. GEOGRAPHY OF SUPPLY AND USE IN ÎLE-DE-FRANCE

Agnès Cadet-Taïrou, Michel Gandilhon, OFDT

THE SUPPLY AND USE OF CRACK COCAINE IN THE PARIS REGION: A HISTORICAL REVIEW⁶

Crack cocaine appeared in France in the two West Indies departments (Martinique, Guadeloupe) in the mid-1980s (Charles-Nicolas, 1997; Merle and Vallart, 2010). It was through West Indian consumers that crack cocaine was introduced into Paris, at a time when heroin use was growing strongly. Together with people from sub-Saharan Africa and the Maghreb, they made up the bulk of the users, most of whom were men in very precarious situations. Although in the second half of the 1980s, dealers of West Indian origin “held” the market, they were gradually ousted by dealers from West Africa, who already had a significant presence on the heroin market in Paris. The hegemony of African dealers on the crack cocaine street market in Paris will never be refuted, despite the sporadic appearance, over the years, of new players from the “cités”⁷, trying to establish themselves, or even supplant the African dealers on the street market in the north-east of Paris, without any lasting effect (Gandilhon *et al.*, 2013). The monopoly on the sale of crack cocaine in Paris and the surrounding area will only really be undermined by the appearance of structured sales outlets in social housing, attracting a clientele from more socially integrated backgrounds, on the same model as those selling cannabis resin, such as the one in the Reverdy deprived estate in the 19th arrondissement of Paris, dismantled in 2014, and which are beginning to spread in this arrondissement and in Aubervilliers.

IN PARIS, A MARKET ROOTED IN THE NORTHEAST

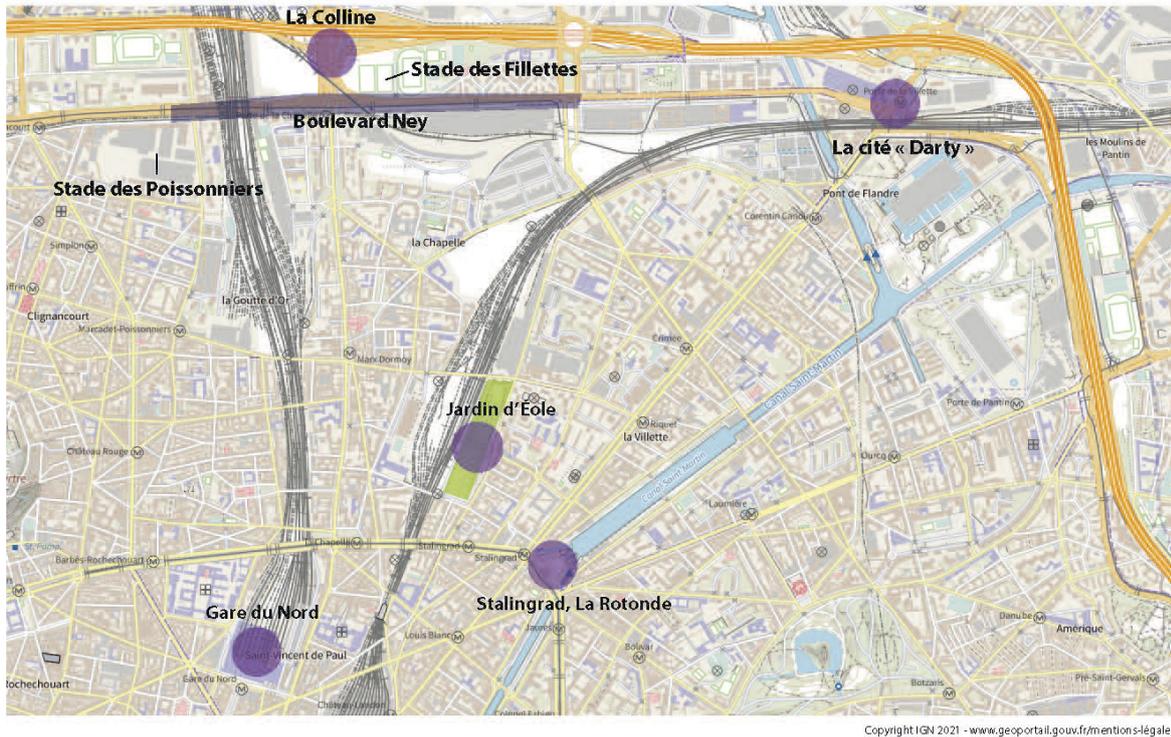
The supply and use of crack cocaine in inner Paris differ from what has been observed in the suburbs. Most of the transactions take place in public spaces (streets, parks, metro stations, railway stations) or in squats or shanty towns, where traffickers and some users live together because of a very strong dependence on the product, which leads to the need to use and reuse it on the spot. These areas also have multiple functions: users rest, socialise, buy their product, beg, etc. The area where crack cocaine has historically been used in Paris is located in a triangle to the north-east of the capital (see map below). It is built around a few anchor points essentially located in the 18th arrondissement (“La Colline” [The Hill], the stade des Fillettes), the 19th arrondissement (Stalingrad), or even, in a more volatile manner, in certain metro stations or lines from which users and dealers move around the Paris region, more to the south or west and closer to or further into the city, evolving according to the various development and rehabilitation plans of the Paris City Hall, and the iterative evacuations by law enforcement and national security agencies. (Pfau and Cadet-Taïrou, 2018). In addition to North-East Paris, the city of Saint-Denis since the 2000s and, more recently, the major trafficking point of Porte d’Aubervilliers (on the Aubervilliers side), are an integral part of the North-East Paris crack cocaine area. Saint-Denis, in particular, is an area where crack cocaine users access street supply, use products, live and relocate, in the same way as in Parisian drug scenes. However, from 2017 onwards, following the operations carried out to limit the public presence of trafficking and users, dealing and use have become distinct and barely visible, even if users testify to the persistence of a few points of sale and use located in squats (underground car parks, abandoned houses) or, in more isolated, non-permanent instances, in the public space. The eviction of traffickers from one of these places has resulted in its reappearance elsewhere, according to an effect comparable to the principle of communicating vessels, as illustrated, for example, by the regular pendulum effect between Paris and Saint-Denis, or the spread of open drug scenes towards Porte d’Aubervilliers or Rosa Parks station, after the evacuation in November 2019 of the “La Colline” site, a shanty town installed in the Porte de la Chapelle sector since the 2010s. This situation, which has persisted for some thirty years in the capital, occupies an incompressible space in Paris and the nearby Seine-Saint-Denis department⁸.

6.. This historical review (supply and demand) is based on data collected by both Inserm and OFDT teams.

7. This term refers to large blocks of flats located in working-class neighbourhoods, most often comprising social housing.

8. Unless the supply and use of crack cocaine is eliminated.

The persistent locations of crack sales in Paris, 2017-November 2019



Crack study in the Île-de-France region, OFDT-Inserm, 2020

AN EXTENSION OF THE MARKET TO THE PARIS SUBURBS?

