

Psychoactive substances, users and markets

Recent trends (2019-2020)

Clément
Gérome

Michel
Gandilhon

Since 1999, the Emerging Trends and New Drugs (TREND) scheme of the French Monitoring Centre for Drugs and Drug Addiction (OFDT) has been monitoring emerging phenomena and developments in the field of drugs. It focuses on populations with a high level of psychoactive substance consumption and is based on qualitative data collected by the network of TREND sites located in eight metropolitan areas (see box p. 7). Systematically putting into perspective, at a local and a national level, the information gathered from different sources ensures the reliability of the phenomena, described here in a concise manner. The trends presented cover the year 2019 and the first two months of 2020. To find out more about the consequences of the health crisis and the lockdown measures introduced between March and May 2020 in the field of drug use, treatment and markets, two TREND bulletins are available on the OFDT website [1, 2].

This issue of *Tendances* looks first at the continuing deterioration in the socio-sanitary situations of the most vulnerable users, then at the spread of use in techno party settings, particularly of ketamine and MDMA/ecstasy, and the issue of access to harm reduction. The second part deals with changes in supply, especially the development of home deliveries, and the third part deals with the use of psychoactive products that marked the year 2019.

■ Users: contexts and practices

Increasing vulnerabilities and remoteness from city centres

Following on from previous years [3-6], the observations made in 2019 among drug users in extremely vulnerable situations show that the measures and actions aimed, more or less voluntarily and directly, at moving them away from city centres are being strengthened. These include measures taken by certain municipalities (anti-begging and “anti-camp” orders, bans on drinking alcohol in public or on owning more than two dogs, etc.) and regular removals by the police from certain places where people are begging or rough sleeping. Numerous evictions of squatted

Results of observations of the Emerging Trends and New Drugs (TREND) scheme and its network of eight sites in metropolitan France.



flats (often linked to urban renewal operations), where users had a minimum level of comfort (access to water and electricity), were also reported in 2019.

In this context, the movement of users to the outskirts of metropolises continues, while others, who remain in the city centre, are forced to invest in particularly precarious and discreet shelters (underground car parks in Bordeaux, Metz, Nancy, Lille, garages in Metz, etc.). In certain semi-rural territories, in Provence-Alpes-Côte d’Azur (PACA) or in the Bordeaux suburbs, “makeshift camps” (made of tents, shacks, cars) were more numerous in 2019. Up to several hundred people (young people, families, elderly people), some of whom use alcohol, cannabis, benzodiazepines or even Skenan®, live there together. The north-east of Paris was marked by the movement of crack users following the evacuation of the “Colline du crack” [crack hill] (see box p. 2). In Marseille, TREND observers also report more frequent travel between the centre and the northern outskirts of the conurbation, where supply and consumption sites are located. More users are settling on the outskirts of Rennes, Marseille and Lille, close to heroin and cocaine dealing areas, in makeshift shelters and no longer or hardly ever visit city centres:

There is always the triangle: the city centre for meeting up and sleeping; the shopping centre for begging for money; and the neighbouring estates for handling and using drugs. [But] there are users who no longer return to the city centre [...], and stay put: in electric

cupboards, condemned staircases, interstitial spaces near the works on the new motorway [...], under the foundations of the shopping centre. They can no longer find accommodation in the city centre, and above all there are more controls and police presence, whereas in the northern neighbourhoods, at night there are no more police patrols; and then, for some, it's part of the decline: they are no longer taking the trouble to come to the city centre to wash or sleep, the product is occupying them completely. It's just coke, coke and coke, injected. (Worker in a mobile support centre for the reduction of drug-related harms (CAARUD) in Marseille)

Some people go to live at the university hospital. People you don't see in the centre of Lille anymore because they put up their tents in the university hospital, because it's the spot where you're going to get your drugs, your coke [...]. People go to get their supplies at Y [a dealing area near the university hospital] and beg at the tills at X [a shop near the university hospital]. A month ago, about fifteen installations were counted, in different locations. (Social worker from a mobile unit in Lille)

Persistent and sometimes more visible uses

Although in some central districts, gatherings of users are less visible and less important, they remain in certain parks and squares (where there are water points and public toilets), close to supermarkets and shopping streets (where begging is practised and alcohol can be obtained), and around specialised drug treatment centres (CSAPA) providing opioid substitution treatment (OST) and harm reduction facilities (CAARUD) distributing usage equipment. Instances of product preparation (cocaine basing, syringe preparation) or even consumption (smoking cocaine, injecting cocaine, Skenan®, etc.) still take place, sometimes in full view of passers-by, in Paris, Lyon or Marseille. However, consumption (alcohol and cannabis aside) is most often carried out in areas hidden from view (stairwells, rubbish bins, public toilets, alleyways, cul-de-sacs, wastelands, etc.). In Marseille and Aix-en Provence, observers and harm reduction workers report more places of consumption and an increase in the quantities of material collected¹ (syringes, kitbase, boxes of medication, vials of methadone).

