

15. Drug and alcohol use among young people aged 12-18

Adolescence is an age that often corresponds to the beginning of the drinking period, it is also important to observe this age group behaviour. For precaution reasons, the under 15 year olds are rarely interrogated with very delicate questions, under which illicit drugs fall. However, there is some available information on the 12-14 year old group, but it is sometimes subjected to protection because survey protocols may consider it to be unsuitable.

15.1 Prevalence, trends and patterns of use

Three types of surveys allows for the observation of adolescent drug consumption :

- The first survey took place at the high school, where the pupils fill in an anonymous questionnaire themselves. This was the case of the survey conducted in 1993 (Choquet et Ledoux, 1994), in 1997 (Ballion, 1998), in 1998 (de Peretti et Leselbaum, 1998), in 1999 (ESPAD Inserm-OFDT-MENRT) and in 2000 (Ballion, 2001). The majority of the young people interrogated were between 15 and 19 years old.
- The second one took place during the Call to Preparation for Defense Day [*Journée d'Appel de Préparation à la Défense*](JAPD) dedicated to military service in France (replaces military service), where girls participate in the same manner as the boys. The context and the population interrogated differed therefore: in the survey in a school environment, it lacked absentees and youngsters who did not attend school. Nevertheless the results obtained by these two methods of surveys are shown to be very close. 18 year old young people are interrogated, but this survey poses retrospective questions that helps obtain information on the initiation of these products that often begins between ages 11 and 17.
- The third survey was conducted by telephone at the parents homes of 12 – 19 year olds, (Baudier et al., 1998) or in a group interview made up equally with adults (Gulibert et al., 2001). The results are not detailed here (see 15.4)

The most recent data is from the Annual Enquiry (ESCAPAD) produced in 2001 by the OFDT (French Observatory of Drugs and Drug Addiction).

Frequency of alcohol and other drug use in 18 year olds, in 2001, according to sex

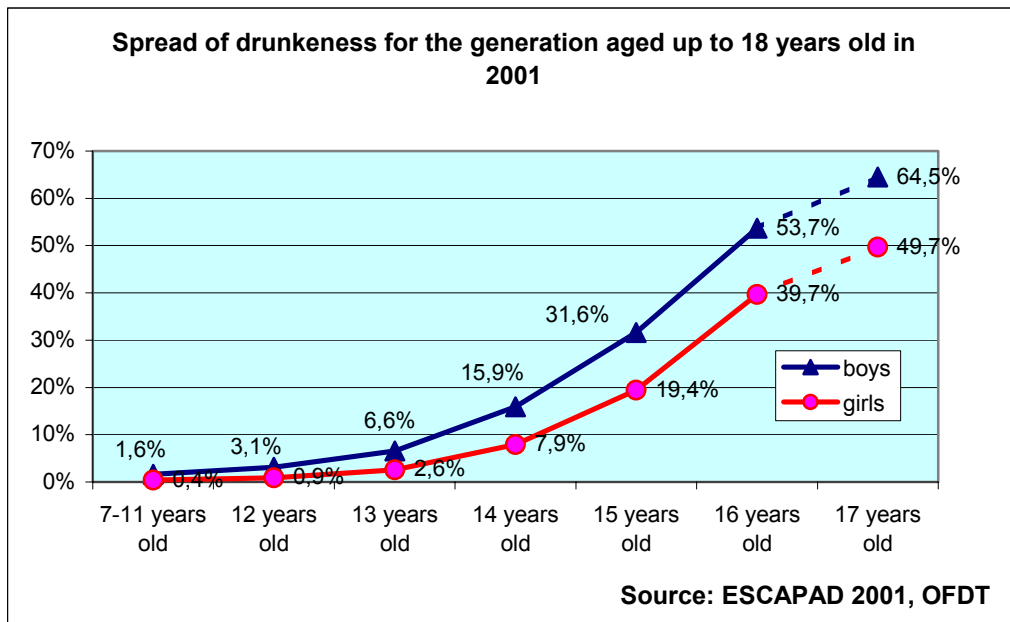
	during life		during the year		during the month	
	boys	girls	boys	girls	boys	girls
alcohol	93,3 %	91,9 %	nd	nd	73,6 %	80,3 %
cannabis	55,7 %	45,2 %	50,0 %	37,5 %	39,2 %	23,6 %
Psychotropic medication	12,4 %	31,1 %	8,6 %	25,2 %	3,9 %	14,9 %
hallucinogenic mushrooms	6,9 %	2,5 %	5,2 %	1,5 %	1,4 %	0,3 %
poppers	5,7 %	3,4 %	4,2 %	2,1 %	1,6 %	0,7 %
Inhalants	5,8 %	3,7 %	2,1 %	1,3 %	0,7 %	0,4 %
ecstasy	5,0 %	2,7 %	3,9 %	2,1 %	2,2 %	1,1 %
amphetamines	2,5 %	1,2 %	1,8 %	0,8 %	1,0 %	0,3 %
LSD	2,3 %	1,3 %	1,6 %	0,8 %	0,8 %	0,3 %
cocaine	2,5 %	1,3 %	2,0 %	0,9 %	1,0 %	0,4 %
heroin	1,0 %	0,8 %	0,6 %	0,4 %	0,2 %	0,2 %
crack	1,0 %	0,6 %	0,5 %	0,2 %	0,3 %	0,2 %

