For the ninth time since the implementation of the ESCAPAD survey, the French Monitoring Centre for Drugs and Drug Addiction (OFDT) and the Youth and National Service Directorate of the Ministry of the Armed Forces interviewed a sample of young people aged 17 years, taking part in the National Defence and Citizenship Day (JDC). In March 2017, 46,054 young participants completed an anonymous questionnaire on their health and psychoactive substance use. Since the first edition of ESCAPAD, in 2000, nearly 240,000 adolescents have been interviewed in this way. This survey, unusual owing to its large sample size, has proven to be a valuable instrument for shedding light on the evolution of substance use and addictive behaviours in late adolescence in France. It is part of a monitoring scheme which covers the whole period of adolescence, in addition to two other school-based surveys, HBSC and ESPAD, which focus on middle school and high school students, respectively. This issue of *Tendances* presents the main findings of the most recent ESCAPAD survey, conducted in 2017. It first examines the major changes in terms of use for the three main substances used at this age (tobacco, alcohol and cannabis), paying particular attention to the changes observed in 2017. The analysis then turns to illicit or diverted substances, used by a smaller proportion of adolescents, but which also show marked variations in their consumption.
The evolution of tobacco, alcohol and cannabis use among 17 year olds

Tobacco, alcohol and cannabis continue to be widely used in late adolescence. However, the levels of usage measured in 2017 are among the lowest observed since 2000 (Figure 1). In fact, the proportion of adolescents that declare that they have never used any of these substances continues to increase. In the past decade, the proportion of abstinent 17-year-olds has more than doubled, from 5.1% in 2008 to 11.7% in 2017. This trend is notably related to the steady decline in lifetime use of alcoholic beverages.

Cigarette and other tobacco product use

The most noteworthy change since the last survey concerns tobacco smoking. In 2017, six out of ten adolescents claimed to have already tried a tobacco product, including cigarettes, roll-ups, cigarillos and cigars. This is a 9-point reduction relative to 2014 figures (59.0% vs. 68.4%). The proportion of those claiming to have smoked in the past 30 days decreased in the same proportions. Although this decline is a little less apparent in terms of daily smoking (~7 points), a quarter of adolescents claim to smoke daily, compared to a third in 2014 (25.1% vs. 32.4%). This decline is more apparent among girls, with daily use falling by 25% between 2014 and 2017, compared to 20% among boys (Table 3, p. 7). Nevertheless, the proportion of girls that have tried tobacco remains slightly higher than the proportion of boys (59.9% vs. 58.1%, respectively). Alongside this decline in tobacco smoking, the mean age at which adolescents first smoked a cigarette has continued to increase, irrespective of gender: 14.4 years on average in 2017 compared to 14.0 years in 2014. The mean age at which adolescents become daily smokers is also later, increasing from 14.9 years in 2014 to 15.1 years at present (Figure 2). These positive changes are, however, counterbalanced by the faster progression from first cigarette use to becoming a daily smoker. Among daily smokers, the time from the first cigarette to becoming a daily user narrowed further between 2014 and 2017: this is now 13 months on average, compared to 22 months ten years ago.

Spotlight on tobacco-related behaviours: shisha and e-cigarettes

In 2017, half of the participating 17-year-olds reported that they had already smoked hookah or shisha3. Compared to cigarette smoking, first use of hookah or shisha occurred a few months later (14 years and 11 months on average, or 14.9 years). Moreover, this practice shows a marked decline relative to 2014 (64.7%), particularly among adolescents (~18 points compared to ~12 among boys). This results in a growing divergence between girls and boys (9-point difference compared to 3 points in 2014). 7.7% of 17-year-old adolescents have tried shisha without ever having smoked a cigarette (Figure 3). This proportion has fallen slightly since 2014 (8.1%), without being statistically significant. The fact that the proportion of exclusive lifetime users of shisha has remained the same while that for lifetime users of cigarettes has declined suggests that there has been no substitution between these two types of tobacco use.

One in two 17-year-olds has tried electronic cigarettes (or e-cigarettes), which is similar to levels measured in 2014 (52.4% and 53.3%, respectively). Electronic cigarette use has remained occasional: 34.9% of lifetime users were content with it, particularly girls (40.3% compared to 29.9% for boys). Last-month use fell by 5 points compared to 2014, and daily “vaping” remained practically non-existent (1.9%).