In the nearby Seine-Saint-Denis department, besides Aubervilliers, no established sales outlets were observed in deprived estates. Only restricted and ephemeral points of sale could be reported, while the one installed more permanently in a squat in Montreuil was closed in 2018. On the whole, clients were more socially integrated than those in the open scenes in Paris, or had at least a home and a social income, as dealers did not want to have disaffiliated people present for reasons of discretion, as these people were considered too visible. Consequently, the study showed that the vast majority of crack cocaine users in Saint-Denis continue to obtain their supplies in Paris from “traditional” scenes, where they have more opportunities to find financial resources to meet their crack cocaine needs⁹. Moreover, the attractiveness of the capital, especially for these users, is linked to the density of harm reduction facilities where they can obtain equipment (inhalation kits). Beyond that, in the Ile-de-France region, the data collected does not make it possible to produce a map of the sale and use of crack cocaine. The existence of crack cocaine trafficking through a network of deprived estates has been confirmed in the south of the Essonne department, mainly in Grigny, where two deprived estates are said to be involved, and in Longjumeau. According to users, opportunities to obtain the product, whether in a place or from a person (“plans”) exist in other cities, although more information has not been provided on the degree of organisation in terms of trafficking: Evry, Corbeil-Essonnes. Other places are mentioned with less certainty. In the Yvelines department, the Mantes-la-Jolie area, for example, would need further investigation. In these areas, the dominant practice appears to be the basing of cocaine by the user or their entourage.

9. In a context where supply in Saint-Denis became restricted from 2017 following intervention by law enforcement.

2. THE NETWORKS AT THE HEART OF CRACK COCAINE TRAFFICKING IN PARIS AND ITS SUBURBS

Agnès Cadet-Tairou, Michel Gandilhon, OFDT

An analysis of transaction data and crack cocaine ‘rocks’ collected from users via the SINTES Crack Observation survey (see methodology) describes trafficking which is twice as lucrative as that of powder cocaine (hydrochloride). Firstly, the average price of a gram of crack cocaine paid by users (€132, median €125) appears to be much higher than that of a gram of powder cocaine (€63 in Île-de-France in 2018, €72 nationally¹⁰). Above all, if we take into account the purity of the product circulating, the average cost of pure cocaine is around €250 per gram when sold in crack cocaine form, whereas it is estimated at €115¹¹ (2018, metropolitan France) if the cocaine is sold in powder form.

THE “SENEGALESE” NETWORKS

The takeover of the crack cocaine street market by West African networks in the early 1990s remains relevant today. Most of the trafficking is carried out by men of Senegalese origin, belonging to the Wolof ethnic group, usually referred to as Modous (a Wolof term for a peddler or itinerant dealer).

The key role of the Mouride community

The research confirmed the hypothesis put forward by researchers specialising in illegal economies and journalists regarding the key role played by the so-called Mouride community, without which the resilience and effectiveness of the Parisian crack cocaine market over the past thirty years could not be understood. This community is linked to an Islamic brotherhood from the Sufi tradition. The presence of its members has been known, in France as well as in the rest of the world (United States, Italy, Spain, etc.), in a certain number of markets (Sall, 2014), both legal and illegal (smuggling cigarettes/works of art, counterfeiting, tourist trinkets, or the sale of drugs such as crack cocaine in Paris). Over the years, these transnational Senegalese communities have come to create formal and informal economic networks as part of a “globalization from below” (Tarrus, 2002). The unity of the community is maintained by retaining strong links between the immigrant Mourides and the country of origin as well as strong values of solidarity.

Thus, prospective immigrants to the Paris region can rely on a large and dynamic diaspora, with a great deal of expertise in legal and illegal immigration channels, which also offer a capacity for renewal of the individuals involved in the sale of drugs. The modous already established in Paris provides support in terms of access to various resources: falsified documents, money, accommodation. As a result, most of the modous questioned are undocumented migrants or have false identities. Some arrive legally, on short-term visas for family reasons, and never leave; others arrive illegally.

Micro-networks that are both independent and supportive

Trafficking is based on a set of heterogeneous, atomised micro-networks, bringing people together on the basis of family ties and characterised by a very low degree of hierarchy. It is not possible to describe a “standard” network, because the configurations and degrees of organisation vary so much. While the largest ones can number up to ten people, most are made up of “cores” of 2 to 4 people (brothers, uncles, nephews, etc.), around which other individuals with informal “commercial” or partnership ties may gravitate. Structurally independent of each other, they are linked, even welded, by the community dimension, which is a source of strong solidarity and multiple functional relationships facilitated by a common culture and objectives. For example, a network or an independent “cook” may prepare crack cocaine from cocaine hydrochloride for several networks. Violence between dealers appears to be uncommon, in contrast to the spontaneous solidarity they may show against users or law enforcement. There are also forms of cooperation with users, often “service for crack”¹² exchanges, which

10. TREND Île-de-France, Charonne-Oppelia and TREND/OFDT data.

11. OFDT estimate based on the average content of cocaine seizures (batches < 10 g, French National Forensic Science Institute) and the median price per gram (TREND OFDT).

12. As regards relations with female users involved in economic/sexual exchanges in order to finance their doses of crack cocaine, these relations are not unambiguous and could in some cases be similar to pimping for opportunity. In any case, the vulnerability of these women in the context of this activity deserves to be explored and taken into account.

lead some women to play the role of “portable minders”¹³, users to “recruit” customers or to bring them together for a “flash sale”. There is a degree of user loyalty that is seldom seen with dealers from the deprived estates.

In addition, the organisation changes according to the trafficking locations. Thus, large, well-defined scenes such as that of “La Colline” require, because of the magnitude of the user flows to be managed, a minimum of organisation and cooperation put in place by a hierarchy of “bosses” within the framework of a division of labour including lookouts, touts, and people in charge of supplies. On the other hand, in the totally open sales areas of the Stalingrad type, each modou seems to sell on their own behalf. This type of work is, for example, carried out by young modous buying crack cocaine from an elder and selling it in an attempt to make a profit, and also often by those who sell at home or by appointment, particularly to socially integrated clients. This last method concerns a quarter of the transactions recorded in the SINTES¹⁴ Crack Observation survey. The networks are extremely fluid and are maintained with a constantly changing stream of individuals who compose them. Since the end of the 2010s, there has been talk of a rejuvenation of the modou profile, with the inclusion of younger modous (18-20 years old, but some could be minors), brothers or nephews, who have come to replace or lend a hand to the “established modous” in the networks. The users we met reproach this new generation for the impersonal aspect of the relationship, which contrasts with the attitude of the previous generation.

Where does the cocaine come from?

The supply of cocaine to the “kitchens” where crack cocaine is manufactured is not centralised and each network determines its own organisation, even if some of them make joint purchases. The modous would not use the cocaine market in the country or the networks (wholesalers, semi-wholesalers) that feed trafficking in deprived estates. The study highlighted the importance of links with West Africa. The use of “community” channels thus ensures a regular and low-cost supply of cocaine. For example, a kilogram of cocaine can be traded in West Africa (Senegal, Gambia, Guinea) for around €15 000, while in the Paris area the price can be double that, amounting to €25 000/€30 000. This supply chain is made up of importers, often women¹⁵, who are specific and independent (one or a few individuals) and whose function is, strictly speaking, to supply the “modous”. The supply is provided directly from Africa, by air, by the women themselves or by “mules” (couriers), who are usually also women carrying the product in their luggage. The study also highlighted an atypical and emerging source of cocaine supply, French Guiana, which is now an increasingly important source of the French market via “mule” trafficking.

