

1999-2019: CHANGES IN DRUG USE AND SUPPLY IN FRANCE THROUGH THE EXPERIENCE OF THE OFDT'S TREND SCHEME

SUMMARY



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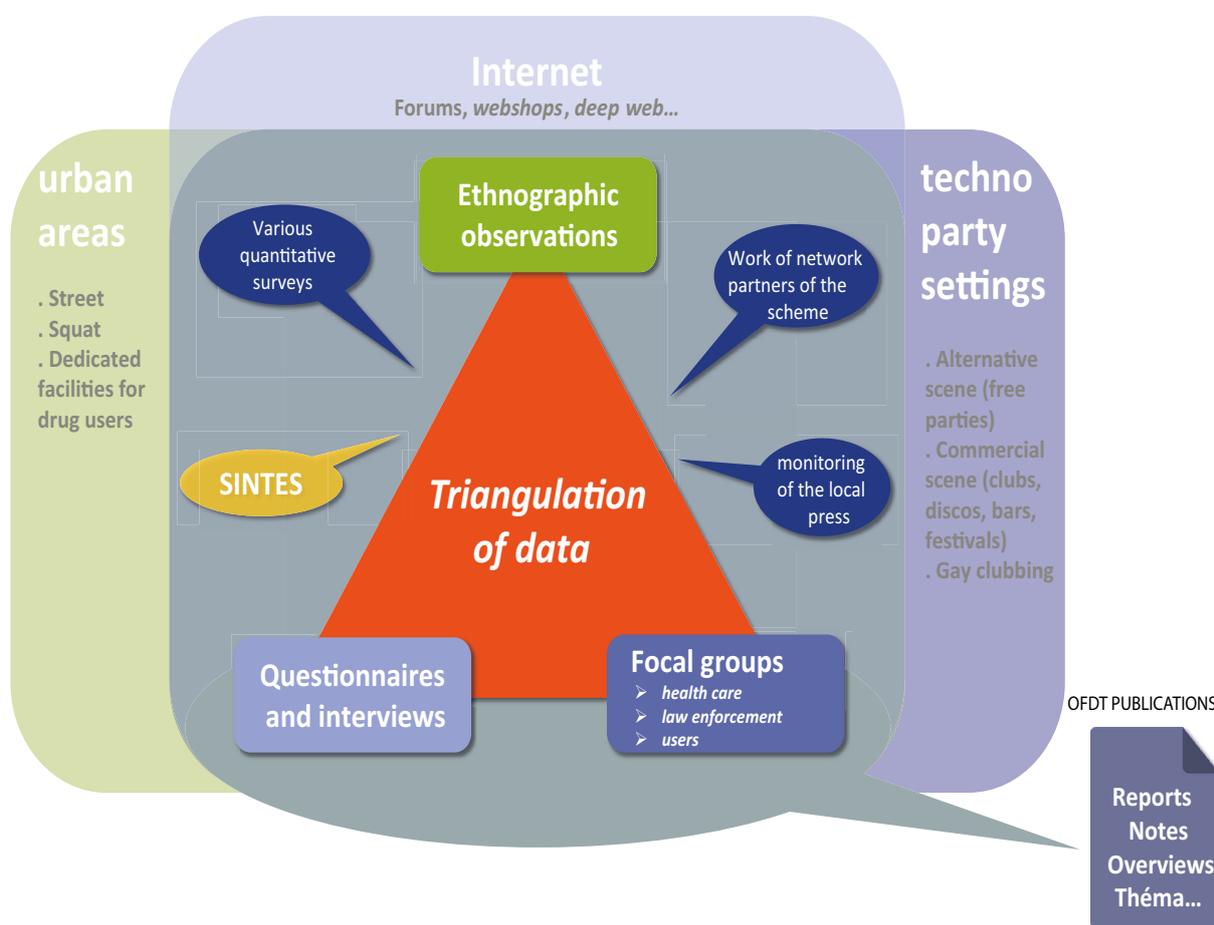
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On the 20th anniversary of the Emerging Trends and New Drugs (TREND) scheme and the National Detection System of Drugs and Toxic Substances (SINTES), the French Monitoring Centre for Drugs and Drug Addiction (OFDT) looks back on two decades of drug monitoring. An issue of the *Théma* collection¹ published in September 2020 reported the major transformations that have taken place in the field of illicit and misused substances that these two schemes have been able to identify and analyse. After detailing the principles of the TREND-SINTES organisation and its adaptation to changes in practices, uses and contexts, this summary describes the main phenomena observed.