3. Hookah, or shisha, is the term used to describe a water pipe mainly used in Arab countries generally to smoke “moassel”, a blend of tobacco, sugar or honey and fruit flavoured pastes.
As for shisha, the close relationship between e-cigarettes and tobacco use proved to be important: only 3.8% of 17-year-olds have tried an e-cigarette without ever having smoked tobacco, whether with a cigarette or shisha. More than half of daily e-cigarette vapers indicated that they also smoke cigarettes on a daily basis.

The first use of e-cigarettes occurs on average at 15.5 years of age, a year later than first cigarette use. The majority of adolescents that had tried both substances had already smoked cigarettes before they tried an e-cigarette (71.3%), 14.3% of respondents having started with e-cigarettes and 14.5% having tried both the same year. Relative to 17-year-old non-lifetime users of electronic cigarettes, lifetime users are usually daily smokers, this percentage having nonetheless fallen relative to 2014 (41.4% compared to 54.1%) (Figure 4). The downward trends in tobacco use among 17-year-olds as a whole is generally reflected among lifetime users of e-cigarettes.

**Consumption of alcoholic beverages**

In 2017, one in six 17-year-olds claimed to have never used alcohol in their lives (14.3%). The continuing decline in the lifetime use of alcohol at age 17 since 2000 has not automatically led to a decline in regular alcohol use, which has shown more fluctuating trends over time, alternating between rising and falling. However, regular use, reported by 8.4% of young people, currently shows a marked decline relative to 2014 (12.3%). It is still mainly male-oriented, concerning 12.0% of boys compared to barely 4.6% of girls aged 17. The magnitude of this difference has not changed between the last two surveys.

Regarding heavy episodic drinking (HED) behaviours, the intake of at least 5 glasses of alcohol on a single occasion4, half of 17-year-olds claim to have had such an episode in the month prior to the survey, markedly less than in 2014 (44.0% vs. 48.8%). Repeated HED (at least three episodes in the past month) also decreased (16.4% compared to 21.8% in 2014), although "regular" HED (at least ten times) only concerns a very small proportion of adolescents (2.7%), as in 2014.

**Spotlight on contexts of use and HED**

For the second time since 2005, ESCAPAD included questions on the context of last alcohol use (day, place and persons present). The analysis of the responses concerned adolescents having drunk at least one alcoholic beverage in the month prior to the survey (66.5%). In 90.5% of cases, last use occurred over the weekend (starting on Friday) and approximately half of time at a specific event (party, birthday) (Figure 5). The large majority of this use took place with friends (90.1%) and a not insignificant proportion took place in the presence of parents (29.8%). Solitary use proved very rare (2.5%) and use in bars or clubs appears to be less frequent than in 2005 (38.1% vs. 50.8%). The latter point is probably connected to the HPST law (French Hospital, Patients, Health and Territories Act) of 21 July 2009, which came into force after the 2005 survey, and prohibits the sale of alcohol to minors, particularly in drinking establishments. Lastly, 14.9% of young people claim that their last alcohol use took place in a public space (street, park, etc.), a stable proportion relative to 2005.

**Beer (63.5%) of reported last use and spirits (67.3%) continue to be the most popular alcoholic beverages among 17-year-olds, as in the previous surveys.**

4. This may involve a party or evening gathering, a meal between friends or at a restaurant, or night at a "club", etc.
These are then followed by alcopops (26.4%), champagne (24.8%) and wine (18.4%). Questioned on the severity of possible drunkenness at the time of last alcohol use, a little less than a quarter of last-month users claim not to have had any episodes of drunkenness, whereas 3% did, “to the point of vomiting or not remembering anything” (score of 9 or 10 on a scale of 0 to 10) and almost the same proportion claimed that they had already been admitted to the emergency department due to excessive drinking.