Recycling trafficking money

There are significant gaps in the data on money laundering and recycling. In view of the available evidence and the extremely modest lifestyle of most of the dealers, it seems that most of the money collected is intended to be sent to Senegal to finance the daily expenses of families or real estate investments and for the brotherhood, via the Sheikh or Marabout in Senegal to whom the modous and their families are linked. In addition to money transfer companies, such as Western Union, and briefcases of cash that leave the country via women who usually return with cocaine, the other method of payment, which is part of the informal economy, is the Hawala¹⁶, widely practised in West Africa. Based on a dense web of transnational relations, and operating on a “word of honour” (Koutouzis and Thony, 2005), this system is a kind of “clearing house”. The intermediaries between the ordering party and the recipient are often merchants based in Paris who, in return for a guarantee of complete anonymity and a commission that is generally much lower than the one charged in the legal system, give the order to another merchant based in Senegal to pay funds to beneficiaries identified via their mobile phones. At the end of a given period, the sums due, according to the claims of each, offset each other (African Development Bank, 2008).

PLAYERS FROM DEPRIVED ESTATES

The establishment of traffickers in the sale of crack cocaine in deprived estates emerged in the mid-2000s, leading to, at the end of this same decade, the creation in the 19th arrondissement of Paris of a major point of sale in the Reverdy social housing within the boundaries of the city of Paris. Although the study was able to confirm the existence of points of sale in the Paris suburbs through user testimonies and product samples collected as part of the SINTES Crack Observation survey, it was not possible, given the nature of the field, which is by definition difficult to investigate, to describe them, with the exception of one point of sale located in Aubervilliers. It seems that the sale of crack cocaine in deprived estates, where it exists, is grafted onto the pre-existing organisation

13. A minder, regardless of the product, is the person responsible for housing or, in this case, carrying the reserves.

14. National Detection System of Drugs and Toxic Substances

15. Who do not specifically belong to the Mouride community.

16. A word that means “trust” in Arabic.

of cannabis, cocaine and possibly heroin trafficking. It is characterised by a classic division of labour and a selection of the type of customers desired. Thus, the observations made in Aubervilliers showed that, for reasons of discretion, the dealers favoured a clientele that was more socially integrated because they were at first glance more discreet than the socially excluded people who frequent the street market in Paris. The people involved in crack cocaine trafficking are mainly of sub-Saharan origin, more often than from the Maghreb, and are often born in France. The latter speak Wolof poorly, unlike the modous, indicating a different profile (ethnicity of the country of origin, link with the country, etc.).

THE PRODUCT SOLD

The data collected as part of the SINTES Crack Observation survey has made it possible to provide details of the crack cocaine market in the Ile-de-France region, but also gives insights in terms of harm reduction. It forms an initial snapshot that will allow a better understanding of certain subsequent developments, in terms of consumption preferences or the occurrence of health problems.

Price and weight of the rocks

Price is the indication most used by both users and dealers to qualify sales units. The prices of a rock appear to be relatively homogeneous overall, with almost half of them being between €15 and €20 and the average being €18 (see table below). The disparities observed according to location and dealer confirm what users have said and the qualitative observations. The average weight of the sales units weighed in the laboratory is 148 mg and almost 40% of them weigh between 100 and 150 mg. This weight appears to be much lower than the estimates circulating orally, transmitted by the modous and possibly reported in the police investigation files (which would set the weight of the rock at 250 mg at least).

Contents of the rocks

Data suggests that, in the current period, simply inhaling cocaine vapour is the most dangerous aspect of use. On the one hand, there was a moderate heterogeneity in terms of content, the majority of which is already at a high level (half of the rocks contained between 50% and 70% of cocaine, with an average of 57% and a median of 59%), thus limiting the risk of users unexpectedly consuming a product that is much purer than the usual market product. Furthermore, as this is a product that many users will only stop using once there is nothing left, the amount of cocaine contained in the rock determines, more than the content, the amount consumed. The amount of cocaine is more heterogeneous than the levels (average 84 mg, median 79 mg) and is quite strongly linked to the weight of the rock ($\rho = 0.84^{17}$), which can be assessed by the user on the basis of its size, and to a much lesser extent by its price ($\rho = 0.3$). From a risk reduction perspective, the size of the rock can therefore be the most predictive indicator for users of the amount of cocaine it contains.

Main quantitative characteristics of the rocks collected

	Level of cocaine (% of weight)*	Weight of the rocks* (mg)	Amount of cocaine contained in a rock (mg)	Price of the rocks* (€)	Cost per gram of crack cocaine (€)	Cost of 1 gram of pure cocaine (€)
Average	57	148	84	18	132	248
Median	59	138	79	16	125	209
Minimum	14	28	11	10	52	81
Maximum	100	388	209	50	325	614

* Calculated on samples containing more than 6% of cocaine

Source: SINTES Crack Observation survey, 2018-2019, Charonne-Oppelia/OFDT

The cutting agents identified are mainly those found in cocaine: phenacetin, on the one hand, an analgesic that was withdrawn from prescription in 2011 (43%). If we take into account its inconstant presence in the samples analysed and the quantities of crack cocaine consumed by users, the risk of acute or chronic toxicity of phenacetin appears to be very low. Levamisole (67%), on the other hand, an antiparasitic reserved for hospital

17. Pearson correlation coefficient. The ones mentioned are all significant with a risk of less than 5%.

prescription, has unpredictable and rare, but serious adverse effects, particularly haematological ones, when present in powder cocaine. Intoxication has been reported mostly in connection with cocaine use, probably due to higher prevalence of use.

This information gathered from the SINTES Crack Observation survey is also an interesting starting point for initiating or restarting a dialogue with users about the product and its use. For example, the cutting agents supposedly present in crack cocaine are often inaccurate (only 13% of users mention levamisole and only one mentions phenacetin, even though they are aware of the presence of medicines). However, most of the products mentioned are not fanciful (amphetamine, bicarbonate, ammonia, lidocaine, some cutting agents for other substances), which shows a certain interest on their part.

Above all, this data will make it possible, provided it is disseminated, to inform users and to deconstruct certain erroneous ideas, by specifying for example that:

- basing does not purify cocaine: it can concentrate it but the cutting agents present in powder cocaine also remain in crack cocaine;
- users' assessment of the quality of the rock before use (good, average, bad) is not at all predictive of what it contains, just as the contextual elements of the transaction (type of dealers, places of sale) are not predictive of either the content or the quantity of cocaine contained in the rock. The estimate of the content of the rock given by the users, again at first glance, is only very partially related to the amount of cocaine contained in the sales unit ($p = 0.3$). Moreover, these estimated contents are, on average, significantly lower than the actual contents (45% vs 57%). The information to be conveyed is that, ultimately, the size of the rock is the most informative element. However, informing users of the levels can make it easier to understand any warning messages;
- crack cocaine does not contain amphetamine or Subutex® (buprenorphine), as claimed by 43% and 23% of the users questioned respectively. Above all, contrary to what 40% to 70% of users believe, depending on the effect, tachycardia, anxiety, muscle contractions leading to jaw clenching, etc., are adverse effects of cocaine use and not of cutting agents.