Sources of information and specific areas of observation covered by TREND



¹ Agnès Cadet-Tairou, Michel Gandilhon, Clément Gérome, Magali Martinez, Maitena Milhet, Victor Detrez, Julie-Émilie Adès. 1999-2019 changes in drug use and supply in France as seen through the OFDT's TREND scheme. *Théma*, OFDT 2020, 73 pages [in French] <https://www.ofdt.fr/BDD/publications/docs/epfxac2a9.pdf>

Creation and objectives of the scheme

The mid-1990s was a turning point in the history of illicit drugs in France. On the one hand, the dynamics of the heroin epidemic were being held back by the development of opioid substitution treatments (OST) and a broader harm reduction policy which challenged the abstinence paradigm. On the other hand, the rise of the counter-cultural techno movement has been accompanied by the breakthrough of synthetic drugs, mainly ecstasy (MDMA), and new user profiles, often better integrated socially and seeking ‘recreational’ use of the products.

Ensuring an observation of the phenomena

In this context, the OFDT was commissioned² in 1999 to create two schemes. The first, Emerging Trends and New Drugs (TREND), is intended to monitor new phenomena in the field of illicit drugs and medicines used as such; the second, the National Detection System of Drugs and Toxic Substances (SINTES), aims to collect and analyse synthetic substances (and all illicit substances from 2006 onwards), in order to participate, for France, in the European monitoring of products circulating within the national territory. Closely linked, the TREND and SINTES schemes have the task of identifying and describing emerging phenomena before they can be measured by quantitative surveys conducted in the general population or beyond.

To meet this objective, the TREND scheme has from the outset relied on a network of local co-ordinations (12 observation sites throughout France in 1999, 8 sites in 2019³) which implement a common methodology based on ethnographic observations and collective and individual interviews in order to document emerging phenomena and changes in the use of illicit drugs and diverted medicines. The information is collected from a variety of sources: users, practitioners specialising in addiction and the social and health care sector, law enforcement officers whose local integration contribute to a better understanding of territorial specificities. It is carried out by observation officers in two social settings: the so-called “urban” areas (streets, squats, dedicated facilities for users) and “techno party” settings. Insofar as populations with a high level of drug use frequent them, those settings are considered to be the most likely to see the emergence of new drug-related phenomena.

The overview resulting from these local studies and from SINTES is supplemented by specific surveys and cross-checked with data from law enforcement services in terms of seizures and those produced by the addictovigilance network.

Adaptation to observed changes

In 20 years, the TREND scheme has adapted to reflect the changes taking place. The observations carried out within the alternative techno party scene (free parties) have gradually been extended to include commercial party venues playing electronic music to a more diverse public as well as so-called “gay” or “gay friendly” recreational settings often corresponding to areas where detection of new substances may be reported at an early stage and specific practices emerge (chemsex). The geographical extension of uses has also led to specific investigations into “rural areas” including indigenous and also neo-rural populations. Finally, more recently, the TREND network has been looking at the practices observed in large housing estates or deprived neighbourhoods (“cités”).

² The Interministerial Mission for the Fight against Drugs and Drug Addiction (MILDT), which became the Interministerial Mission for Combating Drugs and Addictive Behaviour (Mildeca) in 2014.

³ Bordeaux, Lille, Lyon, Marseille, Metz, Paris/Seine-Saint-Denis, Rennes and Toulouse.

EVOLUTION OF THE SETTINGS AND DRUG SUPPLY

Old and new gap in urban areas

The uses of people in extremely precarious situations living on the fringes of urban life were initially focused on heroin and changed substantially at the end of the 1990s, with a more frequent switch to misused medicines. Alongside the benzodiazepines that are easily accessible on street markets, growing uses not in line with the therapeutic framework, particularly in the case of buprenorphine (Subutex®), the main substitution drug prescribed in France, and also of morphine under the name Skenan® were observed. As a result, the TREND sites will bear witness to the growing importance of these products among opiates, with cases of first-time consumption and first-time addiction.

The users observed are overwhelmingly polydrug users. While alcohol, which is still very widely used, and cannabis are present throughout France, the network highlights specific territorial features: heroin in Lille and Metz, morphine (Skenan®) in Lyon or Bordeaux, and crack cocaine in Paris. More generally, the system signals a steady increase in the use of cocaine by smoking or injecting. Within the user groups, new profiles have gradually emerged: young people living rough, but also migrant populations with users from Eastern Europe or the Caucasus and, from 2015, unaccompanied minors from Algeria and especially Morocco.

As diverse as they are, these highly vulnerable users have seen their living conditions deteriorate further over the last ten years. They have suffered the consequences of the economic crisis of 2008, but also of policies to maintain law and order and the renovation or gentrification of city centres in the metropolises forcing them to move away from their traditional living environments (squats or others). This increased precariousness has had repercussions on the conditions of use and access to care for these users, aggravating the risks and damage to which they in particular are exposed. It poses many challenges to professionals working in the field of addiction. More than twenty years after the introduction of the first harm reduction measures, many users, as illustrated by the issue of crack cocaine in the north-east of Paris, suffer from both stigmatisation and being ignored.