Source : ESCAPAD 2001, OFDT.

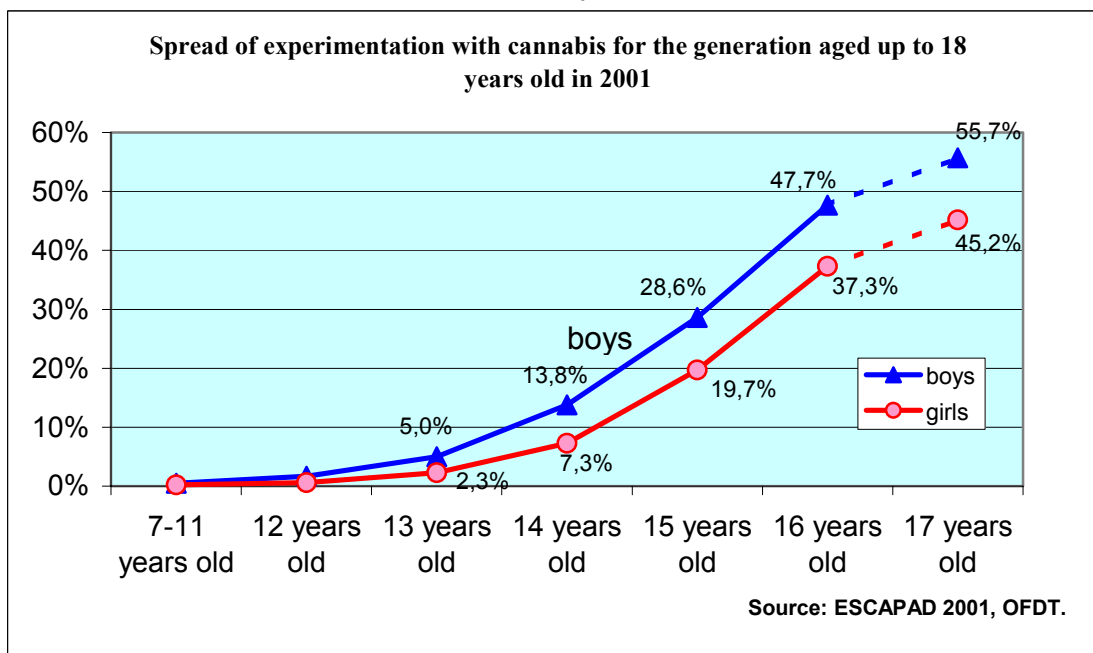
At 18, after tobacco, alcohol, cannabis and psychotropic medication, hallucinogenic mushrooms, poppers, inhalants and ecstasy are the products that are experienced with more than amphetamines, LSD and cocaine. These experiments are always more frequent with the boys, except for tobacco and psychotropic medication. For the boys, the experimenting surpasses 5% of five products : Cannabis, hallucinogenic mushrooms, poppers, ecstasy and inhalants.