Among the very precarious user profiles documented in previous years [5], groups of homeless young people (16-25 years old) were particularly observed in 2019, especially in Aix-Marseille and Lyon where they are more numerous and more visible. These young people experience a history of violence, family

The problematic management of crack in the north-east of Paris

For more than 10 years, "La Colline du crack" [crack hill] was one of the most important open scene for the use and sale of crack cocaine in the capital. In 2019, up to 200 people a day visited this embankment nestled between two access roads to the ring road, and around 30 people lived there permanently. There were many more men than women. The "hill" was regularly evacuated by the police, with users and dealers moving to other sites and relocating a few days later. These interventions were more numerous in 2019, leading to an increase in tensions due to the repeated destruction of makeshift shelters built by users. The long-term evacuation of the "hill" in November 2019 has led to a lack of understanding on the part of many socio-sanitary actors who point to its particularly problematic consequences. This eviction took place one week before the opening, in the immediate vicinity, of a rest and social support area for crack users which had been planned for several months. The use of this new system has remained very limited because a major police force has been set up in the sector to prevent any attempt to re-settle the premises. Until the beginning of 2020, users could not move freely and had to be accompanied by a member of staff to get there without having to undergo police checks. This evacuation also led to a shift in trafficking and use to other sites in north-east Paris (Stalingrad, the Jardins d'Éole, near Porte d'Aubervilliers, Rosa Parks), complicating the work of the mobile harm reduction teams

breakdowns alongside their exit from the child welfare system (ASE). In Lyon, these groups, which bring together up to 25 to 30 individuals, are made up of people with less precarious socio-economic profiles (students or poor workers with housing). These young people consume alcohol, cocaine, which they base² and, depending on their resources and the local availability of products, benzodiazepines, Skenan®, ketamine, etc.

Increased health risks

The health damage to which the most vulnerable users are exposed was particularly visible in 2019, first and foremost damage resulting from chronic alcohol consumption, which is the cause of various pathologies (Korsakoff's syndrome³, cirrhosis, etc.) that escalate with the length of time users have been drinking. Other damages linked to repeated injections, such as abscesses (on the arms, legs but also in the groin) which sometimes degenerate into septicaemia, are more frequent, especially in Bordeaux and Lille. Some users delay seeking care services (due to mistrust of medical institutions, the stigma they face, their use of opioids that greatly alleviate pain, etc.). Dental problems (loosening of teeth, periodontitis, for example) are particularly reported by caregivers in Lyon. Disorders linked to the use of cocaine base (psychiatric collapse, general physical exhaustion, etc.) are also reported by all the sites (see below), as are overdoses, fatal or not, mainly linked to opioid use (particularly in Lille and Paris) and favoured by very deteriorated physical conditions.

The very detrimental conditions in which this use takes place amplify this

damage. The lack of well-lit places and adequate hygiene conditions (access to water, clean surface), combined with the high risk of police repression, leads users to consume in a climate of tension and haste that is not conducive to harm reduction, notably with regard to injection. Moreover, the practice of cocaine basing does not favour the use of baking soda, which is nevertheless promoted by harm reduction workers because it is considered less harmful than ammonia. Indeed, many users find it more delicate and time-consuming to base cocaine with bicarbonate rather than ammonia and therefore find it difficult to envisage this practice in a context (the street) where the product has to be prepared as quickly and efficiently as possible.

Spread of uses in a festive context

Since the mid-2000s, the investigations of the TREND scheme have shown that the use of psychoactive substances specific to 'alternative' techno events (free parties) and their participants has gradually spread to legal and commercial festive venues (bars, discos, clubs, concert

1. Especially in some neighbourhoods, while in others these quantities will tend to decrease. These variations can be explained by the movement of users, which is itself linked to the effects of the systems described above. For example, in the district around Saint-Charles station in Marseille, injection drug use, which was clearly visible in 2018, was observed less in 2019 due to the introduction of a daily security police patrol, more frequent collection of used equipment by the municipal street sweeping services and pressure from local residents to keep drug users away and relocate care facilities.

2. Crack or free base cocaine is a derivative of cocaine hydrochloride, resulting from the addition of bicarbonate or ammonia. This transformation allows the powder to crystallise into small rocks, which are then smoked or, more rarely, injected.

3. Severe neurological disorder, often linked to chronic alcoholism, which leads to brain damage and manifests itself in particular through problems with memory, balance and vision, etc.

halls, festivals) and to larger, more diverse populations who are less familiar with drug use [6]. This spread of uses is part of a wider context where the alternative techno movement and its musical styles (hardtek, hardcore, trance, etc.) are undergoing a process of cultural legitimisation, as witnessed by the growing number of event organisers and managers of establishments or festivals in 2019 who claim to be part of it and include artists who usually perform on alternative stages in their programming. The development of “warehouse” events [7], which continued in 2019 in Paris, Marseille, Bordeaux, Lille and Toulouse, also contributes to a lesser differentiation between usage practices observed in free parties and those in commercial spaces. These legal parties that people pay to attend, located in former industrial warehouses rented for the occasion and bringing together several thousand people, often include a security service, a bar and a team of first-aiders. At the same time, their organisers are inspired by and claim to be inspired by the alternative culture of free parties (a sophisticated musical programme, the long duration – midnight to midday –, a secret location, relative tolerance to substance use).