The festive dimension of uses

In parallel with the use of drugs by extremely precarious groups, the 2000s saw the development of other, so-called «recreational» drug use, in the wake of the techno movement, which was booming at the time. While events (authorised or not) featuring electronic music multiplied, consumption tended to take on a counter-cultural dimension. By distancing the figure of the desocialised “junkie” in favour of that of the “raver” using ecstasy, cocaine and hallucinogenic substances, this movement helped change the image of drug use. The evolution of the movement, the broadening of its audiences beyond the restricted circle of regular attendees of raves or free parties, and the growing porosity between alternative and commercial events have had undeniable consequences in terms of the diffusion of certain psychoactive products. New populations less familiar with the substances that circulate in alternative party settings now have access to them in festivals, clubs or nightclubs.

This is notably the case for MDMA/ecstasy but also poppers, GHB/GBL and more recently ketamine. Given the lack of knowledge about these products (dosages, fractioning, etc.) among these inexperienced users, but also the fact that access to prevention and harm reduction is less easy in commercial settings, this dissemination dynamic raises problems in terms of health. In addition to the risks of switching to chronic and problematic uses, there are also the more immediate risks linked to incidents, loss of consciousness, bad trips or acute poisoning.

New trafficking methods

With regard to the development of drug markets, the TREND scheme first of all describes the increasing diversity of products in circulation: stimulant drugs (cocaine, ecstasy amphetamines), hallucinogenic substances alongside cannabis and various opioids. For the most recent period, this diversification has taken place against a backdrop of record world drug production (coca in Latin America, opium in Afghanistan, synthetic drugs in the Netherlands), which has helped to facilitate access to a more diversified range of products with higher purities.

Traffic is also being profoundly transformed by the proliferation of novel communication technologies (mobile phones, smartphones, Internet, encrypted applications, etc.), which favour new sales methods. An increase in discreet transactions by appointment and, above all, home delivery services (primarily in urban centres): traffickers are being innovative in response to the reluctance of the wealthiest users to go to the places where drugs are dealt. These changes can go as far as the setting up of “central purchasing” facilities or cocaine call centres (police terminology). Most often, these are pre-existing networks that adapt and optimise their activities using proven marketing techniques to promote products. These new initiatives coexist with traditional sales methods established in deprived estates. The use of these direct sales outlets in the suburbs or the use of micro-trafficking that encourages the distribution of products far from the city centres, in rural areas for example, is more likely to concern the less privileged.

At the same time, the TREND scheme shows how the developments in technology and the growing role of the Internet over the last two decades have opened up a new avenue of access to illicit drugs, possibly counterfeit medicines, plants that were previously scarcely available, but also and above all to a wide range of new synthetic drugs known as New Psychoactive Substances (NPS). Since 1998, 334 NPS have been identified in France, 90% of them in the last 10 years. These are mainly synthetic cannabinoids, hallucinogens and cathinones. Contrary to initial fears, in France a limited audience has turned its attention to these new products. However, the development of online discussions and product supplies has encouraged the emergence of new user profiles who are very active on social networks (psychonauts) on the one hand and the growth of problematic practices (chemsex) on the other.

DEVELOPMENTS AND REFRAMING OF 3 SUBSTANCE ISSUES: CANNABIS, COCAINE AND HEROIN

Within the largely dominant polydrug user groups, three “traditional” products, cannabis, cocaine, and heroin, have played a central role for two decades. All three have seen their potencies increase significantly in recent years.

Cannabis: the rise of herbal cannabis and the persistence of cannabis resin

Cannabis, by far the most commonly used substance in the French general population, is at the heart of the uses of the populations observed by the OFDT’s TREND scheme. The last 15 years have seen a growing craze for herbal cannabis, which a growing number of users prefer to resin. They attribute natural, even “organic” virtues to it and have a positive image of it. This phenomenon is fuelling the spread of herbal cannabis cultivation on French territory as well as on the entire European continent. For many supporters, it seems to correspond to a desire to re-appropriate control of the product and to favour the search for particular effects: products with a higher dosage or, on the contrary, lighter products with a view to self-medication. However, the introduction of new hybrid varieties in Morocco in the mid-2000s influenced the THC content of the cannabis resin, which favoured the persistence of this form and the appearance of highly dosed by-products (oil, wax). These developments are taking place in an international environment marked by an increase in the number of states legalising cannabis in its therapeutic but also “recreational” forms, contributing to a “standardised” perception of these uses.

Cocaine dynamics

Over the last two decades, cocaine use has gradually spread beyond insider circles. The TREND scheme reports the growing diffusion of the hydrochloride or powder form of this stimulant in a variety of settings. First of all, there are those where the public is socio-economically integrated (particularly those seeking professional performance or “party-goers” and “clubbers”) but also areas with more disadvantaged users, young people frequenting the alternative scene, or even homeless people in highly precarious situations. Cocaine, supported by a positive image, has become a common product among very diverse populations in the same way as alcohol and cannabis, although in much smaller proportions.