Cannabis use

In 2017, nearly four in ten 17-year-olds had already smoked cannabis at some point in their lives (39.1%). This is the lowest prevalence ever recorded in the ESCAPAD survey; 9 points lower than in 2014, and 11 points lower than 2002, when half of adolescents claimed to be lifetime users. The reduction in cannabis use concerns all indicators: last-year use fell by 7 points, from 38.2% to 31.3%, while regular use fell by 2 points, from 9.2% to 7.2%. Frequency of use tends to be higher among males, particularly for levels of regular use which doubles between girls and boys (4.5% vs. 9.7%). This general decline in cannabis use between 2014 and 2017 is observed in both genders. While the reduced prevalence of lifetime use of cannabis is more apparent among girls (10-point compared to 7-point drop among boys), the drop in regular use is more apparent among boys (3-point vs. 1-point drop among girls). In 2017, the mean age at which adolescents first used cannabis was 15.3 years, as in 2014, but also in 2000, during the first survey. The introduction to cannabis remains a little earlier among boys than for girls (15.2 years vs. 15.4 years).

Spotlight on the type of cannabis smoked and supply modes

In 2017, the ESCAPAD participants were asked to state whether they had smoked herbal cannabis or cannabis resin the last time they used cannabis. The results reveal the wide diffusion of herbal cannabis among the adolescent population, with two-thirds of respondents (66.7%) reporting that they had used this type of cannabis (Table 1). However, the greater or more frequent the use, the sharper the decline in the proportion of users who smoked herbal cannabis during their last use. Among regular users, only one in two claimed to have used herbal cannabis last, and this proportion is even lower among daily users (46.7%). Among girls (for whom cannabis use is less overall), the proportion using herbal cannabis during their last use was nearly 10 points higher than for boys (71.3% and 62.9%, respectively).

The survey also made it possible to explore the supply modes for cannabis in the past 12 months. The large majority of last-month users (69.8%) claimed that they obtained their cannabis free of charge, as a gift or for shared use (Table 2). Networks of friends or close social acquaintances (54.4%) constitute the main source of purchases, followed by drug dealers, whether these are regular (37.5%) or unknown (25.9%) intermediaries. Cannabis home cultivation is described by less than one in twenty users (4.9%) and internet purchases are almost non-existent (1.4%). These various modes of cannabis supply are evidently not mutually exclusive. In fact, four out of ten last-year users (38.7%) claim to have used multiple supply modes, whereas a third (36.4%) only smoked shared or gifted cannabis, and a quarter (24.7%) only used purchased cannabis supplies. Moreover, this supply also depends strongly on the frequency of use. Regular cannabis users, who smoke it at least ten times a month, cannot make do with gifts and need to purchase the drug [1]. In total, 81.8% claim to have done so via their "usual" drug dealer in the past year, whereas this is only the case for 29.6% of last-month but non-regular users. Nonetheless, a large portion of regular users also claim to prefer smoking gifted or shared cannabis, which points to the collective nature of cannabis use.

Problem cannabis use

Raising awareness of the detrimental effects of frequent cannabis use and establishing early detection of adolescents who are liable to present problem use or addiction have proven to be major challenges [2]. In order to better define and quantify problem cannabis use, the OFDT developed the Cannabis Abuse Screening Test (CAST) [3]. This has been used in its current form in the ESCAPAD survey since 2011. Simple to administer – it may be used as a self-assessment instrument for substance use –, CAST consists of six questions divided into two parts. When adolescents claim that they have used cannabis at least once in the past 12 months, which was the case for 31.3% of respondents in 2017, they are invited to answer questions on different dimensions or situations related to cannabis use (see version of CAST used for self-assessment on page 8).

Based on CAST, one in four 17-year-old last-year users present a high risk of problem cannabis use or addiction in 2017 (24.9%). This proportion is slightly higher than that observed in 2014 (21.9%). Moreover, the proportion of last-year users potentially at risk is higher among boys than among girls, 29.1% versus 19.5%, respectively.

Thus, at age 17, 7.4% of adolescents appear to be liable to present high risk of problem cannabis use, with respect to the concerned population, approximately 60,000 young people in this age group.

