12. Cross-border travel, drug use and drug services.

12.1. Introduction

France has 2,970 km of borders with six European countries – Spain, Belgium, Luxembourg, Germany, Switzerland and Italy[235]. In addition to the long-standing movement of goods and people between the country and its neighbours, France experiences cross-border travel related to drugs and to the party scene (dance events). Although the migration during the 19th century and the first half of the 20th century enabled France to play host to economic immigrants of mainly European origin, this movement tended to reverse direction at the north-eastern and eastern borders of France, across which many French go to work in Luxembourg, Germany, Belgium and Switzerland {Plancke et al. 2010}.

The 1995 signature of the Schengen Agreement introduced free movement for people and goods and removed border controls for the twenty-four signatory countries, helping make cross-border travel commonplace in the area governed by this treaty. Among the twenty-four signatories are all of the countries that border France (except for Switzerland, which signed the Agreement but does not apply it).

The French situation is not conducive to using a plan that successively deals with inflows and outflows. In fact, within the scope of drug use, the available data - although they are not exhaustive and do not cover all borders or the entire recent period (the last ten years) - all point towards significant dissymmetry between inflows and outflows. It seems that, for partying, illegal drug acquisition and treatment, cross-border travel mainly involves French people going elsewhere. Reasons will be given later. The first part of this article will propose framework elements: differences in borders and available information sources. The second part will discuss the movement of French people abroad related to drug use primarily, but not always, in a party context (dance events, night clubs). Finally, the last section will discuss cross-border "exchanges", the purpose of which is to use treatment or harm reduction services.

12.2. Framework data

12.2.1. Two main border types

Drug-related travel is part of a wider range of exchange behaviours, such as numerous trips for the purposes of procuring petrol, tobacco (in Spain and Luxembourg in particular), or even alcohol for items that are more heavily taxed in France (e.g., alcoopop).

To expand its scope, an inventory of cross-border cooperative health efforts identified two major types of border territories involved in more or less intense cross-border interactions {Mission opérationnelle transfrontalière 2001}:

The first type corresponds to a “border melting pot”, i.e., “an area of contact that associates the territories located on either side into a community of destiny and daily life”. These territories are often not delineated physically by a river or the landscape, and include the Nord-Pas de Calais

[235] The coast along the English Channel and the United Kingdom beyond is also a border area, especially since the cross-channel tunnel was put into service. However, this need to cross the channel, which remains expensive, and maybe also the absence of the United Kingdom's signature of the Schengen treaty, limit the free movement of border populations in this area.

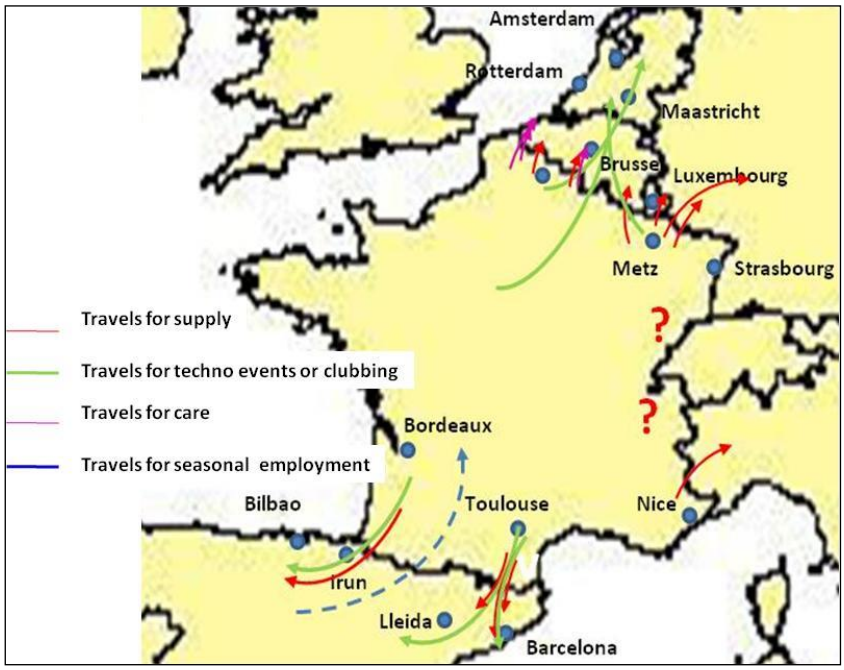
region (France) and Belgium, the Lorraine region (France), Belgium, Luxembourg and Germany, and even the French-Swiss border near Geneva (Pays de Gex and Annemasse in the Rhône-Alpes region for France, Genevois for Switzerland). As for Spain, only the Basque Country constitutes an area of cross-border life. For some of these territories, the border is located in an urban continuum that makes all boundaries invisible. In general, these border areas share a historical, linguistic and cultural community. In the case of Alsace, the French region on the French-German border, this historical and cultural community helps overcome a natural border that is not very permeable (the Rhine). The intensity of the relationships that link these territories to each other can be seen in the daily movements of cross-border workers {Mission opérationnelle transfrontalière 2001}. For example, in 2007, 71,500 French people living in the Lorraine region went daily to work in Luxembourg; 19,000 went to Germany for this purpose and approximately 4,800 went to Belgium. In the Nord-Pas de Calais region of France, 24,000 French people went to work in Belgium and 5,300 Belgians came to France {Plancke et al. 2010}.

The second type of border corresponds to a so-called “glacis border”: these borders, which have often been in existence for longer than the first type of border, are marked by a geographic barrier (e.g., the Jura, Alps or Pyrenees mountain ranges) and prove to be fairly impermeable, with corridors that let through more international than local traffic. The rate of linguistic interpenetration on both sides of these borders appears to be weak. The following French regions belong to this category: the Franche-Comté region (at the French-Swiss border), the rest of the Rhône-Alpes region (French-Italian border), the majority of the Provence-Alpes-Côte d’Azur region (French-Italian border) and the Aquitaine region (French-Spanish border). In contrast to the preceding zones, these areas are mainly rural with few urban centres {Mission opérationnelle transfrontalière 2001}.

Finally, this report considers the Mediterranean edge of the French-Italian border as an intermediary type of area.