Finally, further work would be necessary to fully confirm that the chemical substances used in the preparation of crack cocaine (cocaine basing) are not found in the final product. No traces of them were found in the samples analysed. Given the toxicity of inhaling crack cocaine still containing ammonia, it would be necessary to eliminate the hypothesis that all the rocks collected were produced using bicarbonate, explaining the total absence of ammonia in the rocks analysed during the SINTES Crack Observation survey.

3. USERS, TRAJECTORIES, MOBILITIES AND NEEDS

Marie Jauffret-Roustide, Candy Jangal, Inserm

The presence of crack cocaine users in the north-east of Paris and Seine-Saint Denis has received a great deal of media attention in recent years. A sociological study (Boekhout Van Solinge, 1996) and an epidemiological study (Ingold and Toussirt, 1994) carried out in the 1990s already highlighted the demand for crack cocaine among users and sketched out a description of the profiles.

These initial studies drew four main profiles: crack cocaine users in the north-east of Paris living in precarious situations and often former opiate injectors; cocaine base users from the techno party scene - in particular the alternative party scene - who prepared their own crack cocaine, which they mostly called "free-base"; users living in the French overseas departments, in particular Martinique and Guadeloupe; and female sex workers who used crack cocaine to stand their activity and/or who used paid sex work to finance their use.

In the Crack study in the Ile-de-France region, these profiles still existed, but a slightly different typology has been developed, based on new empirical data, including: former opiate users who switched to crack cocaine, who are older and disaffiliated; young users usually coming from the party scene; Russian-speaking users who were both opiate injectors and crack cocaine users; and semi-integrated users. The profiles and trajectories of crack cocaine users will first of all be detailed, taking into account age, integration, gender and migration.

USER PROFILES AND TRAJECTORIES

In the Crack study in the Ile-de-France region, the first finding was that the trajectories of crack cocaine users are still particularly marked by disaffiliation (Castel, 1994), which includes loose ties both to work and to social relations outside the "drug world". During the course of the study, conducted from 2018 to 2020, 54 interviews were conducted with 52 different users. With an average age of 42 years - with a wide range, from 20 to over 60 years - the users were mostly men. This male predominance is not specific to crack cocaine: it is a constant in the French drug scene and is confirmed by the analysis of the active files of harm reduction facilities. The vast majority of the people we met lived in precarious conditions. This was reflected in a lack of financial resources from a job, in family and administrative breakdowns, and above all in housing difficulties. More than two thirds of the users were homeless or were housed in a social structure, which is consistent with the quantitative studies carried out on crack cocaine by Inserm and OFDT. Although this part of the study did not aim to be representative, but rather to show the diversity of trajectories, the socio-demographic characteristics of the sample were consistent with those observed in other surveys, which made it possible to envisage a form of generalisation of the data to the population of crack cocaine users in Paris and Seine-Saint-Denis.

Even if the issue of crack cocaine is characterised by this male predominance, crack cocaine has still led to the visibility of women, somewhat more so than heroin, for example. The profile of the women we met was not radically different from that of the men who used crack cocaine, and they were also in a very precarious situation with regard to employment and housing. However, the women we met (N = 18) were characterised by life trajectories that were particularly marked by a multiplicity of traumas throughout their lives. This specificity of the chaotic and painful trajectories of female drug users had already been shown in other surveys such as the ANRS-Coquelicot survey (Jauffret-Roustide *et al.*, 2008), which nevertheless hypothesised that men were less forthcoming than women about the traumas they had suffered, particularly during childhood. This bias was certainly found in the Crack survey in Île-de-France. A second specificity of the women we met was that they maintained more links with their families, even if these remained complex, especially in terms of parenthood.

This part of the survey enabled us to meet some very young users who had recently started using crack cocaine. These users came from the party scene and often lived in groups. They were in situations of crack cocaine dependence of which they were not always aware, and they had strategies for distinguishing themselves from older crack cocaine users, who had been involved in long trajectories of social insecurity. This strategy of distinction led them to avoid contact with specialised facilities, which has a very detrimental impact on their addiction to crack cocaine and their state of health.

Ethnographic observations carried out in the urban setting, as well as interviews with users and professionals, have highlighted the recent emergence of a population of so-called semi-integrated, or even integrated¹⁸, crack cocaine users around the main drug dealing scenes in Paris and Saint-Denis. As this population is not well

18. See footnote 2.

reached by harm reduction facilities, little is known about its socio-demographic characteristics and consumption patterns. When they come to harm reduction facilities, mainly to obtain inhalation kits, they seem to have already developed a strong addiction to crack cocaine and have sometimes begun a process of disaffiliation from housing, work or their social and family network. One of the striking elements of the study of trajectories was the rapidity of the loss of social ties and of social disintegration, which can be described as a “social downfall”. This process can also be seen as a social trauma that should be taken into account in treatment proposals.

Finally, the porosity between crack cocaine users and migrant users was studied. Indeed, a strong link between migrant populations and crack cocaine users has been highlighted by the press, with some articles underlying the fact that crack cocaine dealers were trying to “hook” migrants living in “La Colline”. In reality, it is more complex. There are Russian-speaking users known to harm reduction services who used to inject opiates in their country of origin and who use crack cocaine in France, in addition to opiates (Tibi-Lévy *et al.*, 2020). For migrant users from Africa or the Middle East, who have recently arrived in France, the reality is diverse and more nuanced. Harm reduction professionals have highlighted a recent development: some migrants are indeed involved in crack cocaine use, but this is a minority, as unregulated alcohol use and misuse of drugs are more numerous and more problematic at present. A few services also mentioned that migrants in precarious situations may be led to sell crack cocaine pipes at drug scenes, a phenomenon also observed among non-migrants.

“CAREERS” OF USE AND RELATIONSHIPS WITH THE PRODUCT

The “careers” of crack cocaine users have so far highlighted the fact that the increase in crack cocaine use is linked to the availability and increase in cocaine use, both in the general population and among the populations attending CAARUD and CSAPA. This phenomenon was not called into question by the field survey, as cocaine was one of the substances used by users before they switched to crack cocaine.

However, the Crack study in the Île-de-France region highlighted a greater complexity of careers of use. Alcohol, drugs, cannabis and so-called party products (ecstasy/MDMA, LSD) are just as present as cocaine in the range of substances consumed before crack cocaine use. Furthermore, the study confirmed that current usage trends are marked by multiple uses.

The contexts of initiation were diverse, but two main ones were noted. The first context was characterised by initiation in a party setting: in this context, the link with cocaine may have been particularly present, with a desire to experience new sensations through experimentation with new substances, perceived as having powerful effects, such as crack cocaine. A second context was linked to the desire to alleviate trauma, a context which seemed to give rise more easily and rapidly to a shift towards more problematic uses or even dependence. These two contexts were not mutually exclusive. Other contexts may also be mentioned, such as the switch to crack cocaine among opiate users, either because of the reduced availability of heroin, or to experience the sensations associated with psychoactive substances, as a complement to opioid substitution treatments which are difficult to reconcile with the concomitant use of opioids, due to the agonistic effects of substitution treatments.