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Table 1 - Type of cannabis smoked during last use among 17-year-olds in 2017 (%)

<table>
<thead>
<tr>
<th></th>
<th>Resin</th>
<th>Herbal</th>
<th>Other*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td>34.8</td>
<td>62.9</td>
<td>2.3</td>
</tr>
<tr>
<td>Girls</td>
<td>27.8</td>
<td>71.3</td>
<td>1.0</td>
</tr>
<tr>
<td>All</td>
<td>31.6</td>
<td>66.7</td>
<td>1.7</td>
</tr>
</tbody>
</table>

Source: ESCAPAD 2017 (mainland France), OFDT

*All of the boy vs girl differences in use are statistically significant.

Table 2 - Supply mode for last-year smokers by gender (%)

<table>
<thead>
<tr>
<th></th>
<th>Boys</th>
<th>Girls</th>
<th>All</th>
<th>Regularly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obtained free of charge</td>
<td>67.1</td>
<td>73.0</td>
<td>69.8</td>
<td>65.6</td>
</tr>
<tr>
<td>Purchased from friends or close social acquaintances</td>
<td>56.9</td>
<td>51.4</td>
<td>54.4</td>
<td>83.9</td>
</tr>
<tr>
<td>Purchased from their usual drug dealer</td>
<td>44.8</td>
<td>28.7</td>
<td>37.5</td>
<td>81.8</td>
</tr>
<tr>
<td>Purchased from an unknown drug dealer</td>
<td>30.5</td>
<td>20.3</td>
<td>25.9</td>
<td>54.5</td>
</tr>
<tr>
<td>Purchased abroad</td>
<td>7.7</td>
<td>4.9</td>
<td>6.4</td>
<td>16.8</td>
</tr>
<tr>
<td>Home cultivation</td>
<td>7.2</td>
<td>2.2</td>
<td>4.9</td>
<td>13.8</td>
</tr>
<tr>
<td>Purchased on the internet</td>
<td>2.2</td>
<td>0.5</td>
<td>1.4</td>
<td>3.8</td>
</tr>
</tbody>
</table>

Source: ESCAPAD 2017 (mainland France), OFDT

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5. A mixture of a fizzy drink and alcohol available in stores in small 25-cl or 33-cl bottles in different possible combinations. The following definition was proposed in the questionnaire: “small bottle containing a mixture of a fizzy drink and alcohol”.

6. Refer to the summary report for more information on the validation of the test and its conditions of use [3].
Other illicit drugs and diverted substance use

In addition to cannabis, the ESCAPAD survey also observes the diffusion of other illicit or diverted substances. It also examines new psychoactive substances (NPS) for the second time.

In 2017, 6.8% of 17-year-olds claimed to have used at least one illicit substance other than cannabis in their lives. This figure has fallen by 2 points compared to 2014 (8.8%). The illicit substances used include hallucinogenic mushrooms, various stimulants (MDMA/ecstasy, cocaine, amphetamines, crack/freebase), LSD and heroin. The lifetime use levels for these substances are lower than for cannabis. These have remained stable at between 3 and 4% for the highest levels (3.4% for MDMA/ecstasy for which lifetime use doubled between 2011 and 2014 to 3.8%) and less than 1% for the lowest levels (0.6% for crack). For the first time since 2000, hallucinogenic mushrooms fell below the 3% mark (2.8%).

Diverted substances comprise a wide variety of products: inhaled substances (glues, solvents, etc.), poppers and, for variety of products: inhaled substances.

While the levels of lifetime use of inhaled substances are still limited (3.1%), these are markedly higher for poppers and purple drank. Lifetime use, at the age of 17, concerns nearly one in ten adolescents, 8.8% and 8.5%, respectively (bearing in mind that the survey took place in March 2017, i.e. before the decree of 12 July 2017 providing for the inclusion of medications containing codeine, dextromethorphan, ethylmorphine or noscapine on the list of prescription-only medicines). Moreover, with respect to purple drank, approximately half of lifetime users claim to have used it several times.

As in 2014, a question concerning the use of new psychoactive substance (NPS) was incorporated into the ESCAPAD survey. For several years, the OFDT has observed the diffusion of these substances, which represent a mixed group of substances that mimic the chemical structures or effects of illicit substances. For the time being, these are still mainly used within limited circles of users already engaged in illicit drug use [4]. However, these substances have the distinctive feature of being easy to purchase on the Internet, with a growing supply over the past decade, such that diffusion beyond current circles has become a cause for concern. In 2017, NPS diffusion in the adolescent population remained limited. Results show that 3.8% of adolescents reported having already used these substances.