This distinction between two border types provides useful insight into the differences between the two border types mentioned further on: the north and northeast regions of France and their relationship with Belgium, Germany and Luxembourg on the one hand, and the Toulouse region and its relationship with Spain on the other hand. It explains in part the quantitative imbalance the cross-border exchanges observed in the northeast of France and those at the other borders.

Map 12-1: Map of French people drug related travels (inflows and outflows)



12.2.2. Sources

There are few sources, and it is subsequently difficult to piece together the information available.

The first study identified on drug-related, cross-border travel between France and its neighbours dates back to the late 1990s {Tuteleers et al. 1998}. This exploratory report by the European Forum for Urban Security focused primarily on drug users perceived as problematic from a collective (nuisance) or individual (treatment need) point of view. Dance events goers are only mentioned.

In contrast to this approach, the observation issued by the first report of the OFDT's TREND System {Ofdt 2000} focused on the reasons that motivate drug users to travel across-borders. Although it mentioned so-called "urban" drug users (precarious users in city downtowns), the party dimension of cross-border travel was the focus of the report. The study already examined border areas, which later constituted the field of observation in the TREND System: the Nord-Pas-de-Calais region in the north of France (city of Lille) located right next to Belgium, the Lorraine region in the northeast of France located where Belgium meets Luxembourg and Germany (city of Metz), and finally the Midi-Pyrénées region in the south, and especially the city of Toulouse[236] close to the Spanish border. Although Toulouse is not located close enough to the border to enable daily round trips, as is the case for Lille and Metz, it maintains long-standing, close cultural ties with Spain, and especially the cities of Barcelona (3h), Lleida (3h30) and further away, Bilbao. These close relationships make Spain accessible for holidays, partying and procuring petrol, alcohol, cigarettes... and illicit drugs. Some data from the area of Nice, near the Mediterranean and in close proximity to the Italian border, was gathered at the time. Drug-related cross-border travel was then followed in a non-specific manner by TREND for several years, until 2008, when such activity was once again the subject of a more in-depth

[236] It takes 2 to 2:30 hours by car to get to the border.

study of the three mentioned sites {Plancke et al. 2010};{Suderie 2011}. This is why this article focuses mainly on these areas.

Furthermore, for this research, a study was conducted in 2004 and 2005 within the scope of a partnership between TREND and the *Office central de répression des traffics illicites de stupéfiants (*Central Office for the Repression of Drug-related Offences or "OCRTIS"); this study was on arrest procedures for minor cocaine trafficking and helped reveal the significance of the cross-border dimension, through micro-trafficking, in cocaine consumption in particular {Gandilhon, Michel 2007}.

Furthermore, another study was conducted within the scope of the TREND system in 2007 and 2008 on the gay party scenes in Paris and Toulouse. The purpose of this research was to note the specificities of narcotics use by male homosexuals frequenting this scene and to study any possible relationships between risk-taking (particularly with regards to the human immunodeficiency virus) and narcotics use {Fournier et al. 2010}. This study was prolonged through the implementation of a systematic, biennial, ethnographic observation of the Paris gay party scene due to the trend-setting role played by this group of users. Incidentally, this study gives evidence of the international party practices that characterise this population, which is professionally well-established and often has a comfortable income level.

Finally, Lille'sTREND local annual report provides data on French people arrests for drug use in Tournai's district (Belgium) where the "megadancings" attended by young Lilles inhabitants settle {Plancke et al. 2011}. These data are indeed held up to date by the Belgian police services. They distinguish the arrests in "dancing" context, i.e. near a nightlife establishment, and the ones in other contexts. These data probably exist for other border zones and could certainly be required.

Regarding travel related to treatment-seeking, once again, there is paucity of identified sources of information. These sources come from researchers (studies of travel by French patients to see Belgian physicians to receive their substitution treatment {Jeanmart 2005} or brief press articles on joint initiatives. A report published in 2001 under the auspices of the *École nationale de santé publique* (French National School of Public Health) by a group named "*Mission opérationnelle transfrontalière*" (Operational cross-border mission) and drafted in collaboration with the *Fédération hospitalière de France* (French hospital federation) and the *Centre hospitalier de la côte basque* (the Basque hospital centre) provided an inventory of cooperative French cross-border health activities based namely on a survey conducted among *Directions régionales des affaires sanitaires et sociales* (DRASS, or French regional directorates of health and social affairs)[237] and hospital establishments located in border regions. This report established a summary of the existing partnerships involving healthcare establishments, the relevant healthcare areas, the local efforts leading to the implementation of these projects, the legal tools used and the difficulties encountered. The major problem with this work is when it was conducted (2001).

[237] DRASS directorates, which are now grouped within regional health agencies (ARS) along with all institutions that play a healthcare role on a regional level, are responsible for the regional organization of healthcare, i.e., the regional distribution of available care.

12.3. Cross-border travel and drug use

12.3.1. Drug use abroad

Before substitution: the attraction to heroin

The aforementioned report of the European Forum for Urban Safety documented, with the help of numerous interviews conducted mainly among healthcare workers or law-enforcement agents in the Belgian cities of Liège and Antwerp, in the Dutch cities of Rotterdam and Maastricht, and in the French city of Lille, an image of users in the late 1990s – users of *hard* drugs – as being extremely unstable and coming from disadvantaged neighbourhoods, and described their procurement practices {Tuteleers et al. 1998}. The report already mentioned the “drug tourism” that brings users from France, Germany and Belgium (for a period lasting from several days to a year) to Rotterdam and, to a lesser extent, to Maastricht (mostly for Belgians) for easier access to less expensive, higher quality heroin and for cocaine, the use of which was becoming increasingly frequent in this population. Medications (benzodiazepines, apparently), and Rohypnol® in particular, also appeared to be very frequently used and present on the markets of Dutch and Belgian cities. These medications, which seemed to be less expensive and more accessible in Belgian pharmacies, were thought to be brought primarily to Maastricht by Belgian users (from Liège). For the same reason, these medications were the reason for trips made by Dutch people to Belgium (and to Antwerp in particular). These trips, made by users who stay and use on site, were coupled with very high volumes of professional trafficking and large numbers of users who, coming from the North of France, sent one of their people to Rotterdam to bring back supplies for the entire group. The trips were made by car and by train.