However, the development of substance use in clubs or at festivals does not concern all psychoactive substances, nor, where this is the case, the same uses. It depends both on their availability (presence of dealers in or near the party venue), on the way they are used, on their effects more or less adapted to the temporality of the event and its environment, and on the representations of revellers. Apart from alcohol and cannabis, MDMA/ecstasy was unquestionably the most visible psychoactive product in 2019 [8]. At all TREND sites, its presence (and sometimes its sale) is observed at the vast majority of events (festivals, club nights, etc.) that finish later than two o'clock in the morning. The adaptation of the effects felt in the party setting (absence of fatigue, feeling of harmony with the music), the low price (10 euros for a tablet, sometimes heavily dosed, which is often shared among friends), the discretion of the method of use (by ingestion) are still the reasons for use put forward by users in 2019.

However, other substances remain specific to alternative events and are not observed elsewhere, such as LSD, mushrooms or DMT⁴. The long duration and open-air setting of free parties are indeed favourable conditions for “dealing with” the hallucinogenic and dissociative effects of these products. Although ketamine is still mainly consumed at free parties for the same reasons, use at festivals, club parties, at a pre-party (before going out) or an after party (after going out) at home, or even

as an aperitif, was nevertheless more frequently observed in 2019. This spread is accompanied by a change in usage practices, as ketamine is taken sparingly in order to obtain euphoric, bodily relaxation and disinhibition effects, compatible with the limited party time. This use is accompanied by an evolution in the representations of the product: the dangerous image of this substance linked to its powerful effects and its medical use as a veterinary anaesthetic is fading in favour of that of a product adapted to the party setting.

The challenge of access to harm reduction

In connection with this phenomenon of the spread of drug use, several sites have addressed the question of the health consequences in party settings, which can be linked both to the product (its effects, its content) and to the characteristics of the user (their experience, practices and knowledge about the field of harm reduction), but also to the environment in which drug use takes place. Thus, as in previous years [8], harm reduction associations in Rennes, Lyon, Bordeaux and Toulouse in 2019 are reporting incidents (bad trips) among sometimes very young users (16-18 years old) who experiment with certain products (mainly MDMA/ecstasy and ketamine) without controlling their effects, especially since they associate them with alcohol. However, some participants, particularly in Marseille and Bordeaux, report that the majority of interventions and/or calls to the SAMU (the French emergency services) in 2019 were due to overconsumption of alcohol.

Several sites (Lyon, Marseille, Bordeaux and Paris) insist on the influence of the party setting in the occurrence of incidents and the quality of their care. They indicate that the constraints on drug users in nightclubs can increase health risks. The existence of a security service responsible for preventing use (and often excluding users) may encourage overconsumption before the actual evening out, particularly of alcohol (especially when it is expensive), and lead users to use substances in a concealed manner, in a hurry, without having been able, for example in the case of cocaine or ketamine, to crush the product properly, clean the surface on which it is to be snorted or measure out the quantity. The lack of access to an external space, the refusal to provide fresh water or the expulsion of individuals who have overconsumed and whose condition requires monitoring are also frequently reported by those working in harm reduction, as in Bordeaux and Lyon, where it is stressed that “it is important to raise awareness among security guards of their public health mission so that the

security mission they carry out is not too detrimental to public health”. Finally, the provision of low-risk consumer equipment, information flyers and, all the more so, the presence of a harm reduction association, remain rare in commercial establishments, unlike alternative events. Very often, club managers or festival organisers do not make use of these schemes for fear of the bad image they would create. Some also denounce the administrative sanctions they receive in the event of a serious incident⁵, in a context where deaths linked to consumption have been the subject of strong media coverage, especially in Paris, Metz and Bordeaux.

■ Drug supply: an intensification of the phenomena

In 2019, drug supply in France followed the trend of previous years. This is characterised by the diversity of the products offered and the adaptability of the trafficking networks, as shown by the development of home deliveries, particularly through the use of messaging applications. This dynamism cannot be dissociated from an international context marked by high levels of production of illicit drugs, whatever the family of products (opioids, synthetic and semi-synthetic stimulants such as cocaine, cannabis, etc.) [9]. These products supply one of the largest Western European markets in the world [10]. The seizures made by law enforcement agencies in France in 2019 tend to illustrate this with high levels of cocaine (15.7 tonnes) and heroin (over 1 tonne) confiscation, while seizures of herbal cannabis and cannabis plants, at nearly 30 tonnes and 183 000 plants, are unprecedented [11].

Rising content and rather stable prices

The increase in the content of the main products is another revealing trend, probably related to the growing dynamics of supply. Indeed, the importance of production, the strength of competition and the absence of tensions, linked for example to shortages caused by the intervention of the forces of law and order, would encourage the actors present at the various levels of the trafficking chain to cut the products less, which therefore tend to reach the final consumer in a purer form.