Introduced in France at the end of the 1980s, through the French Caribbean departments, the smoked form of the substance (cocaine base) will also gradually concern relatively heterogeneous categories of the population. It is primarily known as crack cocaine among precarious drug users in Paris and its northern suburbs, to the extent that, by the mid-2010s, this method of use concerned more than half of the drug users attending the CAARUDs (harm reduction facilities for drug users). At the same time, the TREND scheme also observes the low-noise progression of smoked cocaine, first among a core group of users of the alternative techno setting who have mastered the “free basing” technique⁴ and then more widely.

⁴ Resulting from a transformation (free basing) of cocaine hydrochloride, acid, by the addition of a basic compound, sodium bicarbonate or ammonia.

From 2016 onwards, the increase in the average purity of cocaine and its greater availability have been accompanied by a fall in prices and the supply of cocaine has received a new impetus. The use of the product has appeared to intensify in the festive settings. The TREND sites have unanimously reported a proliferation of points of sale and solicitations made to potential buyers in the street, near or inside bars. This increase in use concerns all modes of consumption: snorting, all the more so as users are socially integrated and use remains recreational; injection, which is widespread among the most precarious users who frequent harm reduction facilities; but also the inhalation of cocaine base vapours, in particular for precarious users and/or those who have become dependent. There has been a worsening in terms of the health and social care consequences among injectors and users in a situation of economic and social vulnerability. Treatment demand has been increasing significantly over the recent period, with the share of drug-related deaths involving cocaine reaching a quarter of the total in 2017.

Problems related to heroin and opioids

The OFDT's TREND scheme was set up shortly after opioid substitution treatments (OSTs) were put on the French market. Although the advent of substitution broke up the dynamics of the heroin epidemic, it was also accompanied by the use of buprenorphine (and methadone to a lesser extent) outside the therapeutic standards. The black market purchase, injection or snorting of a treatment prescribed for oral consumption (mainly Subutex®, the basic buprenorphine molecule) rapidly constituted a major aspect of the consumption of the most precarious users. At the turn of the decade, the TREND sites also reported the installation of morphine sulphate (Skenan®) in areas where heroin was not easily accessible or was considered to be of poor quality.

From its first years of operation, the observations made by the network have shown that, despite the initial decline in its market, heroin is not completely disappearing. The substance is still very present in north-eastern France, particularly in deindustrialised semi-rural areas isolated from the major economic centres. Above all, new consumption patterns have emerged. As a result, heroin is less often injected, but is instead snorted or inhaled by 'new users' from the techno culture, who start to use it in order to regulate their consumption of stimulants. It also concerns better socially integrated groups than those of previous generations, some of whom, under substitution treatment, are looking for lost sensations through these occasional uses. These users often have a softened perception of the product, wrongly associating the risks of overdose solely with injection. Depending on the availability and quality of the product and their financial resources, some users may also prefer opioid medicines, the standardised composition and packaging of which seem more reassuring. In addition, the profiles of opiate users are diversifying. The more frequent prescription of opioid analgesics has led to the emergence of a new type of dependency, with patients in difficulty faced with the addictive potential of these treatments. This population is more female and older than that of polydrug users.

From the mid-2010s onwards, there was a clear increase in the supply of heroin and the emergence of new supply channels (notably trafficking organised by Albanian criminal groups from Switzerland to the Auvergne-Rhône-Alpes region). Pressure in terms of supply was reflected in the increase in the average heroin purity circulating in France and the parallel decrease in its price per gram. The proportion of heroin in overdoses has also increased: together with misused methadone, it is involved in 6 out of 10 overdoses.

CONCLUSION

Since its inception, the TREND scheme, which is fairly unique in Europe, has been able to identify, monitor and explain many phenomena, some of which are time-bound, others which have profoundly transformed the field of addictions over one or two decades. Twenty years after its creation, however, the OFDT's TREND network continues to face the challenges posed by the monitoring of large areas or territories (rural areas), which are difficult to access (private environments, deprived estates, etc.) or very specific (particular geographical areas in France or overseas) and in which establishing monitoring requires long investments in terms of both time and resources. In the spring of 2020, the first lockdown due to the Covid-19 health crisis in France provided the TREND scheme and its local coordination units with the opportunity to demonstrate their responsiveness and their ability to produce empirical data quickly.

Faced with multiple uses that are scattered and sometimes less easily detectable, the scheme is confronted with a multidimensional reality and increased complexity that make it all the more relevant.

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- The European project “Internet Tools for Research in Europe on New Drugs” (I-TREND) explores the contents of user discussion forums and online sales from 2013 to 2015; for more details see: <http://www.i-trend.eu/>

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