The TREND data from 1999 confirmed this view of marginalised “urban" users, noting that in this population, the purpose of cross-border travel was frequently minor trafficking and on site use of heroin, cocaine and medications that were less expensive or of higher quality. With the exception of the market for benzodiazepines, and particularly that of Rohypnol®, which is likely to attract Germans and Spaniards to France, all travel took place from France, where the illegal substances appeared to be expensive and of poor quality in the case of heroin, to other countries (to Holland and Belgium, and even Italy for people coming from the south-eastern border of France, for heroin and to Holland, Belgium and Spain for cocaine).

Finally, the report of the European Forum for Urban Security insists on the role played by urban legend in making Rotterdam the city of *hard* drugs - a myth largely perpetuated by the media {Tuteleers et al. 1998}.

After substitution: Dance events, supplying and trafficking

After 2000, the French-language literature on drug-related, cross-border phenomena no longer seemed to focus on the settling of precarious French drug users abroad. It is known that the more widespread use of substitution treatments disrupted the French heroin market for a time by providing, with HDB in particular, a rather accessible withdrawal management tool and thereby probably making being close to an affordable source of heroin less critical {Toufik et al. 2010}. However, cross-border comings and goings of a commercial nature increased with a rise in micro-trafficking in France (see below) {Gandilhon, M et al. 2010a} and illegal drug use abroad took place mainly during trips of a festive nature (see below).

Until now, Dutch coffee shops have been a procurement and use destination for more demanding cannabis users than those who buy on the traditional French market. It is difficult to measure such movements. The figures available in the press are not explained. They generally pertain to cities and mix nationalities. An article in the French daily *Libération* on 13 September 2009 mentioned that 25,000 drug tourists, mainly French and Belgian, went to two cities in the southern Netherlands (Bergen-op-Zoom and Roosendaal) every week[238]. The regional French paper, *Le Républicain Lorrain*, mentioned in its 6 August 2011 issue that 1.4 million mainly Belgian, German and French "drug tourists" visit Maastricht annually[239]. An article in the *Courrier international* on 9 August 2011 mentioned higher figures for the city of Maastricht[240] : "Opinions differ on the number of customers to which this measure applies. According to certain estimations, the size of the total customer base in Maastricht is between 2.3 and 3 million people per year. According to the COT (Dutch institute for safety, security and crisis management), 41% of these people come from Belgium, 41% from the Netherlands, 6% from Germany, 6% from France and 6% from other countries". Some of these individuals come to supply themselves, perhaps for trafficking purposes, rather than simply to use the drugs on site.

We can also cite commercial cannabis fairs organised in Barcelona or even participation in World Cannabis Day, which takes place in Spain in early May and mainly attracts socially integrated young men (high school students, university students and active adults). These young adults frequent the changing alternative scene and seek experimentation rather than adhesion to a counterculture that they moreover do not handle very well {Suderie 2011}[241].

12.3.2. The dance events party scene and drug use abroad

Within this framework, travelling is above all related to the dance events party scene. The substances only make up part of the party scene, which has traditionally been an opportunity for psychoactive drugs use and abuse {Plancke et al. 2010};{Suderie 2011};{Madesclaire 2010, non publié}.

Two areas in France are characterised by cross-border substance use related to frequenting the techno party scene: the southwest and the north. It was also noted in 2000 that young people in the region of Nice (Alpes Maritimes administrative department of France) travelled to large techno gatherings in northern Italian cities, such as Bologna and Genoa {Ofdt 2000}[242].

In the report by the European Forum for Urban Safety {Tuteleers et al. 1998}, Lille drug users care providers briefly mentioned a *group* of young people (16 to 20 years of age) who used ecstasy and speed during their evenings out in Belgian night clubs or alternative techno events. Moreover, this study mentioned how this "nightlife" in Antwerp (Belgium) attracted the Dutch, French and German to purchase and use ecstasy, speed and cocaine there.

Box 1: The techno party movement in France: some data for greater clarity

The techno movement appeared in France in 1990. The first raves were not free. They were organised in unusual places (e.g. chateaux, catacombs, forests) and grouped several hundred people, and particularly members of the homosexual community. Once British regulations cracked down in the early 1990s, the British founders of the Free Party movement shifted

[238] http://www.liberation.fr/monde/0101590624-les-pays-bas-veulent-reserver-le-cannabis-aux-hollandais
[239] http://www.republicain-lorrain.fr/france-monde/2011/08/06/maastricht-pas-de-drogue-aux-francais
[240] http://www.courrierinternational.com/article/2011/08/09/fumeur-de-joints-passe-ton-chemin
[241] Described in the TREND system as "experimenters".
[242] The observations could not be pursued at this site.

towards continental Europe, and France in particular, spreading a new kind of party scene. In 1993, the first French *Teknival* free party was organised. In the French population, techno rapidly became associated with ecstasy consumption. In 1995, the French interministerial circular: “rave evenings, high-risk situations” set the tone. The event organisers were divided; certain chose the legal route and commercialised their parties - raves; others refused any social control and organised free parties {Suderie et al. 2010}. May 2001 saw the appearance of the “*Mariani*” amendment on *certain festive gatherings of a musical nature* corresponding to article 53 of the *Loi sur la sécurité quotidienne* (LSQ, or the French Daily Security Act) 2001-1062 of 15 November 2001. The amendment subjected all rave parties to a prefectural declaration specifying the identity of the organisers, the location, the security and hygiene measures, and the name. French application order 2002-887 (aka "*Mariani et Vaillant*") stipulated that rave party organisers are required to report their project to the prefects of the departments involved once "the foreseeable number of people present on the gathering site exceeds 500" and provided for varied regimes depending on whether or not the organisers agreed to commit to good practice. After this order was issued, there was an observed restructuring of the festive alternative techno scene in France; it broke down into small, discreet free parties, and large-scale, non-commercial events all but disappeared. There was an increase in club and discothèque attendance by substance users from the techno scene {Suderie 2011};{Sudérie et al. 2010};{Cadet-Taïrou et al. 2010b}. Likewise, starting in 2002, the organisers of French free parties began regularly settling across the border: in Spain for those from the region of Toulouse, in Germany for the *Sound systems*[243] of the Lorraine region. The consequences of this was a more widespread use of certain substances (stimulants, and even hallucinogens) in the commercial party scene, where up until now they had not been very available, and an increase in cross-border party attendance.

