

Drugs, Key Data

Drugs, Key Data periodically gathers the most recent and most relevant statistical indicators in order to quantify and describe the phenomenon of psychoactive substances in France. This document is based on the research conducted by the French Monitoring Centre for Drugs and Drug Addiction (OFDT) and other institutions working in this field.

Estimates of the number of psychoactive substance users in France, among 11–75-year-olds [1, 2, 3]

	Cannabis	Cocaine	Ecstasy	Heroin	Alcohol	Tobacco	Psychoactive medicines*
Lifetime users**	17 M	2.2 M	1.7 M	600,000	46.9 M	38.2 M	16 M
including last year users**	4.6 M	450,000	400,000	//	42.8 M	16.0 M	11 M
including regular users**	1.4 M	//	//	//	8.7 M	13.3 M	//
including daily users**	700,000	//	//	//	4.6 M	13.3 M	//

Sources: Health Barometer 2014 (Inpes), ESCAPAD 2014 (OFDT), ESPAD 2011 (OFDT), HBSC 2010 (Medical department of the Toulouse board of education)

// = not available * Psychoactive medicine data concerns 18–75-year-olds in 2010.

The number of 11–75-year-olds in 2014 was approximately 50 million. These figures are orders of magnitude. Indeed, a margin for error exists, although this remains reasonable. For example, 17.0 million lifetime users of cannabis means that the number of people who used cannabis at least once in their lifetime is probably between 16.5 and 17.5 million.

** Definitions

Lifetime use: use at least once during their life (this indicator is mainly used to measure the spread of a substance in the population).

Last year use or current use: use at least once during the previous year.

Regular use: consumption of at least three alcoholic drinks per week, daily tobacco use, and cannabis use at least 10 times per month.

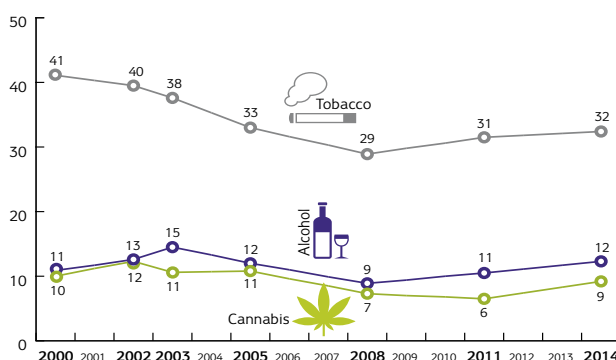
Daily use: use at least once daily.

Lifetime use of cannabis, cocaine, alcohol and tobacco among 17-year-olds, in France, 2000–2014 (%) [2]

	2000	2002	2003	2005	2008	2011	2014	2011–2014 Trend
Cannabis	46	50	50	49	42	41	48	↗
Cocaine	0.9	1.6	1.6	2.5	3.3	3.0	3.2	→
Alcohol	//	95	95	92	93	91	89	↘
Tobacco	78	77	77	72	71	68	68	→

Source: ESCAPAD (OFDT)

Regular cannabis, alcohol and tobacco use among 17-year-olds from 2000 to 2014 (%) [2]



Source: ESCAPAD (OFDT)

Drugs, Key Data

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Cannabis



42% of 18–64-year-olds have tried cannabis and **3%** smoke it regularly



48% of 17-year-olds have tried cannabis and **9%** smoke it regularly



Problematic use for **2%** of 18–64-year-olds and **8%** of 17-year-olds



At least **38,000** people were treated in specialised addiction centres for their cannabis use

Driving under the influence of cannabis increases the risk of fatal road accident by a factor of **1.8**



46.9 tonnes of cannabis seized



158,000 plants seized

Use (2014, 2011, 2010)

In 2014, 42% of adults aged 18-to-64 had tried cannabis. Regular use was much less frequent at 3% (5% for men and 2% for women); this proportion has increased compared to 2010 (2.2%) [1].

After a period of decline starting in 2002, followed by stabilisation, lifetime cannabis use among 17-year-olds increased markedly between 2011 and 2014, from 41% to 48% in 2014 [2]. Likewise, after a long period of decline, regular use rose steeply, concerning 9% of 17-year-olds compared to 6% in 2011, and was more often reported by boys than girls (12% versus 6%). In 2011, levels of cannabis use among French 16-year-olds were higher than in other European countries (French students were ranked number one out of 36 countries in terms of cannabis use in the last month) [3].