4. Dimethyltryptamine or DMT is a natural psychotropic substance, which can be synthesised in crystalline form and is usually smoked. It provides a short-term powerful hallucinogenic effect, almost immediately after taking, which can even reach the level of a near-death experience.

5. The column “Ecstasy overdose in clubs: less repression, more prevention”, published by the daily newspaper *Liberation* on 20/09/2019, denounces the counter-productive nature of these sanctions and the need to have a legislative framework favouring prevention and risk reduction within nightclubs.

Thus, in 2019, the average levels of cocaine (60%) and heroin (22%) contained in seizures of less than 10 grams are among the highest ever recorded in France [12]. The same is true, but for other reasons, linked in particular to the increasingly important role taken by hybrid varieties, for cannabis with THC levels in the resin (28%) and to a lesser extent in herbal cannabis (12%) which are at record levels (see graph opposite).

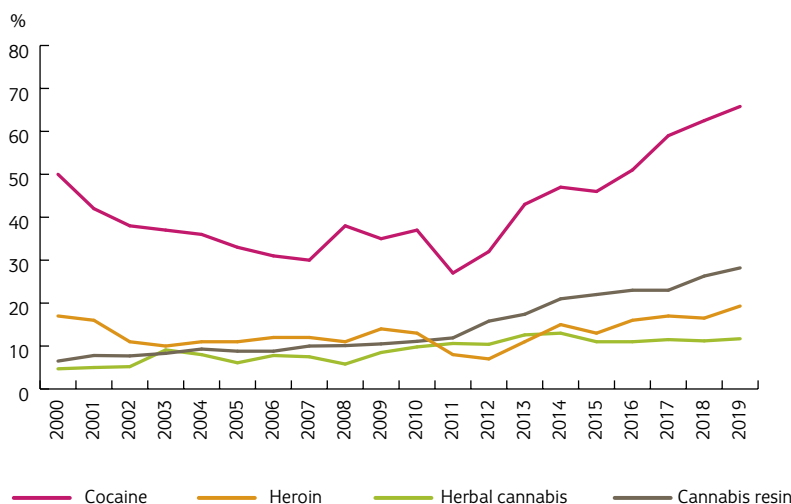
This increase in content, together with a stabilisation, excluding inflation, of the retail prices of the main substances recorded by the TREND sites (see table below), means that the content/price ratio of the main substances circulating on the French market has probably never been so high.

A geographical extension of home delivery

The phenomenon of home deliveries became visible in the middle of the 2010s with the development of what the police called “cocaine call centres” in the Paris region. Since then, the trend in reaching out to users has been reinforced and extended to the other metropolitan areas of the scheme. The observations in 2019 testify to this, as does the barrage of names given to home delivery networks: “Uber Shit”, “Allo Weed”, “Uber Coke”, “Allo Pizza”, “Delivr’weed”. The “commercial” names of these delivery organisations confirm that the phenomenon is not limited to cocaine. Other products are concerned, primarily cannabis (herbal and resin), but also MDMA/ecstasy, even heroin and crack in the Ile-de-France region, and ketamine in Marseille. In certain metropolitan areas such as Lyon, it is no longer rare to see, as in Paris, organisations involved in delivery that have several hundred customers.

The development of home deliveries primarily affected large cities and targeted the middle and upper classes (particularly due to the introduction of a minimum purchase amount,

Trends in the purity of cocaine, heroin, herbal cannabis and cannabis resin in seizures (<10g)



Source: INPS

generally 50 or 100 euros), as shown by the dismantling in 2018 of a network in Montreuil, on the outskirts of Paris. In 2019, the phenomenon increased in size and spread to semi-rural areas, contributing to a broader availability of illicit products throughout the country. The Marseille, Metz and Lyon sites report, for example, delivery rounds going from large cities to small and medium-sized towns. These deliveries, in order to be profitable, respond to group purchases by users. In addition, some sites mention a broadening of the profile of those involved in home delivery. If the major delivery networks are controlled by organisations involved in trafficking from points of sale within deprived neighbourhoods, it seems that “independent” players were more visible in 2019. They would be more likely to be user-dealers or small structures with two or three people. This increasingly competitive context encourages the development of real advertising campaigns (Black Friday promotional offers, poster campaigns, etc.) and marketing campaigns (personalised bags, gifts) relating to the products available. This trend can take the form of promotional clips broadcast via Facebook,

Instagram, Snapchat or WhatsApp. In Marseille, Benichou TV, an account on Instagram, created at the end of 2018, and dedicated to promoting points of sale and available products through comedy videos, counted up to 84 000 followers.