At the same time, the techno movement, which received significant media attention during teknivals that assembled up to nearly 100,000 people {Sudérie et al. 2010}[244] was increasing in magnitude and opening this alternative scene to curious populations that had generally been far removed from the movement. Losing part of its distinctiveness, the movement also expanded in France to include more traditional party locations, led by discothèques and nightclubs {Cadet-Taïrou et al. 2010b}. Concurrent to this “commercialisation” of the techno party scene, purists demanding an alternative culture tended to retreat to the confidential free party scene and preferred remaining among themselves. Finally, *teuffers* (as people who frequent techno parties are called in French) of the 2010s did not constitute a uniform group. There were major differences, in terms of drug use, between the travellers who cross Europe and the “young wanderers” searching for alternative groups or those who go out occasionally or weekly to “*teufs*” (French slang for parties) after a work week.

Motivations: urban legend, parties and narcotics

The fantasy dimension

Even before putting forth rational arguments, simply crossing the border opens up the party scene - a special moment characterised by freedom. “Leaving one’s country is already leaving the ordinary” whether in Lille or in Metz {Plancke et al. 2010}. The rules at home do not apply anymore. “Anything is possible”. This is how, for the people of Toulouse, Spain embodies the “utopic freedom to use drugs" *{Suderie 2011}.* Perhaps even more so than Belgium or Holland for the cities of the north and east of France, Spain exudes, for the people of Toulouse, an *elsewhere* dimension. The investigations at the sites over the past 10 years have demonstrated,

[243] The term Sound system refers to all of the sound equipment needed to play music at a rave party or a free party. By extension, the term also refers to the group of people who use the system.
[244] The 2004 Chambley Teknival: 97,000 people

for example, the importance of the *initiation trip to Spain* for the young people of Toulouse. Finally, the urban legend dimension was preponderant when "*international night spots in Ibiza or elsewhere*" *{Uriely et al. 2006}* or *"vacations in Barcelona"* were mentioned *{Suderie 2011}.*

The other motivations mentioned were of two types: those related to parties and those related to substances.

The variety and quality of the parties

Since 2000, it has appeared that the main reason motivating the French public to travel to foreign party sites was the attractiveness of the party scene abroad {Ofdt 2000}.

Like Belgium, Spain, with its more established tradition, has long had special sites for techno music that are likely to host large-scale gatherings {Ofdt 2000}. Regarding the traditional (commercial) party scene, the size of the establishment (nightclubs in Spain, *megadancings* along the Belgian border that can host 3,000 to 4,000 people) was regularly mentioned. Size played a role regarding both the possibility of travelling as a group and the quality of the atmosphere {Plancke et al. 2010};{Suderie 2011}.

The ambiance of the party itself was a distinctive element in these establishments. Hence, people from Toulouse like the Spanish culture, which is perceived as being more festive in a context where social control is experienced as less restrictive – there is greater tolerance than in France for festive expression, and especially illicit drugs use in public {Suderie 2011}. Subsequently, Barcelona was described as *a Mecca for festive freedom that is unequalled in France* {Suderie et al. 2010}. Likewise, young people from the Lorraine region (18-to-25-year-olds from Metz) stated seeking an ambiance of "*madness*" in these establishments {Plancke et al. 2010}.

The music was also a decisive criterion. This was the case for, on the one hand, the older age group (aged 25-35), which frequented Luxembourg nightclubs mainly for the music, for example, and on the other hand, for the proponents of the alternative culture seeking free parties or parties with a specific sound (e.g., hardcore) (Metz). In the Lorraine region, a portion of the hardcore public did not hesitate to travel far to Belgium (Brussels) or Germany (Mannheim and Karlsruhe) for evenings in concert halls or hardcore nightclubs with international DJs {Plancke et al. 2010}.

Easier access to festive establishments can also be mentioned, with lower admission fees (excluding the price of drinks and drugs) in Belgium or in Spain, longer hours of operation in Belgium *megadancings* compared to French establishments, and even less rigorous controlling of age when entering clubs in Belgium, Luxembourg and Germany.

Substances within reach

The accessibility of drugs has been of high priority for all three sites since the initial observations: more affordable alcohol was mentioned, but there was more focus on the better availability and supposed lower cost of illegal substances than in France: cannabis, MDMA and the powdered amphetamines favoured since the loss of interest in ecstasy tablets, cocaine especially in the nightclubs of Spain and Luxembourg, and even ketamine in Spanish nightclubs {Plancke et al. 2010}; {Suderie 2011}. Thus, in Lille, the majority of the synthetic drugs used by French people were thought to be consumed in Belgium on the weekends. The availability of MDMA in Belgian party settings was highly appreciated since it helped "*control the frenzy*" {Suderie 2011}.

The aforementioned tolerance of public drug use in festive settings also had a decisive influence on the ambiance.

"Watch people are not there to prevent you from taking drugs…As a result, people have great experiences with their drugs"[245]

At the Dour festival in Belgium, which attracts many French people, drug use was not hidden.

The quality of substances was not really emphasised in this context. Only the TREND observations of 2000 mentioned the quality of ecstasy tablets in Italy that alone "would have been worth the trip" despite the higher price. It is highly unlikely that this difference still exists.

Party and population types

The alternative scene and the counterculture

In the Lorraine region, like elsewhere in France, the *Mariani et Vaillant* amendment (2002) has caused French alternative festive gatherings to become increasingly rare. While certain departments of the region nevertheless still have a free party type of festive scene, others, like Meurthe-et-Moselle, have seen their party scene nearly disappear {Schleret et al. 2011}. Moreover, as was previously mentioned, since the techno movement has been largely diluted in a young "run-of-the-mill" population that is at times rather unfamiliar with the alternative mindset, the purists of the movement – hardcore and free party fans – do not hesitate to travel beyond nearby festive sites across the border. For example, this group frequents establishments located in Baden-Württemberg near the Alsatian border or even, for those who have the means, deeper into Germany (Mannheim or Karlsruhe) or Belgium (Brussels). In particular, they followed the French Sound system that settled in Germany and organised free parties, which until the late 2000s could attract up to 1,000 people {Plancke et al. 2010}.