Problematic use (2014, 2011, 2010)

According to the Cannabis Abuse Screening Test (CAST), an instrument used to identify problem cannabis use, in 2014, 21% of current users aged 18–64 years have a high risk of problem use or drug dependence, which has remained stable since 2010. This represents 2% of all 18–64-year-olds [1]. Among 17-year-olds, problem use increased between 2011 and 2014, from 18% to 22% of current users (26% in boys and 17% in girls), i.e. a proportion of 8% out of all 17-year-olds versus 5% in 2011 [2].

Treatment (2014, 2013, 2010)

This number includes intensive and occasional cannabis users (80% male). The youngest users were generally admitted to one of the 500 “Youth Addiction Outpatient Clinics” (CJC), which are often affiliated with a Treatment and Prevention Centre for Addiction (CSAPA) [4, 5]. The 2014 survey conducted in the CJC estimates the number of young cannabis users admitted to these facilities at 18,000 in the past year. More than 38,000 individuals were seen by healthcare professionals for a cannabis problem, while other professionals (hospitals, general practitioners) were also liable to see users. More than half of the people seen in a CSAPA for a cannabis use problem had been referred by the criminal justice system following an arrest for use. The estimated number of cannabis users attending a CSAPA doubled in the early 2000s, and then increased by approximately 20% between 2005 and 2010 [4]. This could be explained by the increase of the targeted population and the growing number of CJCs.

Mortality (2013, 2008)

This risk increases by a factor of nearly 15 when alcohol and cannabis are used together. The annual number of deaths following a road accident caused by cannabis use was estimated to be 175 to 190 deaths at the end of the 2000s [6]. Overall mortality related to cannabis use was demonstrated in a few studies to be abnormally high among cannabis users when compared with non users. Approximately 30 deaths related to acute cardiovascular toxicity due to cannabis were reported in 2013 [7]. Long-term use of this substance is also involved in the development of certain types of cancer, particularly lung cancer, the risk of which is increased three-fold [8].

Seizures (2014)

There have been fewer cannabis seizures since 2007; however, the overall data conceal conflicting developments: major drop in resin seizures and record seizures of herbal cannabis, of more than 10 tonnes. The growth of the herbal cannabis market in France is corroborated by the scale of seizures of plants, with 158,000 being seized in France in 2014, the highest level ever observed. Resin seizures (36.9 tonnes) have dropped by nearly 50% compared to 2013 [9]. Almost all of the resin seized originates from Morocco. This decline could be explained less by a reported drop in production in this country [10] than by the emergence of new routes used by traffickers, via Libya for example, and new techniques, mainly from Spain, involving more discreet, fragmented conveys of resin (go slow versus go fast).

Cultivation in France (2014, 2010)

In 2010, 2% of the people aged 18 to 64 years (80,000 people) who had used cannabis in the last year reported to have only used cannabis that they had grown themselves [1]. Furthermore, the constant increase in plant seizures (having tripled in number between 2010 and 2014 [9]) indicates the emergence of large-scale cannabis cultivation, notably including cannabis plantations controlled by organised criminal networks [11]. Commercial cultivation by individuals seeking to make profit has emerged more recently [12].

* The arrows indicate a medium-term trend.

The percentages for tobacco, alcohol and cannabis use, and most data in this document have been rounded to the nearest integer.

→ € 6.5 for a gram of resin

→ € 10.5 for a gram of herbal cannabis

Price and potency (2013-2014)

Since 2011, after years of stability, the average price per gram of cannabis resin paid by users has been constantly rising [12]. A similar phenomenon is observed for herbal cannabis [12], its price per gram having increased considerably since 2006 [9]; this change appears to be related to the steep rise in THC levels. Hence, the average potency of cannabis resin has tripled in ten years to reach 20.7%, whereas the potency of herbal cannabis is now 13%, the highest in 15 years [13].

Cocaine

→ 5.6% of adults have tried cocaine and 1.1% are current users

→ 3.2% of 17-year-olds have tried cocaine

→ 6.8 tonnes of cocaine seized

→ € 75 for a gram of cocaine

Use (2014, 2011, 2010)

Of people aged 18-to-64, 5.6% tried cocaine in 2014 and 1.1% have used it in the last year [1], concerning considerably more men than women (1.5% versus 0.7%). This level of use appears to be stable compared to 2010.

Following an increase between 2000 and 2008, lifetime cocaine use among 17-year-olds seems to be stabilising, reaching a level of 3.2% in 2014. This now concerns boys and girls in equal proportions [2].

Seizures (2014)

There has been a rise in the volume of cocaine seizures, reaching a level considerably higher than the average since the start of the 2000s. 2014 was marked by record seizures, including the 1.4 tonnes seized at the port of *Le Havre* in February [9]. 19 kg of crack (cocaine in its base chemical form) was seized in 2014. This is the highest level in 15 years, although these data have traditionally experienced major fluctuations [9].