During the last 12 months cannabis use concerns more than a third of the girls (37.5%) and one boy in two (50.0). The use during the last month concerns 23.6% girls and 39.2% boys. The boys who declare to have smoked cannabis more than 10 times during the last months (regular use) are almost 3 times more numerous. 19.7% against 6.9% of girls.

In ESCAPAD 2001, retrospective questions were also asked which could enable them to have information on the age when these products were first used. This question was not asked about alcohol (because quite often the memory is fuzzy and happened a long time ago) but being drunk did reveal that it was effective. The average age for experimentation is placed at age 15.2 years for boys, and age 15.6 years for girls. It is easy to retrospectively retrace the diffusion curve of intoxication. It then appears that the experimentation diffusion of intoxication seems to have an almost exponential growth up until the age of 16. The gap between the two sexes grows as soon as the habits stop being immaterial, and seems to rise with age: 4 points difference at 13 years, 8 points at 14 years, 12 points at 15 years, 14 points at 16 years and 15 points at 17 years.



On average, boys have experimented with this product at the age of 15.2, and at age 15.5 for the girls, the experiments are concentrated between 15-16. As with the experiments of intoxication, the diffusion curve of cannabis can be retrospectively retraced for the 18 year olds questioned in 2001. The experimenting with cannabis clearly rises for both sexes from the age of 14. The difference between the girls and boys grows from the age of 12 to 15 and then stabilises around the 10 points in the boys favour.



The other products are summed up on the following table :

Average age for experimenting with the group of psychoactive products (in years)

	Experimentation boys	Experimentation girls
Tobacco	13,6 (n = 2 705)*	13.8 (n = 6,886)*
Inhalants	14.2 (n = 157)*	14.4 (n = 273)*
Regular tobacco	14.9 (n = 1,490)*	14.8 (n = 3,544)*
Psychotropic medication	15.1 (n = 360)*	15.5 (n = 2,488)*
Cannabis	15.2 (n = 1,926)*	15.5 (n = 3,855)*
Intoxication	15.2 (n = 2,250)*	15.6 (n = 4,283)*
Crack	16.0 (n = 21)*	15.6 (n = 23)*
Heroin	16.2 (n = 20)*	16.0 (n = 45)*
Hallucinogenic mushrooms	16.2 (n = 213)*	16.1 (n = 182)*
Poppers	16.2 (n = 168)*	16.1 (n = 259)*
Cocaine	16.3 (n = 70)*	16.1 (n = 86)*
Amphetamines	16.3 (n = 67)*	16.0 (n = 74)*
Ecstasy	16.4 (n = 152)*	16.4 (n = 203)*
LSD	16.4 (n = 60)*	16.2 (n = 80)*

* The number of people who answered the question is shown between the brackets

Source ESCAPAD 2001, OFDT

The ESPAD-France investigation was done in 1999 in a school environment by INSERM, in partnership with the OFDT and the Department of National Education. The reason for this is to broaden it's presentation to the 14-18 year old age group.

Regardless of age or product, drug experimenting rises with age and always more so for the boys than the girls. In the 14 to 18 year old age group, cannabis experimentation increases from 14% to 59% of the boys, and 8% to 43% for the girls. With regards to the other drugs, the level of experimenting is always less than 5% for the inhalants, (glue, solvents...) and in a lesser light, hallucinogenic mushrooms (older boys).