Of these adolescents, 11.8% named a substance that is clearly identified as an NPS, while a third of the respondents did not indicate a name at all. In 87% of cases, the substance mentioned was a synthetic cannabinoid. Only a quarter of the concerned respondents stated that they had purchased the substance on the Internet.

These details suggest that NPS diffusion remains limited among adolescents, but also that some confusion persists surrounding these substances which continue to be difficult to distinguish from the illicit substances that they mimic. Likewise, their numerous and diverse names, a mixture of both trade names and chemical names, make them difficult for adolescents to identify. In fact, 2.2% of adolescents were not sure whether they had already used these substances or not.

### Discussion

Identifying relevant findings that explain the different downward trends observed is a complex exercise. Changes in behaviour are, in fact, the result of multiple individual, collective, socio-economic, cultural or even geographical factors [6]. More generally, the behaviour, lifestyle and social interactions of younger generations differ from their predecessors. The current omnipresence of screens and new information and communication technologies in the daily life and leisure activities of young people today likely impacts their opportunities to use psychoactive substances.

With respect to the public policies implemented, their effects are often spread over several years following actual application. This is the case for...
policies that target tobacco smoking which, although attempting to directly modify behaviour among smokers, may also have an impact on the portrayal and behaviours related to tobacco smoking among future generations.

The adolescents who participated in the 2017 ESCAPAD survey, born primarily in 1999, belong to a generation who were aged 9 to 10 years old at the time of the Hospital, Patients, Health and Territories Act, which extended the prohibition of the sale of tobacco and alcohol to all minors. They have thus grown up and spent their adolescence in a context in which prohibition of sale seems normal, unlike their elders who grew up in a more permissive context. In the recently published AKAMIS study [1], qualitative interviews with adolescents highlight the considerable degradation of the image of smoking tobacco and, to a lesser extent, alcohol among young people today. These changes in behaviour among younger generations, particularly the decline in the lifetime use of tobacco, were observed in the 2014 HBSC and 2015 ESPAD school surveys among French youth [7, 8]. The 2017 ESCAPAD survey offers a snapshot of this decline for the first time in late adolescence. This decline, particularly substantial over a very short period (2014-2017), will likely be confirmed in subsequent surveys.

### Conclusion

The first results of the 2017 ESCAPAD survey evidence favourable changes in the use of psychoactive substances in several respects. In addition to the major drop observed between 2014 and 2017, the use of tobacco has reached its lowest level in nearly two decades. Shisha use has also declined, while electronic cigarette use has remained limited. The first descriptive findings suggest that cigarette and e-cigarette use are still widely associated during adolescence. At this stage of the analyses, it is not possible to determine whether e-cigarettes are a gateway to tobacco smoking or not. Lifetime use of alcohol during adolescence and last-month use continue their downward trend, although levels remain very high. Lastly, lifetime use of cannabis once again shows a significant downward trend after the increase observed in 2014, and reached the lowest level ever observed in 2017. This trend is most likely related to trends for tobacco smoking, given that both substances are consumed in a similar manner, by smoking the product. This is also the case for the levels of lifetime use of illicit substances other than cannabis, which remain below 4%. First substance use among 17-year-olds thus appears to have generally become scarce in the past fifteen or so years.

However, despite these positive changes combined with the continued decline in the age of first substance use, we should not let up our efforts to reduce substance use behaviours in general, particularly among adolescents. The extensive lifetime use of purple drank serves as a reminder that new substances or mixtures can emerge in adolescent use practices. Furthermore, as regards more established substances, certain aspects are still a cause for concern and call for particular vigilance among professionals and public authorities.

While all of the indicators for tobacco use are clearly on the decline, particularly for daily smoking, the fall in the levels of regular alcohol and cannabis use is much more limited. The level of regular cannabis use is still higher than in 2011, and continues to be one of the highest levels observed in Europe [9]. The reduction in levels of alcohol use is accompanied by problematic alcohol-related behaviours, specifically, heavy drinking and episodes of drunkenness. Furthermore, the proportion of problem cannabis users rose in 2017. This increase undoubtedly shows that, although lifetime use of cannabis is gradually decreasing, established problem users continue to exist.