According to the Lille site, festivals taking place in Belgium, like the July Dour festival, are also attended by many French people. Illicit drugs are ostensibly consumed there.

In Spain, the alternative festive scene reached its peak between 2000 and 2005. The cross-border events gathering the highest numbers of the alternative electronic population were still the teknivals and free parties occurring during the New Year and traditionally during the summer. Moreover, like what is observed on the northeast border, many free parties are now organised by French people in Spain. French *teuffers* (partygoers) went to these parties for an evening, a weekend or a week. After 2005, these events slowly stopped being organised due to the burning out of the local electronic culture and the intervention of *La Guardia Civil*. In 2010, private evenings could be organised at the Spanish border for a birthday or a special event, but the recurrence of such events is rare today {Suderie 2011}.

Parties, drugs, counterculture and policy: the Okupas movement[246]

Of the French people who organised parties in Spain between 2000 and 2005, two groups can be distinguished: those who were living in France and organised occasional, outdoor free parties in Spain, generally between March and September, and those who decided to move temporarily

[245] For users, the stress and vigilance related to illegal narcotics use in an environment that condemns such use supposedly favour bad trips and/or ill-being.

[246] "Okupas" refers to a movement during which squats became legalised in Spain: see Bouillon, F "Les mondes du squat" (The worlds of squatters), Le Monde, PUF, 2009

to Barcelona[247]. The latter group perceived the Catalan political climate as being more lenient, both regarding organising free outdoor or squat parties and organising authorised festivals. Some then joined the Okupas movement. These groups, which had not been accustomed to living in squats in Toulouse, shifted from being affiliated with an alternative *lifestyle* to moving to Barcelona to live in 'expat squats' where there were few Spaniards and mostly people who had recently arrived from France as well as from Italy and the UK" {Suderie 2006}. The Barcelona squats documented by the Toulouse TREND investigations from 2005 to 2007 were indeed largely populated by French people. Although they came to party, they ultimately decided to stay due to extreme left-wing political activism and in turn, attracted other French people. Hence, the investigations indicated that short-term stays (lasting from one evening to a week) were also or primarily motivated by a certain "political-recreational activism". In other words, beyond exclusively festive travel (for teknivals, free parties or rave parties), they went to Catalonia for a day demonstration followed by a free party or an evening in an okupa specifically associated with the event {Suderie 2007};{Suderie 2008}.

Traditional clubbing

In the Lorraine region, traditional clubbers are a group of techno music enthusiasts described as "happy dancing technos". While the 18-25 set more willingly go to cities in southern Belgium, near Luxembourg, for *megadancings* – techno clubs that can group 3,000 to 4,000 people, the 25-35 set more often went to Luxembourg clubs primarily selected for their music and more intimate atmosphere. The former are characterised as having abundant MDMA in powder form. The latter has more cocaine and amphetamines.

Both groups most often travel for one weekend evening (Friday or Saturday). Some stay the night if they have someplace to stay (i.e. people they know). Others return home without having slept.

Young people living near the northern border, around Lille, frequent the Belgian *megadancings* near Tournai on the weekend. In 2010, one notes the installation of buses bringing to these discotheques {Plancke et al. 2011} Some of these establishments host a mainly French customer base. The fraction of French people among those arrested for simple drugs use "in "dancing context" i.e. near these discotheques, in the district of Tournai (Belgium) is close to 70% (66.7 % in 2010)[248]. However, their number decreases in the same way as downwards of the total number of the local arrests of the same type (130 in 2007, 46 in 2010) {Plancke et al. 2011}. Here, drug deals occur in *megadancing* parking lots, where club owners are very tolerant, and sometimes participate. Regardless of whom the customer base is, the dealers are French. They buy the products in Belgium and sell them in Belgium, thereby minimising risk by coming back to France "empty-handed". These quasi professional dealers, who come from the working-class neighbourhoods of Greater Lille and operate during the week in Lille's drug dealing sites, have replaced the techno-enthusiasts substance users who sold small quantities to fund their nights out starting in the mid-2000s.

The primary international destination for Toulouse partygoers is still Barcelona and the surrounding areas. It is not uncommon for a group of young people to decide, after early drinks, to make "*a trip to Barcelona".* This process of festive migration associated with more or less regular narcotics use of varying duration - for a weekend or for a holiday period – affect people from all social backgrounds who take part in the commercial party scene. This can only be understood in reference to the symbolic codes of festive freedom described elsewhere. Strictly

[247] Moreover, some of these people decided to stay.
[248] In parallel the fraction of French users among the arrests for use in urban context decreases from 38 % in 2007 to 4 % in 2010.

speaking, festive moments seemed to take place only in nightclubs at night, i.e., before sunrise. For these groups, it was not so much about partying round the clock to a specific type of music[249] as it was about taking advantage of “holidays in Barcelona”. The activities surrounding the party-scene observed within these groups were as important as, if not more so than, the nocturnal festive moments: “going to a restaurant", "going to a museum", "going to the beach", or "shopping".

The special case of the gay party scene

The party scene proclaimed by gay men constitutes the archetypal international festive tourism surrounding techno music that developed in the 1990s.

Clubbing abroad scintillated people and evoked a recent golden age for the gay community: “*It was in 1997 and 1998, (...) I quickly made the tour. It was really incredible, from a club in Brussels to a weekend in Barcelona or London, we went to meet people… From that moment on, there was a sudden explosion in Europe, people started going to other countries, you see, to meet gay people who were also from abroad, and all of a sudden, it was like… (he rolled his eyes) and I really love to travel, and all of this was, I think it was what gays liked... As for me, it's my idea of life, to have fun, to gain optimal pleasure, and finally… Travel, fun, outings..."* (Stéphane) {Madesclaire 2010, non publié}.