According to the accounts of the people we met, crack cocaine sometimes replaced another product, as if to fill a void created by the cessation of a previous practice, itself the result of an event or series of events. The encounter with the product was then part of a moment in the trajectory that made sense for that person, a biographical “turning point” (Hughes, 1958 [2015 re-ed.], 1996). These more or less unpredictable turning points in life often play an important role in the users’ narratives, especially when it comes to talking about their career of use. The life path of users seems to have a considerable impact on drug use. For some, family breakdowns (divorce of parents, expulsion of children from the family home, death of a relative, loss of custody of children, etc.) have had an impact on maintaining or worsening use.

BIPOLARISATION OF SPACE AND ACCESSIBILITY

The lives of the most precarious crack cocaine users in Paris and Seine-Saint-Denis are essentially organised around two locations: on the one hand, the places where they deal, which are often also places where they use and live, and on the other hand, the harm reduction and addiction treatment facilities.

In Seine-Saint-Denis, users regularly travel to the capital, both to buy and use drugs and to use harm reduction and addiction treatment facilities. At the same time, they also use the harm reduction facilities located near their home or place of residence. These movements towards the capital can be explained by the organisation of the crack cocaine market in Seine-Saint-Denis. The price of a rock is indeed higher than in the capital and the product is less available. Dealers impose several rules that can dissuade the user, for example the impossibility of using on the spot, sometimes a payment obligation, not in coins, but in notes only. In Paris, professionals described

two types of mobility. Some users are quasi-sedentary, are not able to reach associations and stay at or near the main drug use scenes. Other users are more mobile and move actively between the various drug use scenes and harm reduction facilities. Travel outside the capital does occur but remains exceptional and is motivated by the need to obtain a better-quality product. No Parisian user indicated that they used or even looked for injection equipment in Seine-Saint-Denis. Regardless of the department, the professionals agree on one thing: the health of consumers' feet is often very poor due to the frequency of their travel. The relationship with space is obviously radically different for integrated users, who have a home and a job: they do not frequent drug dealing locations and their relationship with harm reduction facilities is almost non-existent.

The regular use of harm reduction associations and addiction treatment facilities, which are sometimes the only social and medical interfaces for users, invites us to consider the accessibility of these services. The research highlighted the difference between the situation in Paris, where the main locations for drug dealing and drug use are within walking distance of the facilities, and the situation in Seine-Saint-Denis, where the area is poorly covered, particularly in the east of the department. The development of outreach services and the practice of "reaching out" (to the user) within the capital contribute to a wider and more effective coverage of the places where crack cocaine is visible, and enable more sedentary users to benefit from initial social support and to initiate social and health procedures. In Seine-Saint-Denis, outreach activities mainly take place in the commune where the CAARUD are located, and rarely go beyond this, due to the size of the territory and the staff shortage that the CAARUD have experienced.

EXPRESSION OF NEEDS AMONG USERS AND PROFESSIONALS

Expressing the needs of crack cocaine users is not so easy, as users do not always feel that it is legitimate to express them. One of the interesting findings of the study is the discrepancy between the way some professionals view the needs of crack cocaine users and the way users view them themselves. In the Crack study in Île-de-France, 54 interviews were conducted with users and 46 interviews were conducted with professionals from various facilities in Paris and Seine-Saint-Denis with varied backgrounds. Professionals thus tend to emphasise the need for harm reduction and the need to implement collective responses, whereas most users give priority to their desire to distance themselves from drugs by accessing accommodation far from drug use scenes, insisting on privacy, withdrawal and individualised responses. This distortion seems to be linked to the representations associated with crack cocaine users, who are said to be enslaved to the product and unable to fit into the health and reintegration process. These representations also reflect the real difficulties encountered in the treatment of crack cocaine users, whose life trajectories are marked by trauma, who may have cognitive and/or psychiatric disorders that make it difficult to organise their time and keep appointments, all of which make treatment more complex. These representations are also linked to the collective use practices of crack cocaine, which are well established. However, it is important to note that certain aspects, such as the need to distance oneself from the "crack scene", the need for some users to take a break from drug use in order to change their trajectories, and successful examples of withdrawing from problematic crack cocaine use, were mentioned by both professionals and users. On the users' side, the desire to withdraw can also be interpreted as an "ideal" of breaking away from difficult life contexts and fragile life paths. Withdrawal can then be perceived by some users as a way of breaking away from this world often marked by precariousness, violence, trauma and discrimination. For professionals, it is rather the pathways towards "regulated use" that have been put forward, perceived as more realistic objectives. They imply a continuity between hospital withdrawal treatment and medium- or long-term accommodation in aftercare, without any break in treatment. For this, it is important to propose projects to be built together with the users (accommodation, integration, reconstruction of social links, etc.).

Crack cocaine users declare simple needs: "housing, food, support", and to keep at a distance the products that the "environment" may disturb. Accommodation schemes which include access to housing and medical and social support, are generally appreciated by users and described as effective by professionals. First of all, these shelters provide a break from chaotic and harsh lives. They are also particularly promising in terms of changing the trajectories of crack cocaine users towards integration or the restoration of social, health and family ties, when they include the intervention of social workers, psychiatrists or psychologists. The type of accommodation desired by the majority of users emphasises the need for privacy, with individual rooms, a "space of one's own" which can then be considered as a home. This need for privacy is linked to the desire to break away from life on the streets, where the collective dimension is most often imposed. This need to have a space of one's own does not prevent this space from being included in a more collective living structure, so that users are not brutally isolated. Feedback from the sheltering experience during the Covid-19 lockdown period has been particularly positive from the point of view of both users and professionals and should be studied for its long-term effects. From the professionals' point of view, it is essential to maintain a variety of accommodation facilities in order to best meet the different profiles and needs of users and not to exclude anyone.

In addition to accommodation, the possibility of taking breaks from very difficult daily life is an essential element in care; this need has been expressed by both users and professionals. Rest areas are essential features to be developed. The professionals and users we met would like to be able to include use areas along these rest areas to avoid incidents of use in public spaces. The need to be “busy”, to find meaning in one’s day and to contribute to social life was expressed by many users, which has led to the recommendation to support initiatives such as day work and the implementation of activities aimed at rebuilding social links and integration such as the Tapaj¹⁹ program.

Another discrepancy concerns the layout of inhalation rooms, which is not designed in the same way by professionals and consumers. While the former emphasises the collective nature of crack cocaine use and the sociability it implies, the latter express a need for intimacy during consumption, even if group use may be desired, depending on the context. This need to individualise consumption areas is linked both to the fear that some users have of being pressured to share their product and to the desire to have a “moment to themselves”, different from the street where collective use is sometimes imposed by the context. Users have therefore repeatedly suggested the installation of individual booths for private use and the creation of collective spaces if group use is desired. The professionals were more insistent on the creation of collective consumption spaces within the inhalation rooms, while thinking about how to create a space that would not reproduce the environment of “La Colline”. At the very end of the data collection, the need to individualise the spaces was also mentioned by the professionals, in the specific context of Covid-19 prevention. It seems that no option should be ruled out in this area, but that both types of organisation (individual cubicle versus collective space) could be considered. Many professionals also mentioned the need to create new places exclusively dedicated to drug use (mixing injection and inhalation) in Paris and the Ile-de-France region, but also to include drug use areas within existing care and/or harm reduction facilities and rest areas, and to create new comprehensive care areas including drug use areas.