### Methodological reference points

The ESCAPAD survey has interrogated French 17-year-olds since 2000. Its primary aim is to quantify legal and illicit drug use among adolescents. Given the consistency of repeating this survey, changes in the prevalence of drug use on a national and regional scale can be monitored and analysed. This continuous observation makes it possible to identify the emergence and spread or decline of certain types of substance use, and to study certain characteristics related to this use.

ESCAPAD is an anonymous survey based on a self-administered questionnaire during the National Defence and Citizenship Day (JDC). In 2017, the survey conditions were improved to assist the civil and/or military personnel responsible for distributing the questionnaire: a video presenting the survey (accessible online at https://www.ofdt.fr/enquetes-et-dispositifs/escapad/) was shown in all centres before the questionnaires were handed out.

All young people invited to participate in JDC during the period concerned, over a period ranging from one to two weeks in March, were sampled for the ESCAPAD survey. The questionnaires were distributed throughout France, from 13 to 25 March, with the exception of Corsica and three overseas territories (Guiana, Mayotte and New Caledonia), where the period was extended to provide a sufficient sample size. In mainland France, the 200 centres that were active during this period participated in the survey, i.e. 1,002 JDC sessions, guaranteeing an exhaustive sample (the mainland participation rate, that is the number of questionnaires (42,751) divided by the number of attendees (43,892), was 97.4%).

After eliminating incorrectly or insufficiently completed questionnaires and filtering by age, 39,115 questionnaires were analysed in mainland France. Girls and boys, in equal proportions in the sample analysed, were aged 17.3 years on average, bearing in mind that 91% of them were over 17 years of age and that the oldest were aged 18.5 years. Nearly nine out of ten respondents (89.1%) claimed to be students. Compared to 2014, this proportion has increased significantly (86.1%), coinciding with the reduction in the number of young people in vocational training (7.0% vs. 9.7%). Young people claiming to have left the school system, whether unemployed, undergoing integration, or employed, accounted for 3.9% of the sample. These various estimated proportions in the survey correspond to the population data [10].
### Table 3 - Levels of psychoactive substance use, by gender, among 17-year-olds in 2017 and trends since 2014 (%)