Responsive and flexible “deprived estate” trafficking

The development of home deliveries, accompanied by a more sophisticated use of advertising and marketing, is an illustration of the ability of drug traffickers to adapt to the daily lives of users who are increasingly accustomed to the delivery of other consumer goods and who use an increasingly diverse range of products. The tendency of networks to sell several products is not new, but seems to be spreading to rarer substances, which are currently experiencing an increase in use (such as ketamine), the trafficking of which is not very structured and is carried out by users/dealers [13]. For example, the Rennes site reports the appearance of ketamine in certain points of sale in the spectrum of products on offer. It is difficult to say whether this emerging phenomenon will be

Median prices in euros of the main substances as observed by the TREND scheme

	2000	2012	2013	2014	2015	2016	2017	2018	2019	Trends
Amphetamines (gram)	19	14	14	15.5	13	15	13.5	12	15	➔
Buprenorphine (tablet)	8	5	4	4	4	4	4	4	4.5	➔
Cannabis resin (gram)	Na	7	6.5	7.5	7	7	5.5	6	6.5	➔
Herbal cannabis (gram)	Na	9.5	10.5	10.5	10.5	10	10	9.5	9.5	➔
Cocaine (gram)	108	70.6	76.6	80	84	85	78	71.5	70	⬇️
Heroin (gram)	76	43.5	46.5	42.5	40.5	40	39.5	40	40	➔
MDMA/Ecstasy (tablet)	19	10	8	10	10	10	10	10	10	➔
MDMA powder (gram)	Na	56	55	55	54	52.5	49	49	47.5	⬇️

Source: TREND-OFDT data. The prices displayed for the year 2000 have been converted into constant euros (2017). Na : data not available.

sustainable, but it does echo a process of industrialisation of ketamine production in the Netherlands [10].

This adaptability of the networks is also reflected in the internal and external organisation of trafficking. In 2019, as in previous years [5], many TREND sites report a geographical expansion in the recruitment of “lackeys” in trafficking, particularly from vulnerable and fragile populations such as school dropouts or isolated, so-called unaccompanied minors (in Lille, Paris, Rennes) or undocumented migrants (in Bordeaux, Marseille, Paris, Toulouse, Rennes). Recruitment can take place through social networks, on a regional or even national scale, and can also involve “minders” from outside the neighbourhood. In addition, the phenomenon of relocation of drug stocks, aimed at moving them away from the points of sale for security reasons, is particularly highlighted in 2019 by the Metz, Marseille and Rennes sites. Moreover, the growth of indoor or outdoor plantations of herbal cannabis plants intended to supply outlets in metropolitan areas is reported in particular by the Lyon and Marseille sites [14]. In the Bouches-du-Rhône department, traffickers sometimes force, through pressure and threats, farmers and families in difficulty to “rent” land to them.

This highly competitive market, characterised by a high availability of products and a multitude of players, is also a factor in the development of violence. Although settlements of accounts remain relatively exceptional, the presence of weapons during network dismantling, reported by the “law enforcement” focal groups, is reportedly increasing and certain sites (Lille, Bordeaux, Rennes, Metz) mention greater visibility and the phenomena of sequestration or voluntary injuries (“kneecapping”), notably to settle disputes related to debts.

■ Products: recent phenomena

A development of the uses of Lyrica®

Since 2017, the TREND system has reported an increase in the non-medical use of Lyrica® (pregabalin), a medicine prescribed for neuropathic pain, epilepsy and certain anxiety disorders [5]. In 2019, this phenomenon, which manifests itself in particular through the (sometimes very significant) increase in requests for prescriptions (in CSAPA, CAARUD, community health centre, medico-psychological service, prison health unit, etc.) was more pronounced in all the conurbations where the scheme is established.

The use of Lyrica® outside the therapeutic context mainly concerns Paris and the Seine-Saint-Denis department, where harm reduction workers and law

enforcement agencies report a significant increase in its trafficking and availability. Sold at between €1 and €1.50 per tablet, the drug is said to have become the most widely available on the Paris street market. Although it seems to be more often bartered or used for temporary fixes than resold in the other TREND scheme agglomerations, users report that it has become relatively easy to obtain⁶.

In 2019, three populations are still identified as having particularly high consumptions of Lyrica®. In Lyon, Paris, Marseille, Bordeaux and Toulouse, injecting drug users, mainly from Georgia, use it to ‘potentiate’ the effects of methadone or heroin, since prega-balín reduces tolerance to opioids. The risk of respiratory depression increased by the combination of opioids with pregabalin [15] still seems to be poorly understood. It has been the subject of an alert from the dependence monitoring services [16], and several cases of heroin overdoses among users who had used pregabalin were reported to the CAARUD in Aulnay-sous-Bois in 2019. Some Ile-de-France users also report using Lyrica® as a substitute for opioids. They describe feeling fewer withdrawal symptoms, being less anxious, calmer and having an easier time falling asleep. People from Algeria or Morocco, minors (sometimes unaccompanied) or adults, some of whom are regular users of benzodiazepines, tramadol or Rivotril®, also use Lyrica®. The desired effects vary from drunkenness, anxiety reduction, disinhibition and strong sensations, especially when pregabalin is combined with other products, especially alcohol, which potentiates its effects. Their consumption, which is inseparable from living conditions marked by a high degree of vulnerability, has very often been initiated in their country of origin. In Toulouse and Bordeaux, CSAPA caregivers report their difficulty in guiding users through Lyrica® detoxification, as they have little information about the drug.