This discrepancy between the needs expressed by the users and the professionals must be qualified, however, insofar as it is important to note that the majority of the professionals we met have a non-dogmatic attitude towards their work with crack cocaine users and a very strong commitment to the people they serve. Most of them have a very reflective attitude towards their work and often find themselves questioning themselves, or even feeling helpless, when faced with the complexity of dealing with crack cocaine users and the rejection of these groups by non-specialised services. The professionals say they are open to new proposals and are willing to experiment with new schemes. Several professionals have indicated that the complexity of the treatment of crack cocaine users makes it possible to question the limits of the current system and to set up new models combining harm reduction and healthcare, including therapeutic and/or psychiatric treatment. The Crack study in the Ile-de-France region seems to reveal the importance of taking stock of the progress made in risk reduction and the way in which this health policy, which has largely proved its effectiveness in preventing infectious risks, can be enriched and developed through a more global and integrated approach. The two recurrent demands of crack cocaine users which emerged in the study were to distance themselves from drugs by taking advantage of withdrawal and aftercare treatments, and to have stable accommodation. These withdrawal needs were less often expressed by professionals, who preferred an approach based on regulating use. Harm reduction and withdrawal have long been separated. But if we go back to the origins of harm reduction, withdrawal, when chosen by the users, and not imposed by professionals or society, has been an integral part of harm reduction (Jauffret-Roustide, 2011).

A new era of harm reduction requires the ability to reconcile these different approaches and to think beyond the simple prevention of infectious risks by including within harm reduction a longer-term approach to social rehabilitation. This is one of the basic principles of harm reduction, but it requires the provision of substantial financial resources to those involved in terms of access to accommodation and assistance with social integration. Furthermore, the professionals we met emphasised the need to integrate a non-judgmental harm reduction approach to drug use and crack cocaine users (who are too often perceived as “unmanageable and irrecoverable patients”), including the notion of “unconditional support” within specialised care facilities, particularly hospital services, residential CSAPA, therapeutic communities and mainstream medical and social services. Changing the way in which crack cocaine users are represented in medical and social services is a key factor in improving their care. During the local implementation phase of the facilities dedicated to crack cocaine users, it is important for the local population and politicians to be made aware of the benefits of these facilities in terms of public health and social integration.

19. TAPAJ is a social integration program aimed specifically at street youth who struggle to find employment

Professionals also expressed the need to facilitate the care of crack cocaine users, beyond the increase in the number of accommodation facilities and the installation of drug consumption rooms or rest areas. The question of how to deal with the mental health problems of crack cocaine users has been widely raised at various levels: on the front-line during outreach work, in addiction and harm reduction services, and in psychiatric services. In Paris, the creation of reinforced outreach teams was welcomed by professionals who asked for psychologists or psychiatrists to be integrated into the mobile teams. Given the psychiatric comorbidities of crack cocaine users, the absence of professionals in this field in most of the outreach activities is considered to be a hindrance to making contact with users and then to providing them with effective treatment. The possibility of hiring psychiatrists or nurses to work on the street has been regularly mentioned. In addition, the notion of emergency psychiatric care was noted as necessary for crack cocaine users, with the proposal to create crisis centres with short stays. In addition, the difficulties of referral to mental health services such as community mental health centres are highlighted. Concerning the management of psychiatric co-morbidities, psychotic disorders and psycho-trauma were mentioned as recurrent. Psychiatrists have also emphasised the need to combine psychiatric care with social support. The treatment of psychiatric disorders must be strengthened at all levels because it is a factor in the success of other forms of treatment in the field of addiction, social and health care.

Care must be comprehensive and multi-faceted in order to meet the diversity of users' profiles and expectations.

MEASURES TO BE ADAPTED ACCORDING TO USER PROFILES AND GEOGRAPHICAL AREAS

The recommendations in terms of needs also varied according to the user profiles and geographical areas identified. For example, some professionals have asked to develop a partnership with child welfare because of the presence of young people from this service in places where crack cocaine is visible, users who are also reluctant to use harm reduction services. Even if the data collected for this part of the survey concerns a small sample, it would be important to think about specific treatment methods for these young people, and to facilitate, for example, their access to youth addiction outpatient clinics, which for the moment remain very focused on cannabis. Furthermore, although only a handful of professionals mentioned it, it seems relevant to raise the issue of early care for this young population. Cocaine and crack cocaine are increasingly available in the capital and accessible to a young public, including unaccompanied migrant children. The need to set up early and multidisciplinary care systems as a priority for these groups was pointed out, without any further details at this stage from the professionals on the methods that need working out.

In Seine-Saint-Denis, the professionals working in the east of the department spoke more specifically about the need to rethink the outreach services and the areas of intervention assigned to them and, above all, to cover the area more thoroughly with harm reduction actions. Some of them mentioned setting up, even on an experimental basis, reinforced outreach activities in order to detect new needs or new places of use, with a view to eventually setting up new harm reduction facilities in the required locations. However, the professionals working in the municipalities bordering Paris did not make this type of request. Both in Paris and in Seine-Saint-Denis, they insisted on the need to hire more people, diversifying the professional profiles in terms of training discipline and experience in the field of harm reduction.

As far as women are concerned, the development of dedicated facilities or services should be encouraged in order to allow them to talk more freely about the traumas they have suffered and to distance themselves from the violence of the street. Particular attention should be paid to the prevention of violence and to sexual health. Forms of individual psychotherapeutic support to deal with trauma, combined with discussion groups on topics such as women's empowerment, should be encouraged. Consultations on issues related to parenthood or units/moments allowing them to see their children and their families in a therapeutic framework of reconstruction or reinforcement of the link should be developed.

It is very difficult to make precise recommendations concerning the prevention of risky crack cocaine use among semi-integrated users. It might be useful to make contact with these groups when they are obtaining paraphernalia via automatic distribution machine or when they are present at drug use scenes, by means of specialised outreach activities which could rapidly direct them towards treatment facilities. Indeed, the speed with which some users experienced a "social downfall" was striking, after having been anchored in regular crack cocaine use. It therefore seems essential to be able to act very quickly with these populations of integrated or semi-integrated users, all the more so as crack cocaine, like other drugs, can give the illusion of control when use takes place in an environment where social integration is still somewhat preserved. It also seems fundamental to be able to work out together with them the types of treatment adapted to their needs in order to envisage modes of support which could lead them to visit the facilities. The question of the desire to distinguish oneself from users with more

precarious trajectories must be addressed so that this does not constitute a hindrance to treatment. Suggestions were made regarding breakaway stays to be implemented at an early stage with these semi-integrated groups, as well as protective measures concerning excessive debt, which have been successfully implemented, in order to prevent crack cocaine use from being accompanied by a social downfall, a phenomenon which could then encourage more problematic crack cocaine use.