<table>
<thead>
<tr>
<th>Substances</th>
<th>Use</th>
<th>Boys 2017</th>
<th>Girls 2017</th>
<th>Sex-ratio All 2017</th>
<th>All 2014</th>
<th>Trends (in points)</th>
<th>Trends (in %)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tobacco</strong></td>
<td>Lifetime use</td>
<td>58.1</td>
<td>59.9</td>
<td>0.97 ***</td>
<td>59.0</td>
<td>68.4 ***</td>
<td>–9.4</td>
</tr>
<tr>
<td></td>
<td>Recent (at least one use in the month)</td>
<td>34.7</td>
<td>33.5</td>
<td>1.04 **</td>
<td>34.1</td>
<td>43.8 ***</td>
<td>–9.7</td>
</tr>
<tr>
<td></td>
<td>Occasional (less than 1 cig./day)</td>
<td>8.4</td>
<td>9.7</td>
<td>0.86 ***</td>
<td>9.0</td>
<td>11.3 ***</td>
<td>–2.3</td>
</tr>
<tr>
<td></td>
<td>Daily (at least 1 cig./day)</td>
<td>26.3</td>
<td>23.8</td>
<td>1.11 ***</td>
<td>25.1</td>
<td>32.4 ***</td>
<td>–7.4</td>
</tr>
<tr>
<td></td>
<td>Intensive (more than 10 cig./day)</td>
<td>6.5</td>
<td>3.9</td>
<td>1.68 ***</td>
<td>5.2</td>
<td>7.7 ***</td>
<td>–2.5</td>
</tr>
<tr>
<td><strong>Shisha</strong></td>
<td>Lifetime use</td>
<td>54.3</td>
<td>45.4</td>
<td>1.20 ***</td>
<td>49.9</td>
<td>64.7 ***</td>
<td>–14.8</td>
</tr>
<tr>
<td><strong>E-cigarette</strong></td>
<td>Lifetime use</td>
<td>56.5</td>
<td>48.1</td>
<td>1.17 ***</td>
<td>52.4</td>
<td>53.3 *</td>
<td>–0.8</td>
</tr>
<tr>
<td></td>
<td>Recent (at least one use in the month)</td>
<td>20.7</td>
<td>12.7</td>
<td>1.63 ***</td>
<td>16.8</td>
<td>22.1 ***</td>
<td>–5.4</td>
</tr>
<tr>
<td></td>
<td>Daily (&gt; 30 uses in the month)</td>
<td>2.8</td>
<td>1.0</td>
<td>2.95 ***</td>
<td>1.9</td>
<td>2.5 ***</td>
<td>–0.6</td>
</tr>
<tr>
<td><strong>Alcohol</strong></td>
<td>Lifetime use</td>
<td>86.6</td>
<td>84.6</td>
<td>1.02 ***</td>
<td>85.7</td>
<td>89.3 ***</td>
<td>–3.6</td>
</tr>
<tr>
<td></td>
<td>Current (at least once during the year)</td>
<td>80.1</td>
<td>75.2</td>
<td>1.07 ***</td>
<td>77.7</td>
<td>82.4 ***</td>
<td>–4.7</td>
</tr>
<tr>
<td></td>
<td>Recent (at least one use in the month)</td>
<td>69.9</td>
<td>62.9</td>
<td>1.11 ***</td>
<td>66.5</td>
<td>72.0 ***</td>
<td>–5.5</td>
</tr>
<tr>
<td></td>
<td>Regular (at least 10 uses in the month)</td>
<td>12.0</td>
<td>4.6</td>
<td>2.62 ***</td>
<td>8.4</td>
<td>12.3 ***</td>
<td>–3.8</td>
</tr>
<tr>
<td></td>
<td>Daily or 30 uses in the month</td>
<td>2.1</td>
<td>0.5</td>
<td>4.04 ***</td>
<td>1.3</td>
<td>1.8 ***</td>
<td>–0.4</td>
</tr>
<tr>
<td><strong>Drunken episodes</strong></td>
<td>Lifetime use</td>
<td>55.1</td>
<td>45.6</td>
<td>1.21 ***</td>
<td>50.4</td>
<td>58.9 ***</td>
<td>–8.5</td>
</tr>
<tr>
<td><strong>Heavy episodic drinking</strong> (at least 5 glasses on one occasion)</td>
<td>Recent (at least one time in the month)</td>
<td>49.6</td>
<td>38.1</td>
<td>1.30 ***</td>
<td>44.0</td>
<td>48.8 ***</td>
<td>–4.8</td>
</tr>
<tr>
<td></td>
<td>Repeated (at least 3 times in the month)</td>
<td>21.7</td>
<td>10.9</td>
<td>1.99 ***</td>
<td>16.4</td>
<td>21.8 ***</td>
<td>–5.4</td>
</tr>
<tr>
<td></td>
<td>Regular (at least 10 times in the month)</td>
<td>4.3</td>
<td>1.0</td>
<td>4.28 ***</td>
<td>2.7</td>
<td>3.0 *</td>
<td>–0.3</td>
</tr>
<tr>
<td><strong>Cannabis</strong></td>
<td>Lifetime use</td>
<td>41.8</td>
<td>36.3</td>
<td>1.15 ***</td>
<td>39.1</td>
<td>47.8 ***</td>
<td>–8.7</td>
</tr>
<tr>
<td></td>
<td>Current (at least once during the year)</td>
<td>34.4</td>
<td>28.1</td>
<td>1.23 ***</td>
<td>31.3</td>
<td>38.2 ***</td>
<td>–6.9</td>
</tr>
<tr>
<td></td>
<td>Recent (at least one use in the month)</td>
<td>24.2</td>
<td>17.5</td>
<td>1.38 ***</td>
<td>21.0</td>
<td>25.5 ***</td>
<td>–4.6</td>
</tr>
<tr>
<td></td>
<td>Regular (at least 10 uses in the month)</td>
<td>9.7</td>
<td>4.5</td>
<td>2.17 ***</td>
<td>7.2</td>
<td>9.2 ***</td>
<td>–2.0</td>
</tr>
<tr>
<td></td>
<td>Daily or 30 uses in the month</td>
<td>4.7</td>
<td>2.1</td>
<td>2.22 ***</td>
<td>3.4</td>
<td>4.0 ***</td>
<td>–0.6</td>
</tr>
<tr>
<td><strong>Other illicit drugs</strong></td>
<td>Lifetime use</td>
<td>7.9</td>
<td>5.6</td>
<td>1.40 ***</td>
<td>6.8</td>
<td>8.8 ***</td>
<td>–2.0</td>
</tr>
<tr>
<td></td>
<td>Ecstasy/MDMA</td>
<td>3.9</td>
<td>2.8</td>
<td>1.41 ***</td>
<td>3.4</td>
<td>3.8 **</td>
<td>–0.5</td>
</tr>
<tr>
<td></td>
<td>Hallucinogenic mushrooms</td>
<td>3.6</td>
<td>1.9</td>
<td>1.88 ***</td>
<td>2.8</td>
<td>3.8 ***</td>
<td>–1.0</td>
</tr>
<tr>
<td></td>
<td>Cocaine</td>
<td>3.1</td>
<td>2.4</td>
<td>1.26 ***</td>
<td>2.8</td>
<td>3.2 **</td>
<td>–0.5</td>
</tr>
<tr>
<td></td>
<td>Amphetamines</td>
<td>2.9</td>
<td>1.8</td>
<td>1.60 ***</td>
<td>2.3</td>
<td>2.8 ***</td>
<td>–0.5</td>
</tr>
<tr>
<td></td>
<td>LSD</td>
<td>1.9</td>
<td>1.2</td>
<td>1.56 ***</td>
<td>1.6</td>
<td>1.6 ns</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Heroin</td>
<td>0.7</td>
<td>0.6</td>
<td>1.11 ns</td>
<td>0.7</td>
<td>1.0 ***</td>
<td>–0.4</td>
</tr>
<tr>
<td></td>
<td>Crack</td>
<td>0.6</td>
<td>0.6</td>
<td>1.15 ns</td>
<td>0.6</td>
<td>1.1 ***</td>
<td>–0.5</td>
</tr>
<tr>
<td></td>
<td>Poppers</td>
<td>9.5</td>
<td>8.0</td>
<td>1.18 ***</td>
<td>8.8</td>
<td>5.4 ***</td>
<td>+3.3</td>
</tr>
<tr>
<td></td>
<td>Purple Drank</td>
<td>10.8</td>
<td>6.2</td>
<td>1.73 ***</td>
<td>8.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inhalants</td>
<td>3.1</td>
<td>3.1</td>
<td>1.02 ns</td>
<td>3.1</td>
<td>4.3 ***</td>
<td>–1.2</td>
</tr>
</tbody>
</table>