Illicit Drugs: Lifetime Prevalence according to age and sex

boys	age 14	age 15	age 16	age 17	age 18
Cannabis	13,8 %	25,4 %	38,0 %	47,3 %	58,9 %
Inhalants	12,7 %	12,1 %	12,3 %	12,5 %	12,7 %
amphetamines	3,6 %	2,8 %	2,9 %	2,8 %	3,1 %
LSD or hallucinogens	1,3 %	1,0 %	1,4 %	1,8 %	3,2 %
crack	2,8 %	2,4 %	2,0 %	1,5 %	1,9 %
cocaine	2,8 %	1,5 %	2,0 %	1,7 %	3,1 %
heroin	2,3 %	1,4 %	1,0 %	0,9 %	1,9 %
ecstasy	2,8 %	2,3 %	3,5 %	3,6 %	4,7 %
mushrooms (psilocybin)	2,1 %	2,1 %	4,2 %	6,2 %	7,4 %
girls	age 14	age 15	age 16	age 17	age 18
Cannabis	8,0 %	18,9 %	31,6 %	38,1 %	42,8 %
Inhalants	10,3 %	10,6 %	8,9 %	8,5 %	8,0 %
amphetamines	1,2 %	1,7 %	1,8 %	1,9 %	1,2 %
LSD or hallucinogens	0,3 %	0,6 %	1,0 %	1,2 %	1,1 %
crack	0,7 %	1,7 %	2,1 %	1,3 %	0,4 %
cocaine	0,6 %	0,7 %	1,7 %	1,2 %	1,5 %
heroin	0,4 %	0,8 %	1,3 %	0,5 %	0,8 %
ecstasy	0,7 %	1,7 %	2,3 %	1,9 %	2,2 %
mushrooms (psilocybin)	0,6 %	1,5 %	2,1 %	2,3 %	3,1 %

Source ESPAD-*ij*- 1999, INSERM-OFDT-MENRT.

The statistics in 1999 can be compared with those of the 1993 INSERM study done on school pupils in the group aged 14 – 18

For cannabis, growth is quite clear, with usage by age group doubling from one study to the next (from 15% to 33%). If this growth is further analyzed by age and sex, it appears particularly strong at 18, at which age in 1999, 59% of boys and 43% of girls acknowledged having tried cannabis, against only 34% et 17% in 1993. For other psychoactive substances, the weakness of the observed trend makes comparisons less meaningful. However, the level of experimentation appears overall to have risen between the two studies, particularly for inhalants. Upon closer inspection, it seems that the growth is largely attributable to younger boys.

Illicit Drug use by age for those 14-18 years old, 1993-1999

PRODUCT	INSERM 93 (n = 6518)	ESPAD 99 (n = 9657)
Cannabis	14,6 %	33,1 %
Cocaine	1,1 %	1,6 %
Heroin	0,8 %	1,1 %
LSD or Hallucinogens	1,7 %	3,6 %
Amphetamines	2,3 %	2,2 %
Inhalants	6,0 %	10,7 %

Source : INSERM 93 et ESPAD 99 , INSERM, OFDT, MENRT

The measurement of usage at levels higher than experimentation is difficult for cannabis and inhalants. For other substances, repeat consumption is rare, inasmuch as the majority of those that have tried one of these products do not do so again. In 1993, at age 18, 15% of boys had consumed cannabis 10 times or more over the course of their lives. In 1999, this rate was achieved by the age of 16 (19%) and by age 18, 35% had tried the drug. For girls, the incidence of consumption is lower, but the trend is similar, i.e., in 1993 by the age of 18, 6% of girls had tried cannabis 10 times or more, with the rate in 1999 having been reached by the age of 15 (6%) and reaching 22% by the age of 18. The widespread usage is therefore not limited to simple experimentation.

However, in the case of inhalants, the growth is far more subtle, in particular for girls. At the age of 18 in 1999, 5.4% of boys and 3.5% of girls had taken inhalants at least three times in their lives, compared with 2.5% and 2.3%, respectively, in 1993.

Cannabis and inhalants : use by sex and age 1993-1999

boys	Age 14	Age 15	Age 16	Age 17	Age 18
1993 : cannabis 10 times or more	1,2 %	3,5 %	6,3 %	11,8 %	14,8 %
1999 : cannabis, 10 times or more	3,3 %	8,9 %	18,7 %	29,5 %	35,4 %
1993 : inhalants, 3 times or more	2,2 %	2,7 %	3,0 %	3,3 %	2,5 %
1999 : inhalants, three time or more	4,8 %	5,2 %	5,5 %	5,8 %	5,4 %
girls	Age 14	Age 15	Age 16	Age 17	Age 18
1993 : cannabis 10 times or more	1,1 %	2,3 %	5,0 %	6,4 %	5,8 %
1999 : cannabis, 10 times or more	2,1 %	6,4 %	12,1 %	18,2 %	21,9 %
1993 : inhalants, 3 times or more	1,7 %	1,9 %	1,2 %	1,9 %	2,3 %
1999 : inhalants, three time or more	3,7 %	4,8 %	2,7 %	3,1 %	3,5 %

Source : INSERM 93, ESPAD 99.