Although the use of Lyrica® is becoming established among certain vulnerable and multi-user populations, its consumption outside of therapeutic protocols also concerns more socio-economically privileged groups, who are not usually the subject of observations by TREND. The Lyon, Paris and Bordeaux sites thus report cases of hospitalisation in emergency services of young working people or students following the use of medicines combined with other products (tramadol, cocaine, MDMA/ecstasy), some of which have led to deaths in Paris. In 2019, Lyrica® became the most frequently cited drug for which prescriptions were falsified according to the OSIAP survey of the dependence monitoring network (it was 4th in this ranking in 2018 and 15th

in 2017), with nearly 500 citations out of a total of 3 888 [17].

Injecting methadone: a marginal but more visible practice

Non-medical methadone use has been observed since the early 2000s [18]. Its development over the last two decades can be explained by the gradual increase in the availability of the drug, itself linked to the gradual rebalancing of prescriptions for opioid substitution medications⁷ in favour of methadone over buprenorphine [3, 19, 20]. This availability outside of medical prescription remains limited, as methadone is not subject to a structured street market as is the case for Subutex® (buprenorphine), but to micro-trafficking and little visible exchanges between patients and dealers, except in Lille and Paris where traffic is higher.

The injection of the syrup form of the drug has been documented since 2010 [21], it has become more visible, mainly among groups of users from Eastern Europe and the Caucasus who are heavy injectors [5], whose living conditions, representations and usage practices have been finely described in the Lyon site [22, 23]. The TREND scheme reports misuse of the capsule form from 2011 [3], sniffing from 2015 [8] and injection in the following years. In 2019, several sites are observing an increase in the phenomenon of injecting methadone capsules, although this is still not very widespread (mainly because the prescription conditions are more restrictive than the syrup form) and is very specific to very vulnerable users, whose appetite for the practice can be explained by the effects being similar to the heroin ‘flash’⁸ (although some have never used heroin).

In Bordeaux, Paris and Toulouse, use by a few young, non-Russian-speaking injectors in a very vulnerable situation has been observed. Several sites make the hypothesis that the complexity of the preparation method (dilution of the capsule in alcohol and then the phase where the result of this dilution is heated) limits the development of the

6. The fact that Lyrica® is not classified as a narcotic drug, makes its prescription and dispensing less restrictive than OST, for example, and is a significant factor in its high availability.

7. Skenan® is not officially recognised as an opioid substitution medication, in particular because of its potentially pleasurable effects. However, its dispensal in this context is subject to a derogatory and selective regime governed by the Girard circular of 27 June 1996 (DGS-National health directorate), which authorises the use of morphine sulphate, after approval by the CPAM’s medical advisor, in the event of failure of buprenorphine or methadone or contraindications to these drugs. Many primary health insurance funds (CPAM) are no longer aware of this circular and some addictologists are no longer able to prescribe Skenan® as an OST.

8. A dazzling and particularly intense sensation caused by the absorption of the product.

practice. Overdoses, sometimes fatal, caused by methadone are still reported from several sites, including Lille, Paris and Bordeaux.

As with Skenan® (morphine sulphate, see below), the reasons for using methadone outside the therapeutic protocol (self-medication and seeking relief from the lack of opioids, seeking to “get high”, etc.) vary according to the individual and are not always distinguishable. With the exception of a small number of users, who inject it as a first-line product, most of the time on a daily basis, methadone is still mainly taken orally, as a self-substitutive measure, for example in the absence of heroin or Skenan®, as reported in 2019 by the Paris, Lille and Rennes sites.

■ **Products: perennial phenomena**

Skenan®, a product appreciated by extremely vulnerable injecting users

The non-therapeutic use of Skenan®, a drug prescribed for the management of chronic pain or as an opioid substitution medication, was a marginal phenomenon in the 2000s [24]. From the 2010s onwards, it gradually developed in all sites and more specifically in those (Bordeaux, Lyon, Rennes, Toulouse, Marseille) where heroin was poorly available and considered to be of low quality [3, 24, 25]. The vast majority of users inject it and often combine health problems with a high level of socio-economic vulnerability [8].

In 2019, Skenan® is particularly sought after and is still viewed positively in relation to other opioids injected, whether its use is part of a self-substitutive function, particularly for users who are not satisfied with either methadone or Subutex®, or more directly for the purpose of “getting high”, particularly among young users who have never used heroin [6, 8]. The intense effects it produces are said to be similar to those of heroin (a “flash” sensation when injected), and its status as a drug gives it the image of a reliable (fixed dosage) and “clean” substance, as opposed to potentially cut heroin with a random purity [4, 8, 26]. The health damage caused by the injection would also be less than that of Subutex®, the injection of which, less visible on all sites, would be more difficult to carry out.