Finally, for the most vulnerable users, the solutions to be favoured are accommodation with integrated care programs, improved access to psychiatric care, the setting up of inhalation rooms in Paris and Seine-Saint-Denis, the development of rest areas, the increase in social and relational rehabilitation workshops through collective activities and access to withdrawal in a process that integrates treatment and aftercare, with no break in time between the stages. In terms of accommodation, Housing First policy programs are perceived as being more suitable for users with more troubled life trajectories who require more comprehensive care and daily support.

This preliminary research makes it possible to draw up recommendations for treatment, but it needs to be supplemented by a cohort follow-up, which would make it possible to document the medium-term effects of the measures introduced by the plan on the social and health trajectories of crack cocaine users in the Ile-de-France region (MILDECA *et al.*, 2019), using an appropriate methodology.

CONCLUSION AND RECOMMENDATIONS

The persistence of the crack cocaine market over the last thirty years, as well as the appearance of new players on the supply side in a context of widening drug dealing and consumption areas in the Paris region, indicate the relative failure of the public policies implemented up to now, which were too often based on “ad hoc” reactions, guided by the various media and security “scares” which have succeeded one another since the phenomenon emerged. This is particularly true in the area of law enforcement, where policy is usually limited to a one-off investment by the police in places where there is drug trafficking in order to saturate the public space, which in the end simply displaces the phenomena and systematically sets back social and health support, the first stage of which consists of reaching out to users in order to build the links that will enable them to be brought into care. In this respect, however difficult it may be to meet this expectation, the Crack study in the Ile-de-France region has revealed a major demand on the part of users, namely the possibility of a rapid withdrawal from the area in which they live and support in order to stop using the drug as quickly as possible, conditions without which any attempt to “withdraw” would seem to be doomed to failure.

Thus the policy followed, based on the necessary and relevant approach of risk reduction, also shows its limits today when it is considered to be the only answer. Although this research recommends the development of this policy (inhalation rooms, rest rooms, etc.), it must also be accompanied by a more fundamental approach, which also focuses on possible and voluntary exits from addiction, and by the development of treatment and aftercare centres which allow users to leave the ground that leads them back to addiction. It should also enable them to benefit from real care including addiction, psychiatric disorders and social rehabilitation (through access to accommodation, but also access to integration activities). However, these are medium- and long-term objectives that will not immediately address the issue of public order. Therefore, it is necessary to consider that the mere displacement of users is counterproductive and to move towards strategies whose effects are not contradictory, perhaps by considering sufficiently numerous and permanent facilities. The coordinated mobilisation plan on the crack cocaine problem, involving the Île-de-France prefecture, the Paris public prosecutor’s office, the police prefecture, MILDECA and the regional health agency, is a historic opportunity to develop a comprehensive and long-term response.

As a result of this research, the following recommendations were presented to the monitoring committee of the project’s financiers:

IN TERMS OF HEALTH, TREATMENT AND HARM REDUCTION

- Set up an experimental reinforced outreach service in Seine-Saint-Denis in order to provide better coverage of the area (particularly further east), to identify needs and, if necessary, to open new harm reduction facilities, including new CAARUD, particularly in the east of Seine-Saint-Denis.
- Develop several inhalation rooms in Paris and Seine-Saint-Denis near the places where people deal drugs (Porte de la Chapelle, Jardin d’Eole, Gare du Nord, Stalingrad). See map p. 4.
- Provide rest areas within and outside of harm reduction facilities.
- Facilitate access to health and social support programs and to policy (such as Housing First programs). Adapting the location of accommodation to the aspirations of users concerning the greater or lesser proximity to places of business and consumption as well as concerning the individualisation of spaces.
- Develop therapeutic care aimed at withdrawal, far from the places where drug dealing and drug use take place, as well as aftercare accommodation outside the Paris region. Ensure that they are not left without accommodation for any period of time during this process.
- Propose social and relational integration activities that allow the recovery of self-esteem, reference points and a commitment to social life. To this end, the initiatives undertaken by social integration programs such as Tapaj need to be consolidated, developed and adapted to the specific nature of the paths of crack cocaine users.
- Diversify the profiles of the professionals involved in outreach activities by including more mental health professionals.
- Think about a mental health system adapted to crack cocaine users in terms of its treatment methods (simpler registration in schemes, no sectorisation, adaptability of appointments).
- Disseminate to professionals in contact with users the knowledge acquired that may be useful in their relations with users (expectations, relevant references on the composition of products, etc.)

IN TERMS OF THE ENVIRONMENT AND RELATIONS WITH RESIDENTS

- Involve the residents of the neighbourhoods where harm reduction facilities are to be set up more closely, so that they are involved at every stage of the implementation process and are aware of this policy.
- Set up discussion and exchange spaces on the improvements to be implemented on a regular basis.
- Develop the work of the outreach services to mediate with local residents.
- It should be remembered, however, that the establishment of facilities should not result in crack cocaine users becoming invisible in the public space, which is sometimes expected by certain groups of local residents. The cohabitation of different social groups in the public space is not always easy. Several crack cocaine users expressed their desire not to be perceived as aggressive by local residents. In order to facilitate this cohabitation, it is necessary to set up accommodation facilities, day and night rest areas, inhalation rooms, but also integration activities and easier access to aftercare withdrawal facilities. Consumption in the public space is often imposed by constraints linked to the lack of care adapted to the needs of crack cocaine users. The pacification of the public space requires very strong financial commitments from the public authorities. It cannot be solved only through police intervention and by excluding populations perceived as “undesirable”, whose rights to access to care and integration must be respected. Inhalation rooms can help to reduce the public disorder associated with crack cocaine use in public spaces, but they are not a quick fix. They must be accompanied by facilities for shelter, psychiatric care and social and relational integration.

IN TERMS OF LAW ENFORCEMENT

- Establish regular relations between the police and harm reduction associations.
- Limit uncoordinated evacuations, which only disperse the phenomenon without ever allowing for a satisfactory response for both users and local residents.

CRACK RESEARCH PROJECT TEAM IN ÎLE-DE-FRANCE

Scientific leaders: Agnès Cadet-Taïrou (OFDT) and Marie Jauffret-Roustide (Inserm)

USERS, TRAJECTORIES, SPATIAL MOBILITY AND NEEDS SECTION - INSERM

The Users, Trajectories, Spatial Mobility and Needs section was written collectively by three members of the Inserm team. Each chapter of the report from which this summary is derived gave rise to a first version by Sayon Dambélé for chapter 1 on Trajectories, with the contribution of Candy Jangal on the focus on women; Candy Jangal for chapter 2 on Mobilities and Marie Jauffret-Roustide for chapter 3 on Needs. Marie Jauffret-Roustide harmonised the overall writing of the section and the analyses presented.