Outings and use of psychoactive substances

In light of the multivariate analysis conducted on the 2001 ESCAPAD data, the link between youth's "outings" and psychoactive substances could be studied. Six profiles were defined based on six types of "outings".

A first group, known as "**infrequent outings**", groups approximately half of the informants (45.9%). These young people go out little insofar as concerts and sporting events are concerned. For this group, the most frequent event is a visit to a discotheque, attended by 60% of the group over the course of the year.

The next set comprises four groups of approximately equal size:

“Sporting events and discotheques” – (12.6% of informants) the profile is primarily masculine (66.5% boys). These young people go to sporting events at least once a month each year and slightly more frequently than the rest of the sample to discotheques.

“Rock” – (11.6% of informants), these young people enjoy rock and hard rock concerts, having been at least once per year, and in many cases, attend once per month.

“Rap, reggae and discotheques” – (11.4% of informants) – this group shows a clear preference for rap or reggae concerts which they attend typically at least once per month.

“Other music” – (12.7% of informants) – this group has the highest proportion of girls (70.7% girls) These young people usually go to funk, soul, R&B, vocalists, jazz and classical music.

Finally, the last group is know as “techno party and discotheques” – the profile of this group reveals young people who have attended at least one techno party in the preceding year and 80% of the group, have attended at least one per month. In addition, they have all been to a discotheque and about 80% of this group have been at least once per month.

Significant differences in consumption appear among the profiles. Nothing in the data demonstrate that consumption takes place during the outings, however, those who frequently attended musical events consumed psychoactive products more often than the others. It is worth noting that the relationship between musical event attendance and drug usage is higher for girls than for boys.

Young people who regularly attend rap or reggae concerts and those who frequently attend techno parties are the greatest number of daily and heavy smokers (more than 10 cigarettes per day). One should note however that young people in the “infrequent outing” profile are associated with a higher incidence of smoking than those in the “other” or “sporting events” categories. The regular use of alcohol et repeated drunkenness are found in “rap and reggae” and “techno party” groups, as well as among those who prefer rock and hard rock. The lowest incidence is among “infrequent outings”.

Concerning the usage of illicit substances, at the age of 18 those who have attended the greatest number of musical events consume more frequently than the others. For cannabis, the profiles “rap reggae” and “techno party” are the most associated whether it is in connexion with repeated or regular use. Other illicit substances also reveal a higher level of consumption among the “techno party” profile but such consumption relates to a minority of young people. Within this group (5.9% of informants) less than one-quarter of them had consumed ecstasy over the course of the year. Taken in the context of the entire sample group, the incidence of ecstasy consumption reaches a level of less than 2%. With respect to cocaine, the proportion of consumers within the “techno group” is low as well, reaching only 9.4%, or less than 1% of the entire sample group of young people interviewed. After Ecstasy, the drug most frequently consumed by boys who attend techno parties is hallucinogenic mushrooms, and for girls, poppers.

Usage of psychoactive substances among 12 and 13 year-olds

In 1997, in the youth health barometer study (Baudier et al, 1998), questions regarding illicit drug consumption were not asked of adolescents aged 12 to 14. This precautionary action resulted from a pilot study done in 1997, during

which researchers found frequent reticence on the topic among the youngest respondents. The research team determined that this type of exchange, unaccompanied by any preventive counselling or any deeper discussion on the topic of illicit drugs, had a tendency to upset the least informed respondents, who typically, are the youngest.