Skenan® is described as being relatively available, either by medical prescription or from users who sell part of their treatment and thus benefit from additional income. With the exception of Paris, where there is a substantial street market, access to the product is still dependent on it being prescribed

by doctors, and this varies from one territory to another. The year 2019 was thus marked by checks by the public health insurance funds (CPAMs) on prescribing doctors and users, leading to a reduction in prescriptions and product availability. In Bordeaux and Lyon, this phenomenon has been accompanied by a shift in consumption towards other products such as Ritalin® (methylphenidate), cocaine, heroin and methadone capsules¹⁰, while in Toulouse and Brittany, the practice of medical nomadism (aimed at increasing the number of prescriptions received by consulting several doctors, sometimes by travelling to other departments) seems to have increased. As a counterpoint to these actions aimed at restricting prescriptions, a few CSAPAs (for example in Saint-Étienne, Saint-Nazaire or Paris) have been experimenting in recent years with specific delivery and care protocols in order to better meet the expectations of Skenan® users (those for whom buprenorphine or methadone treatments do not make it possible to control, master or reduce consumption) in terms of access to a legal prescription for the product, appropriate health and social care, non-judgemental listening, support and education on injection-related harm.

High availability of cocaine and significant health damage

The observations made in 2019 regarding the use and supply of cocaine, in its hydrochloride or base form, are in line with the dynamics described in recent years [5, 7, 27]. The high availability of the product, noted by all the players (users, harm reduction workers, etc.), is not weakening and is increasing in certain areas, such as Lille or Rennes, where its price is falling. This is the product which has seen the greatest diversification in recent years in terms of sale methods (points of sale within deprived neighbourhoods, street market in the city centre, home delivery or delivery to a festive place, ordering on the Internet) and sales units (per 10 grams, half or quarter of a gram, in 10-euro bags for users in extremely vulnerable situations who inject it or for young people/students with limited purchasing power who are experimenting with the product).

The development and intensification of use is still reported: mainly in the form of sniffing, sometimes in the form of smoking after “basing”, among socially-integrated individuals who are already occasional users of the product, or in its base form or by injection among more vulnerable groups. The success of cocaine can be explained by the variety of its effects, depending on the mode of use (sniffing, injection, inhalation), by its association with other products (cocaine

is sometimes used to regulate effects considered too powerful of hallucinogens, MDMA/ecstasy, or even alcohol, or to achieve particular effects, such as when consumed in combination with opioids) and by the adaptability of these effects to a variety of settings (parties, life on the streets, at work, particularly in support of performance-oriented professional activities).

Observations concerning cocaine base mainly concern polydrug users in very vulnerable situations, but use is also developing among a more integrated public, often already advanced in a career of polydrug use and in contact with other users who have mastered the technique of basing. A few cases of rapid switching from sniffing to smoking, or even first-time use of cocaine base products, are reported in Lille and Bordeaux. Data on people entering drug treatment evidenced an increase in the proportion of people who have used cocaine base in the last 30 days among patients treated in CSAPAs for products other than alcohol and tobacco (7.6% in 2015, 10% in 2017 and 13.5% in 2019) (RECAP 2020 data, unpublished).

There are several reasons for switching to smoking. This may be linked to the search for intense effects, less stimulating but more “trippy”, especially for users who have developed a high tolerance to sniffing and who feel that they are “maximising” their pleasure. For others, it represents an alternative to injection and thus makes it possible to preserve their venous capital (injection will then be reserved for opioids, notably Skenan®). Finally, the collective and “sociable” dimension of the practice (basing for all, turning the pipe) is also a common reason for usage, especially when it conditions integration into a group.

As in 2017 and 2018, the observations made in 2019 were marked by the significant health and social consequences of cocaine use and by the difficulties encountered by both users and caregivers in limiting or containing them. In all eight sites, testimonies are accumulating from socially-integrated men and women who can no longer control their consumption that started in a party setting. Their attempts to stop or reduce their use come up against

9. The borderline between these two intentionalities of use remains thin and subjective, as with other uses of opioids outside of treatment protocol: many users thus see their consumption of Skenan® as a treatment, even when used by injection and regardless of whether the product comes from a prescription or the black market.

10. In Lyon, interventions by health insurance providers (interviewing prescribing doctors, the obligation for some users to enter into a specific monitoring protocol with the aim of reducing prescriptions in the medium or short term) took place in a context where the CSAPAs were already often experiencing difficulties in responding to requests for initiating methadone treatment.

their strong addiction to the product as well as the numerous opportunities for use and the recurrent enticements from traffickers (SMS reminders, promotional offers, etc.). Professionals also report numerous cases of physical and psychological deterioration (psychological collapse, paranoia, bodily exhaustion due to lack of sleep and food, dermatological lesions resulting from frenzied scratching or “Ekbom syndrome”, nasal perforation, etc.). For some users, the difficulties are such that they seek emergency care, in a residential structure, far from where they live, as this care worker from Rennes indicates:

There is a real demand for care, with requests for hospital withdrawal treatment because it is not possible to do this on an outpatient basis: “I need to be confined!” These are sheltering and limit-setting requests. People are being asked, we have patients, they go for treatment and dealers offer them drugs even after treatment... and they relapse.