Key: *, **, *** and ns: Chi-squared test significant respectively at 0.05, 0.01, 0.001 and “non significant”. Owing to the very large statistical power obtained with the sample sizes in the two surveys, the changes in points and percentages were specified between 2014 and 2017 whenever possible.

Source: ESCAPAD 2014, 2017 surveys (mainland France), OFDT
Assessing cannabis use
This test will allow you to rapidly assess your cannabis use. It is not a diagnosis, but if your score is greater than or equal to 7, you are very likely to encounter problems related to your substance use.

Have you smoked cannabis in the last 12 months?

☐ No

☐ Yes

In the last 12 months...

Mark one box for each line

Never Rarely From time to time Fairly often Very often

Score 0 1 2 3 4

1. Have you smoked cannabis before midday?
2. Have you smoked cannabis alone?
3. Have you had memory problems when you smoked cannabis?
4. Have friends or members of your family told you that you should reduce your cannabis use?
5. Have you tried to reduce or stop using cannabis without succeeding?
6. Have you had problems because of your use of cannabis (arguments, fights, accidents, poor results at school, etc.)?

Number of response(s) $\times 0 + \times 1 + \times 2 + \times 3 + \times 4$

Total

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

For heavy episodic drinking (HED i.e. stated having consumed at least 5 glasses on a single occasion):
- HED in the last month: at least once in the month prior to the survey
- repeated HED: at least 3 times in the month prior to the survey
- regular HED: at least 10 times in the month prior to the survey

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**tendances**

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