In the study in 2000 however, researchers inquired about, but not about other illicit drugs. (Guilbert et al, 2002). By telephone, these young informants acknowledged very low usage (3.6% of boys and 3.7% of girls having already consumed cannabis.) However, solicitation to try cannabis was reported to be relatively higher, 9.9% for boys and 13.6% for girls (Beck, 2000) [Note: French text said “filles” for each percentage and is obviously wrong for one of them]. These incidence levels can be compared with the retrospective usage reported by 18 year olds questioned in the ESCAPAD 2001 study, as shown below.

Cannabis use by age amongst 12-14 year olds, beginning with acknowledgement of first use in 2001

	boys	girls
Age 12	1,7 %	0,6 %
Age 13	5,0 %	2,3 %
Age 14	13,8 %	7,3 %
Age 12-14	6,8 %	3,4 %

Memo : 13.8% of boys have smoked by the age of 15.

Source : ESCAPAD 2001, OFDT

In the Health Behaviour in School-aged Children Study study (HBSC), completed in 2002, 11-, 13- and 15-year-olds were questioned. This OMS study was done in France in 1994 (Baudier et al, 1997), and in 1998 (Navarro et al, 1999, and Godeau et al, 2000), but at the time it was not representative at a national level, having been conducted only in schools in Toulouse and Nancy. In this study, questions relative to illicit drug use were not asked of adolescents aged 11 and 13, although they were asked about alcohol and tobacco usage. The initial results of this study will be available in 2003.

15.2 Health and social consequences

Health and social consequences of alcohol and drug usage are usually not very visible before the age of 18. In effect, users found within the health care system have a higher average age which corresponds to an outcome from cumulative usage or from a given point in the drug user’s life. Users seen in public health clinics are somewhat younger, but average about 25. (DREES study, November 1999).

It is largely cannabis that triggers involvement of the national health system for adolescents and young adults. The percentage of individuals under 25 years old “pris en charge” for cannabis usage was 52% in 1999, but for heroin the rate was only 13% (DREES Study, November 1999) On the question of possible consequences from the use of cannabis on mental health, the collective expertise of INSERM has reached some conclusion based on available information: there appears to be a statistically significant relationship

between cannabis usage for one and various affective disorders and schizophrenia for another. The experts point out however, how difficult these relationships are to interpret and in fact prompt new questions. (INSERM, 2001). The debate can also be extended to by enlarging the range of issues to be interpreted connecting cannabis and mental health, which go beyond the pharmacologic effects of the drug and reach in to the sociologic dimension of usage, based on the findings of ESCAPAD 2001 (Peretti-Watel et al, 2002). Thus, insofar as the mental health of 18 year olds is concerned, if it appears to be poorer among cannabis users, this may be associated with other variables related to lifestyle and life experience of the adolescents, i.e., tobacco and alcohol usage, family context, violence encountered and intensity of socialization. When the all the relationships are considered together, the link previously observed between cannabis and mental health tends to disappear. This result would argue in favour of a sociological interpretation, one which attributes a key role to the lifestyle of the adolescent whose cannabis and psychological difficulties are only two facets that are indirectly linked.

15.3 Demand and harm reduction responses

See Chapter 9 – Prevention

15.4 Methodological information

The principal studies used were the following:

European School Survey on Alcohol and Other Drugs (ESPAD – France)

Conducted by the French Observatory of Drugs and Drug Addiction (*l'Observatoire Français des Drogues et des Toxicomanies*, OFDT), under the scientific direction of Unit 472 of the National Institute of Health, Studies and Medical Research (*Institut National de la Santé, des Études et de la Recherche Médicale*, INSERM), whose objective was to measure the changes in consumption of psychotropic drugs among school children. This study is based on a periodic survey (every four years) conducted for the first time in France in 1999. 11870 from grade 8 (14 - 15 year olds) through school-leavers (age 18 or 19) responded to a self-administered questionnaire distributed in class by personnel from the scholastic health service. 300 schools were randomly selected, from which two classes were also randomly chosen. Therefore the results reflect the school-age population, 14- 19 ans.