The aforementioned ethnographic study of the gay party scene, conducted in 2007 and 2008, revealed the festive migrations to European or even American cities - migrations that were frequent in this group, which especially loved the party scene and illicit drugs and often had the financial resources to enable such travel. Berlin, London, Amsterdam and Brussels were the most frequently mentioned party destinations for Parisians in this framework. The people of Toulouse more often mentioned Barcelona, Sitges or Ibiza, but mentioned London and Berlin as well[250]. The majority of them mentioned a preference for these cross-border parties {Fournier et al. 2010}. Most of the motivations differed little from those mentioned by other partygoers: the limited availability of parties and festive sites, in Paris as in Toulouse, where, furthermore, these people lamented the absence of specifically gay sites[251] and an insufficiently hip party scene[252] {Suderie 2011}; the high price of partying in Paris (entry fees, alcohol and narcotics); lower drug availability, especially for those drugs that remain preferred by this French user group, such as the crystal meth (methamphetamine) found more easily in Berlin and London; the perception of greater social tolerance towards recreational drug use (Spain, England, Germany, the Netherlands, Belgium); finally, a festive atmosphere that was felt to be more convivial {Fournier et al. 2010}. Other reasons appeared, however, to be more specific, such as anonymity, especially in Toulouse: the size of the city where "everyone knows everyone" is not very conducive to the use of illicit drugs, particularly when the user has a high-level social position. The inhibition-reducing effects of certain substances may promote behaviours deemed to be negative by others in a context where using narcotics is far from being accepted by all {Suderie 2011}. Likewise, for the cities of Northern Europe, there was a perception of much higher social tolerance for homosexuality, allowing homosexual couples to conduct themselves like heterosexual couples in public {Fournier et al. 2010}.

[249] This type of partying is what was found in alternative environments.
[250] Hence, Paris and Montpellier are not cross-border destinations.
[251] There are strictly gay establishments in Paris, whereas in Toulouse, there are gay friendly places where gay men are seen as trend setters, but where young “hetero” partygoers go as well.
[252] Like the thirty- and forty-somethings of Metz, who sought more “sophisticated” music playlists in Luxembourg clubs, the gays of these age groups only attended more “specialised” music events in Toulouse, during which there was generalised recreational drug use.

It should be noted that the ethnographic observations of 2010 revealed a drop in public substance use compared to the 2007-2009 period, when public substance use reached paroxysmal levels and GHB-induced comas in gay clubs became commonplace. In 2010, there was a return to moderation and a decline in the numbers of “release parties”. The motivations behind clubbing abroad were also affected: the main reason for the trip was no longer clubbing or drug availability, but rather discovery, friends and meeting new people {Madesclaire 2010, non publié}.

12.3.3. Dance events and drugs in France for foreigners: grape harvest

In the area of Bordeaux, during the grape harvest time, the TREND system’s observers note “an Europeanization” of the public with, notably, the presence of Spanish agricultural seasonal workers in the free parties which are held in rural areas. These free events are attended by 100 to 250 people. More than techno cultural events, they are actually festive gatherings with sound systems in the open air {Rahis, AC et al. 2011},

12.3.4. Procurement abroad

The cocaine micro-trafficking study conducted in 2004 and 2005 on arrests by French law enforcement officers helped reveal the large extent of cross-border use in France. To benefit from more attractive prices, some users tended to, within increasing frequency, procure cocaine, heroin or ecstasy from wholesalers in Belgium, Holland or Spain {Gandilhon, Michel 2007}. Rotterdam and Antwerp constituted the places where this activity occurred most, but “branches” have opened in other Belgian cities, particularly Charleroi and border communities, where large French vendors store part of their merchandise before selling it {Plancke et al. 2010}. This helped users obtain their substances of choice in purer form and for half the price they would have paid on the retail market in their respective regions. Subsequently, for example, in cities like Antwerp, Gent or Bruges, the price of a gram of cocaine purchased from a semi-wholesaler was from 25 to 40 Euros, versus 60 Euros for a retail gram purchased in France {Gandilhon, Michel 2007}. This motivation was largely present in the lowest socioeconomic levels and may have led certain users to develop local traffic for personal gain {Gandilhon, Michel 2007}. In addition to drug traffickers, for whom this business was the main source of income, there was, for many users, grouped purchasing, leading to intense “small-scale” trafficking. The organisation of deals was very structured, and French buyers were welcomed as soon as they crossed the border by touters who guided them to the deal site (usually apartments) {Plancke et al. 2010}.

French living in the Region of Acquitaine (Altantic side) tend to go to Bilbao for heroin and cocaine, and to Irun for cannabis resin. Those living in the region of Toulouse get supply from Barcelona or Lerida.

The big musical events can also be a source of supply. Thus, Bordeaux’s TREND site notices that the boom festival which proceeds in Portugal is the occasion of preliminary supply travels to the Netherlands and Belgium. Moreover, it is followed by a diffusion in France of substances brought back from the festival {Rahis, AC et al. 2011}.

12.3.5. A lack of impact data

In the 1990s, it seemed that the major impact of “drug tourism” was seen in the number of overdoses. As if bearing witness to the presence of French drug addiction, half of all people who died from drug overdose in Rotterdam from 1993 to 1995 were French[253] ! Since 1995, the number of overdoses has fallen following a more systematic policy of expulsion of "drug tourists".

The compiled bibliography did not identify scientific sources estimating the impact of current cross-border drug use. It was mainly through press coverage of the field’s stakeholders that “nuisances” were mentioned, although their existence and severity could not be validated. For example, the free French daily “20 minutes” of 5 August 2011 explained the prohibitory measures taken by coffee shops against foreigners other than Belgians and Germans in Maastricht, writing: “The city wishes to reduce the problems related to drug tourism, such as traffic, disturbance of the peace and increased numbers of drug dealers on the streets..."

When examining the festive aspect of cross-border travel by young French people, it seems that, despite the absence of quantitative data, risk-taking is unsurprisingly seen as narcotics use and travel being made dangerous by speed and narcotic use.

Finally, the small-scale trafficking generated by many users who grouped together to organise trips or by users who resold placed part of the responsibility on the spread of cocaine, and then of heroin, which have become accessible to increasingly wider spheres of the population throughout the country, i.e., in smaller cities and even in rural areas {Cadet-Taïrou et al. 2010b; Gandilhon, M. et al. 2010b}.