The remaining tasks were distributed as follows:

- Marie Jauffret-Roustide, scientific leader, construction of methodological tools, collection of qualitative data, supervision of NVivo coding, analyses, report writing, validation of tools and reports, supervision of the team.
- Sayon Dambélé, Candy Jangal, Mathieu Lovera: construction of methodological tools, collection of qualitative data, contribution to NVivo coding, analyses, contributions to report writing.
- Candy Jangal and Catherine Mangeney, cartographic analysis and analysis of accessibility data to structures.
- Sayon Dambélé, ethnographic observations.
- Isabelle Cailbault, transcribing, coding and indexing NVivo data from interviews, press.
- Mireille Lebreton, conducting interviews.
- Christine Calderon, transcribing interviews.
- Léa Barlier, intern, contributed to the interviews as an observer.

SUPPLY SECTION - OFDT

The section on supply is the result of teamwork within an operational steering committee: Agnès Cadet-Taïrou, Grégory Pfau, Michel Gandilhon

Specific exploration on crack cocaine

- Operational coordination: Grégory Pfau (Charonne-Oppelia, TREND IDF)
- Ethnographic data collection: Yves Bouillet (Charonne-Oppelia)
- Focus groups and interviews: Grégory Pfau, Agnès Cadet-Taïrou, Michel Gandilhon (OFDT), Grégoire Sainte-Marie (Charonne-Oppelia)

Study of survey reports: Michel Gandilhon

SINTES Crack Observation survey

- Design: Grégory Pfau, Thomas Néfau (OFDT), Agnès Cadet-Taïrou
- Operational coordination: Grégory Pfau, Thomas Néfau (until March 2019), Agnès Cadet-Taïrou, Victor Detrez (after March 2019)
- Toxicological analyses: Luc Humbert and Camille Richeval (Toxicology Laboratory of the Lille Regional Teaching Hospital Centre - CHRU Lille)
- Data management, statistical analysis, writing: Agnès Cadet-Taïrou

External data

- TREND Île-de-France observation notes: Mathieu Lovéra, Vincent Benso, Yves Bouillet (Charonne-Oppelia)
- Data from Mathieu Lovera's research work: The "multiple universes" of crack. Ethnography of social uses of cocaine base in the North-East of Paris, Master of Social Sciences research dissertation (under the supervision of Marie Jauffret-Roustide), EHESS [School for Advanced Studies in Social Sciences], 2019
- Survey data from Alexandre Kauffmann (independent journalist)

General analysis and drafting of the section on Supply: Agnès Cadet-Taïrou, Michel Gandilhon, Grégory Pfau, Mathieu Lovéra

METHODOLOGICAL APPENDIX

Jointly requested by the Île-de-France Regional Health Agency (ARS-IDF), the Metropolitan Mission for the Prevention of Risk Behaviour (MMPCR) and the MILDECA, Cermes 3 and the OFDT proposed a joint project based on the needs identified. This project has two sections.

- One, coordinated by the Inserm team at Cermes 3, focused specifically on users, their trajectories, spatial mobility and profiles, and their needs in order to better define appropriate public responses.
- The second, coordinated by the OFDT and carried out in partnership with the Ile-de-France site of the TREND-SINTES network run by the Charonne-Oppelia Association, focused on the organisation of the crack cocaine market and the characterisation of the products sold and used, as well as on their impact on the purchasing and use practices of users.

A close collaboration between the two institutions was implemented, structured on regular meetings of an Inserm-OFDT steering committee dedicated to methodological exchanges, in particular around data collection tools and accessibility to the field (places and people), to the coordination of the progress of ongoing fieldwork and the drafting of documents, and to the sharing of information and results.

THE USERS, TRAJECTORIES, SPATIAL MOBILITIES AND NEEDS SECTIONS

The research on the Users, Trajectories, Spatial Mobilities and Needs component conducted by the Inserm team at Cermes 3 used the following methodological tools:

- ethnographic observations (173 hours) in various geographical areas (“La Colline”, Bonne nouvelle, Montparnasse, Convention, Olympiades, Château Rouge, Les Halles, Saint-Denis, metro lines, etc.). See map p. 4.
- biographical semi-structured interviews with crack cocaine users (N = 54), including the dimensions of their paths, uses, geographical mobility, accessibility to services and needs.
- semi-directive interviews with professionals (N = 46), focusing on the history of crack cocaine, changes in profiles and use, professional practices and recommendations to be implemented as part of the crack cocaine plan.
- an analysis of the data from the interviews resulting in two NVivo databases with a specific encoding tree, one for the user interviews and the other for the professional interviews.
- a comparative analysis of the two sets of data.
- an analysis of the geographical mobility of crack cocaine users.
- a review of the socio-historical literature on crack cocaine.

These methodological tools have been deployed in Paris and Saint-Denis.

The majority of the interviews were conducted between late 2018 and early 2020. As the Covid-19 pandemic has strongly affected the lives of users and professional practices, a complementary collection section was carried out between May and July 2020 and then in December 2020. Qualitative data were coded and indexed in NVivo software. The analysis was based on an inductive approach, starting from empirical data, without any initial hypotheses.

The analysis of the geographical mobility of crack cocaine users was built on three main areas:

- Area 1. A comparative geography of crack cocaine: understanding the main places where crack cocaine is visible in Paris and Seine-Saint-Denis and describing their particularities according to the departments.
- Area 2. The mobility of crack cocaine users: analysing the movements of users between the various places where crack cocaine is visible in order to understand how they resort to them, and thus to better envisage the implementation of new facilities.
- Area 3. Accessibility to harm reduction facilities and CSAPA: to represent the physical accessibility to the facilities/CSAPA in order to assess the way the territory of the study is covered and to help define the implementation of new facilities.

A process of triangulation between data sources and team members produced a collective data analysis.

THE SUPPLY SECTION

The research relating to the Supply section, carried out by the OFDT and TREND Île-de-France team, was based on the implementation of three parallel studies:

- Ethnographic observations carried out at the main points of sale in Paris (Jardins d'Éole, "La Colline", Stalingrad, metro lines) and its inner suburbs (Aubervilliers), with informal interviews with users and dealers with a "modou" profile. See map p. 4.
- Semi-structured interviews: users, "cook", former modou (N = 12); law enforcement players (public prosecutor, drug squad, police inspector).
- Focal group conducted with key law enforcement players involved in the fight against trafficking (police, metro squad).
- Interviews with workers in harm reduction facilities (CAARUD): CAARUD outside Paris, Gaïa team.
- Analysis of 19 investigation reports on crack cocaine trafficking cases made available by the drug squad.
- SINTES Crack Observation survey in Île-de-France: collection and analysis of crack cocaine rocks (N = 144) from users, accompanied by contextual questionnaires.
- Participation in meetings of the local delinquency treatment group (GLDT in French)
- Analysis of sources external to the survey:
 - review of the literature on crack cocaine trafficking;
 - data on crack cocaine trafficking collected by the TREND scheme since 1999;
 - data from the 14 ethnographic notes produced by the TREND scheme in Paris and nearby Seine-Saint-Denis in 2018 and 2019;
 - internal notes and reports resulting from law enforcement;
 - media monitoring.

All the documents resulting from the research (ethnographic notes, interviews, minutes of meetings, analysis of investigation reports, etc.) were indexed in an ad hoc qualitative database on the NVivo software in order to facilitate their analysis.

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