Survey of Health and Behaviour on Call-Up and Preparation for Defence Day (*Enquête sur la Santé et les Comportements lors de l'Appel de Préparation A la Défense*, ESCAPAD)

Conducted by the OFDT, in partnership with the Central Direction of National Service (DGNS) this annual investigation consists of a questionnaire given to a group of young people attending the military call up. (One day). In other words 17000 individuals, men and women between 17 and 18 years old. The reason behind this was to get an idea on emerging tendencies in terms of products and to offer help to this particular population. The investigation conducted on the OFDT basis, obtained the opinion of the National Statistic Information Council (CNIS). It has the advantage of being able to question all the young French people, including those who work or not longer attend school; Since 2001, this has been extended to the DOM.

Youth Health Barometer 97/98

Conducted by the CFES using the system CATI Collective Assistance by telephone and computers that optimises the quality of data in the sense where it allows the holding of quality and offers to the interviewer appreciable ergonomics by automatic management of calls, appointments made, etc. This field began in November and December 1997, after a focus group of 4115 young people representing the 12-19 age group living in metropolitan France. This was obtained from randomly choosing numbers out of the national telephone directory and it included unlisted numbers. The interviewees were selected according to their birth date. An explanatory letter was sent out before the actual telephone call. The representative of the group was assured of dealing with the right age, sex, residential area and type of housing. The health barometer collects information relative to the behaviour, knowledge and attitude of the adolescents with regards to health.

Health Barometer ; 12-75 age group

Conducted by the CFES in collaboration with other OFDT partners for questions on alcohol, tobacco and illicit drug use, using the (CATI) system. The field began in November and December 1999, after a focus group of 13685 where 1847 were young people representing the 12-19 age group living in metropolitan France. This was obtained from randomly choosing numbers out of the national telephone directory and it included unlisted numbers. The interviewees were selected according to their birth date. An explanatory letter was sent out before the actual telephone call. The representative of the group was assured of dealing with the right age, sex, residential area and type of housing. The health barometer collects information relative to the behaviour, knowledge and attitude of the adolescents with regards to health.

The statement value on illegal behaviour is difficult to measure, particularly with adolescents, even if, with different types of questioning, the investigators are trained on certain sensitive subjects and understand how to put a young person at ease. The comparisons between the different investigations sometimes appears to be difficult to bring due to the fact that there are numerous methodological differences (different question formulas, drawing up of different questionnaires...).

Between the different types of questioning, a difference carried on the probability of the individual being questions may be noted: The refusal to answer by the general population happens more often by telephone than by more direct interviews. There are a certain number of steps to be taken before beginning to collect the answers by telephone. Even if the refusal by the young people themselves is very weak, (3.3% individual and 0.9% that abandon the interview), the parents refusal (17.4%) is clearly more important. The problem is that we have no idea of the attitude of these young people who have not answered.

Like this, the main explanatory cause for the gap shown between the two investigations seems to be the retrieval of information. It is easier to admit to cannabis consumption by ticking an anonymous questionnaire than by answering over the telephone. Even when all precautions have been taken when drawing up a telephonic questionnaire to guarantee discretion (a simple yes or no answer) the young people are not comfortable with revealing their habits. If an interviewer notices that the interviewee was not alone when answering, it has been noticed that the declaration of cannabis consumption is

on the whole very weak (17% at some stage during life, 14% during the year). Family definitely has an influence on the answers (Beck et Peretti-Watel, 2001).

Such a hypothesis could be brought closer to another result shown in the investigations done with young people relating to suicidal ideas or attempted suicide. (Baudier et al, 1998). We noticed, when comparing an INSERM survey of adolescents in 1993 at school, by auto-administered questionnaires, the rate of declarations was no as strong in the 1997 youth health barometer. On the other hand, when it related to suicides resulting in hospitalisation, therefore official and the family have had to talk about it, the numbers were the same for both surveys. This confirms that there is a reluctance to admit to certain behaviour that is not known about at home, telephonically.

We have noticed that a telephone interview is situated in a particular context, linked to the family. The opposite being, that the young people have the opportunity to express themselves when answering the auto-administered questionnaire because at school they are with friends, putting them at ease because they are with people in the same position. Sometimes there is a reluctance to express inexperience if they have never used cannabis. Having said this, the answers on the questionnaire are more sincere, calm, and serious.

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