12.4. Cross-border travel and use of drug services

It seems that treatment services available to drug users, which were more developed in the Netherlands and neighbouring countries than in France, did not motivate travel or cross-border stays for the unstable users of the 1990s living for a time in Belgium or the Netherlands, since European foreigners were a minority in these treatment structures[254]. In contrast, foreign drug-addicted prostitutes (especially French ones) tended to stay in Rotterdam for extended periods because they claimed being able to work there under better conditions and hoped to have access to the systems in place for prostitutes there {Tuteleers et al. 1998}. However, it was in the nearer cross-border area that French drug users went to get care after the development of substitution treatments.

12.4.1. Travel at the initiative of drug users

Cross-border travel solely on the drug users’ initiative generally involved French people seeking treatment in the border countries of the north and east.

[253] It can be hypothesised that, for these people, the first encounter, or one of the first encounters, with “high” quality heroin may have been fatal.

[254] For example, the statistics of a Rotterdam methadone centre show that 18% of patients registered between 1991 and 1995 (i.e., 500 to 700 patients) were of “foreign nationality” (excluding those from Surinam, Turkey, the Maghreb or the West Indies). The authors deduced from this value that only few foreign heroin addicts requested access to methadone. It was also mentioned that the Europeans who spend a long time on site are those who were the most unstable and desocialised.

France implemented its harm reduction and opioid substitution programmes later than its neighbours. In the early 1990s, this encouraged the migration of users in the north and northeast of the country towards treatments that were not very developed yet in France {Plancke et al. 2010; Panunzi-Roger et al. 2002}. Starting in 1995, methadone programmes began to develop in France beyond the few experimental spots available before this time. However, in its launch phase, the very rigorous French methadone programme remained very selective due to its low reception capacity and the rigidity of its framework: only physicians in specialised centres for drug users could initiate methadone treatment, and the conditions for entry into the programme were draconian. General practitioners could then ensure continuity of care. At the same time, in Belgium for example, methadone could be prescribed by general practitioners and there were no special regulations to limit its prescription. Nevertheless, the more unstable users slowly entered specialised French centres and the increased access to substitution treatment in France through the introduction of high dose buprenorphine (1996), which could be prescribed by general practitioners, redirected the demand for substitution treatment towards France. As of 2002, methadone could also be prescribed by hospital physicians.

Nevertheless, there is still a significant flow of French people to Belgium each month to receive methadone. The person in charge of monitoring the methadone programme in Belgium confirmed in 2008 that there were still more than 2,000 French people treated in Wallonia. These people were generally characterised by professional stability, contributing to their low visibility and the desire for discretion {Plancke et al. 2010}. According to Belgian physicians, certain patients even came from non-border areas, such as the cities of Paris or Marseille {Jeanmart 2006-2007}.

The reasons mentioned by these patients were either the French system or the treatments offered in France {Jeanmart 2006-2007; Jeanmart 2005}:

- Easier access to methadone - this can be related to a shorter distance to travel for border users due to the absence in certain French regions of nearby specialised treatment centres. Certain users mentioned the hours of operation for French centres, which are incompatible with a professional activity, as well as the waiting times for certain centres[255]. Finally, the restrictions on the prescription and dispensing of methadone in France[256] were highlighted. Physicians who talked at “meeting days” for cross-border practitioners even mentioned French physicians organising continuity of care with their Belgian colleagues so that a patient who needed to travel for an extended duration could receive a prescription for a period exceeding 15 days {Jeanmart 2006-2007}. Some Belgian substitution users were “disappointed with Subutex®” after being prescribed this drug in France {Jeanmart 2006-2007}. Finally, the search for methadone capsules, which are easier to use than the liquid form (in terms of sugar content and volumes) and have only been available in France since 2009, was also a frequent motivator.

- The search for discretion and anonymity (seeking treatment far from home, not needing to have dealings with any administration).

[255] This situation probably improved following the efforts made since the 2004 substitution treatments conference to shift the balance of HDB/methadone to methadone. However, this particular point was reported by Belgian physicians based on what the French patients tell them, and it was also mentioned by physicians as a rumour running among their patients.

[256] In France, the prescription of methadone by physicians in private practice is limited to 14 days and the drug must be dispensed within 7 days of prescription; this dispensing can be extended to 14 days if the physician indicates this in writing. During the treatment initiation period in a specialised centre, prescription and dispensing are initiated at 7 days.

- The refusal to go to specialised centres (France) to avoid stigmatisation and encountering the marginalised and violent drug addicts who tend to go to these centres. Certain users thus also avoided the psychosocial monitoring that they deemed to be unnecessary.

These regular trips to gain access to treatment have represented, until now, a costly practice for drug users who, unless they work in Belgium, are not covered by Belgian national health care and must pay for their consultation and treatment costs out of their own pockets. However, the European Union is progressing towards making it possible for each EU citizen to be reimbursed for treatment voluntarily "consumed" within the EU[257].

These trips can also put Belgian general practitioner prescribers in a difficult situation.
Although all Belgian physicians can prescribe methadone, in reality, monitoring drug users becomes the responsibility of a few physicians belonging to networks or working with treatment structures {Jeanmart 2006-2007}.

At the time when some of these physicians spoke up, some doctors working in Hainaut were following more than one hundred French patients per month, leading to back-ups. The physicians also complained that they needed to adapt their practices to patients who are not always close by or for whom they could not establish follow-up care because such patients returned to France for such treatment. Difficulties also appeared when patients needed to undergo additional examinations. In 2010, the low threshold facilities[258] and the specialized health care centres near the city of Metz point out the fact that French patients would be less and less well accepted by the Belgian doctors. They notice a progression in France of the requests for regularization of methadone treatment initiated abroad {Schleret et al. 2011},

From the viewpoint of utilising services related to drug use, the Spanish border, considered from the region of Toulouse, was very different from the north-eastern border areas. No methadone substitution programs were found there. Injection rooms, or rather, the Barcelona injection room (la Sala Baluard), was too far to be the reason for travel. Although the Toulouse partygoers did not identify the Harm Reduction measures in the commercial party scene of Barcelona, they do exist (Energy control, Somnit or Ai Laket), and it is likely that French people take advantage of them like others do. However, travel to Spain for French free parties in the mid-2000s following the *Mariani et Vaillant* amendment stripped such parties of these HR measures, since French associations could no longer legally intervene there {Suderie 2011}

Cross-border travel in search for treatment or harm reduction facilities, such as injection rooms, is also part of the framework for more institutional cross-border projects.