For some, it is the particularly harmful social consequences of use (reduced level of resources, bankruptcy, loss of employment and housing, family relationship difficulties, etc.) that are behind their resorting to care. At all the TREND scheme sites, the caregivers testify to the limited means of support and care they have at their disposal, due in particular to the lack of effective cocaine substitution products, in a context where the demand for care is not diminishing. Caregivers in Bordeaux say that it is like being back in the past when maintenance treatment was not available, i.e., before the arrival of opioid substitution medications. Workers in Lyon reported obvious tensions linked to cocaine use during collective reception in CAARUDs.

Nitrous oxide: almost undiscernible health consequences

Since the middle of the 2010s, the presence of nitrous oxide has become more visible in party settings [5, 7]. In 2019, the sale of balloons containing gas (between 1 and 2 euros each), in or close to party settings (free parties, student parties in nightclubs, festivals, bars, etc.), is more frequently observed in Île-de-France, Brittany, Auvergne Rhône-Alpes, PACA and Nord-Pas-de-Calais. Sales via social networks, including a delivery service, have also been reported.

Although rare cases of intensive consumption (several dozen cartridges over the course of an evening) have been reported, no TREND site has observed any problematic health consequences linked to nitrous oxide consumption in a party setting. The testimonies collected by the Paris site indicate that most users have taken actions to limit the risk of incidents (sitting down to avoid falls, transferring gas into a balloon to avoid freeze burns, etc.). Nitrous oxide is also not the subject of requests for care in the CSAPA and youth addiction outpatient clinics (CJCs) surveyed. However, health consequences, sometimes serious (neurological or psychiatric complications), linked to chronic use are more frequently reported by the CEIP network [28], even if the damage is exceptional in relation to consumption.

In 2019, consumption by teenagers and young adults is also reported, sometimes in public, in Lille, Paris, Lyon and Bordeaux. The extensive media coverage of these usages has contributed to the many requests made to the CJCs by concerned parents and schools in need of prevention interventions.

According to some professionals, this media coverage has also reinforced the product’s notoriety, encouraging young people to experiment with it. A survey led by the OFDT, with the support of the Hauts-de-France Regional Health Agency in 2020-2021, will seek to document nitrous oxide consumption practices and user profiles in detail.

■ Conclusion

The changes observed in 2019 are in line with previous years. Municipal measures and police action continue to displace users from certain areas of city centres to the outskirts, which tends, among other consequences, to limit their control over their usage environment and to worsen their living conditions and state of health. Increasing purities, diversifying the substances sold, developing deliveries, marketing strategies and recourse to social networks: the supply continues to evolve to escape police surveillance and adapt to users. At the same time, the development of use (particularly of MDMA/ecstasy and ketamine) in commercial nightclubs and festivals raises the question of access to harm reduction in these settings.

On the occasion of the 20th anniversary of the TREND system, in 2020 the OFDT published an issue of its *Théma* collection which looks back on the major transformations observed in two decades of investigation. It is available here [in French]: <https://www.ofdt.fr/BDD/publications/docs/epfxac2a9.pdf>

The TREND scheme

The TREND scheme relies on a network of eight coordination centres located in Bordeaux, Lille, Lyon, Marseille, Metz, Paris, Rennes and Toulouse, which use qualitative observation tools (ethnographic observations, collective and individual interviews, etc.) to identify and document emerging phenomena and developments in illicit substances and drugs diverted from their therapeutic use. These coordination centres collect their information from actors (users, professionals in the socio-sanitary sector and law enforcement, etc.) whose local roots contribute to a better understanding of regional specificities. Two settings particularly concerned by the use of psychoactive products are analysed: the urban area (streets, squats, dealing areas, dedicated facilities for drug users, etc.) and the techno party scene bringing together the alternative (free parties) and commercial scenes (clubs, discos, bars, festivals). Each site also participates in the National Detection System of Drugs and Toxic Substances (SINTES), which monitors new or unusually hazardous products and the toxicolog-

ical content of substances through substance collections and the transmission of alert signals. The TREND-SINTES system collaborates in the European system for monitoring psychoactive products (Early Warning System) set up by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). At the national level, the OFDT puts this data into perspective, supplemented by further data from the OFDT’s quantitative systems, the addictovigilance network (the CEIP-A), the ANSM (National Agency for Medicines and Health Products Safety), the OFAST (Anti-Narcotics Office) and the INPS (National Forensic Science Institute). The financial support of the Auvergne-Rhône-Alpes, Hauts-de-France, Île-de-France, Provence-Alpes-Côte d’Azur, Grand-Est and Occitanie Regional Health Agencies (ARS) has particularly made it possible to strengthen existing observations and extend them to new geographical areas.

For more information [in French only], read the “[guide méthodologique du dispositif TREND](#)”.

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Director of publication
Julien Morel d'Arleux

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Christian Ben Lakhdar, Bruno Falissard, Virginie Gautron, Emmanuelle Godeau, Aurélie Mayet, Frank Zobel

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Graphic designer / Frédérique Million
Documentation / Isabelle Michot

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**French Monitoring Centre
for Drugs and Drug Addiction**
69, rue de Varenne - 75007 Paris
France
Phone: +33 1 41 62 77 16
e-mail: ofdt@ofdt.fr



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