12.4.2. Cooperation between hospital establishments

In general, and not just within the area of drug addiction, there are agreements between hospital establishments, generally of similar size, on both sides of borders. Initiatives or even individual activism are basically at the origin of these cross-border partnerships. The treatment of drug addiction, among other fields of cooperation (oncology, dialysis, diagnostic equipment, expertise sharing), is an area that arouses interest from cross-border French hospital establishments {Mission opérationnelle transfrontalière 2001}.

[257] www.europarl.europa.eu/fr/pressroom/content/20110119IPR11941/html/Le-droit-de-se-faire-soigner-%C3%A0-l'%C3%A9tranger-des-r%C3%A8gles-plus-claires
[258] CAARUD, harm reduction centres

The report drafted by the "*Mission opérationnelle transfrontalière*" (Operational cross-border mission) in 2001 noted that hospital establishments located near the borders of Belgium, Luxembourg and Germany were much more active in this area than those located in the south of France.

Hence, the *Centre spécialisé de soins aux toxicomanes de Besançon* (the Besançon specialised drug addiction treatment centre, in the Doubs administrative department of the Franche Comté region in the east of France) and the *Fondation pour la prévention et le traitement de la toxicomanie de Neufchâtel* (the Neufchâtel foundation for the prevention and treatment of drug addiction, in Switzerland) had signed an agreement when the report was drafted by the *Mission operationnelle transfrontalière* in 2001. This agreement included first-time prescription of methadone for 3 months to drug users from the Haut-Doubs by two Swiss centres and follow-up care by a French centre. Similarly, the Sarreguemines hospital centre in the Lorraine region and the Sarrebruck methadone centre in Germany, near the crossroads of France, Germany and Luxembourg, had already established relationships to ensure better treatment for drug dependent French or German patients of the region {Mission opérationnelle transfrontalière 2001}.

12.4.3. Cooperation between associations

The partnerships that have been built across-borders between associations or professional networks seeking to adapt to user practices pertained mostly to harm prevention and reduction.

For example, five organisations working in five European regions (Wallonia, Luxembourg, Rhineland-Palatinate, Saarland and Lorraine) have joined forces within the scope of a cross-border project on preventing addiction in schools and on the party scene. For the French region of Lorraine, this means providing support to several thousands of young Lorraine inhabitants who spend their Saturday evenings in the discothèques and parties of Luxembourg or Saarland. In the same way, French Harm reduction associations Spiritek, Techno + and the Cèdre Bleu, take part to the general harm reduction system of the Dour Festival (Belgium) coordinated by Belgian association, Modus Vivendi {Plancke et al. 2011}.

Moreover, within the framework of their health and social harm reduction policy, Germany, Belgium and Luxembourg have authorised and approved structures to manage sites for injecting drugs under medical supervision, which are often integrated into emergency shelters for drug addicts. This is how the population of Moselle-Est wishing to do so has, 10 to 20 km away, access to an injection room in Sarrebruck managed by the Drogenhilfzentrum (DHZ). The population of Longwy or Thionville in France can have access to similar facilities that were opened more recently, in 2005, in Luxembourg-Ville (the Fixerstuff) or Esch-sur-Alzette.

Box 2: French users seek an injection room

The oldest example of these structures, the DHZ of Sarrebruck, is interesting to examine to gain an understanding of the cross-border impact of injection rooms. The capital of the Saare region welcomes many French people from Moselle-Est every day to work, shop or enjoy recreational activities. In addition to this traditional, cross-border economic activity, Sarrebruck is also a daily or weekly destination for many drug addicts from Moselle-Est who, in addition to having easier access to the substances they feel they need, find services provided by the DHZ in the city centre.

The DHZ is a shelter and treatment centre with a low threshold structure, like what exists in France, as well as medical and social personnel to treat and support users, housing opportunities and tools, all implemented within the context of a syringe exchange programme like that encountered in Lorraine. However, the DHZ also provides drug addicts with a dozen or so places equipped for risk-free drug injection.

According to the data provided by the DHZ, 20% of people using these measures are French people attracted to such centres to buy drugs there and sell them on the black market near the DHZ as well as to use them on site. Officially, the French public should not have access to the DHZ, which is reserved for German nationals. For all that, the authorities of the region and the city of Sarrebruck tolerate their presence, especially given the significant role of cross-border regional capital sought by this city. Nevertheless, this tolerated acceptance quickly reaches its limitations to the extent that French users cannot then integrate into the official German drug or substitution treatment system. Of the services offered by the DHZ, today we can include the intention of the Sarre authorities to soon legalise heroin distribution under medical supervision. If the project comes to fruition, the picture of cross-border users will become even more complex.

In the south, the Basque Country is also a territory where a cross-border programme to reduce the harm related to drug use in the North and South Basque Country has been created between the CSAPA BIZIA (Addictology Treatment, Support and Prevention Centre) of Bayonne (French) and the Munduko MediKuak association. An injection room was set up in Bilbao in 2003. It is funded in part by European INTERREG funds obtained through this cooperative programme.

12.5. Conclusion

The picture painted here of cross-border drug use and the treatment practices related to this use remains highly impressionistic. This is due to the absence of quantitative measurements of phenomena, as well as to the existence of areas that are very poorly documented in the French scientific and grey literature. The use of injection rooms abroad by French people is poorly documented for example; the data evoking the organisation of cross-border care networks through agreements between healthcare structures on both sides used here are already old. Without a site of the TREND observation network of the OFDT in these areas, we find little or no data - even qualitative data - on the borders with Switzerland, Italy, and the western portion of the Spanish border.

What is striking, from the French viewpoint, is still the significant dissymmetry of the drug related “exchanges” between France and its neighbours: whether regarding using or procuring substances, partying or seeking treatment, travelling mainly occurs from France to a foreign country.

Part C: Bibliography

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