Price and purity (2014, 2013)

The increase in the median price per gram of cocaine is confirmed, with an average ranging between €65 and €75 according to different sources, although it had stabilised at between €60 and €65 for a few years. Nevertheless, it was down 50% from the early 1990s [9, 12, 14].

The average purity of cocaine samples seized in the street (< 10 g) is still rising. Cocaine purity now reaches 47%, practically returning to its year 2000 level, after a historic drop in 2011 (27%) [13].

MDMA/ecstasy

→ 4.3% of adults have tried MDMA/ecstasy and 0.9% are current users

→ 3.8% of 17-year-olds have tried MDMA/ecstasy

→ 940,000 ecstasy tablets seized

→ € 8.5 per ecstasy tablet

→ € 55 for a gram of MDMA

Use (2014, 2011, 2010)

In 2014, 4.3% of 18–64-year-olds tried MDMA/ecstasy, 0.9% of whom used it in the last year. This is a sharp increase since only 0.3% reported this use in 2010 [1].

Lifetime MDMA/ecstasy use among 17-year-olds has clearly risen, from 1.9% in 2011 to 3.8% in 2014, and concerns 4.2% of boys and 3.5% of girls [2].

Seizures (2014)

Ecstasy seizures are at their highest in six years, which could be related to the high level of sales of this form of the product, despite competition from MDMA in powder or crystal form. France is also a transit country: much of the quantities seized are intended for European neighbours, the United Kingdom and Spain in particular [9].

Price and purity (2014)

The price of an ecstasy tablet (which fell from €15 in 2000 to €6 in 2006) has increased considerably since 2011, due to the availability of larger tablets [12]. The average level of MDMA has remained stable for the past three years (36% in 2014); however, the quantity of MDMA is increasing with tablet mass. Tablets now contain 120 mg of MDMA on average (some tablets even contain more than 200 mg) compared to 50–60 mg in the 2000s [14].

MDMA is also sold in crystal/powder form at a price of approximately €55 per gram [9]. The average purity measured in MDMA seized in this form is 65%.

New psychoactive substances or research chemicals (RC)

→ **176** new psychoactive substances identified between 2008 and 2015 on the French territory

1.7% of 18–64-year-olds have tried synthetic cannabinoids

More than 8 NPS users out of **10** have taken an illegal drug in the last year

NPS availability (2015, 2014, 2008)

New psychoactive substances (NPS), often referred to as “RC” by users, are psychoactive substances which imitate chemical structures and/or the effects of illegal narcotic substances (MDMA, amphetamines, cocaine or cannabis).

Most of these substances are sold on the Internet [15]. Many are not listed on the schedule of narcotics, which does not, however, mean that use thereof is legal or authorised.

Between 2008 and 2015, 176 new substances having circulated at least once in France [14, 9, 16] were recorded, with 382 in the European Union [17].

The most frequent substances identified for the first time in France in 2014 and in early 2015 were synthetic cannabinoids and cathinones [14]. As part of a study on the synthetic drugs available on the Internet, 108 French-language online sale websites were recorded in 2014 [18].

Most NPS are offered at a price of €8 to €20 per gram [15].

Use and consequences (2014)

In 2014, 1.7% of 18–64-year-olds reported to have already tried a synthetic cannabinoid during their lifetime [1].

In 2014, 1.7% of 17-year-olds reported to have tried a NPS, but only 0.7% specified the type of product they used [2].

Comparison of the sources of data available in 2014 suggests that the most widely used NPS are supposedly phenethylamines, cathinones, and two specific molecules, methoxetamine and ethylphenidate [18].

An online survey conducted in 2014 alongside 600 users of these substances showed that 5 out of 10 were aged under 25, 3 out of 10 were aged 25-to-34, and 2 out of 10 were aged over 35. More than 8 out of 10 had, moreover, used an illegal drug in the last year [18].

Several cases of poisoning related to the use of NPS (all product categories combined) have been reported in France [14] and deaths have been observed in several European countries [17].

Heroin and other opioids

→ **1.5%** of adults have tried heroin and **0.2%** are current users

→ **1.0%** of 17-year-olds have tried heroin

→ **990 kg** of heroin seized

→ **€ 45** for a gram of brown heroin

Use (2014, 2011, 2010)

In 2014, 1.5% of 18-to-64-year-olds had tried heroin. 0.2% of 18–64-year-olds used it in the last year [1]. This level of use appears to be stable compared to 2010.

Lifetime heroin use among 17-year-olds is stable relative to 2011, as this level reached 1.0% in 2014. This concerns boys and girls in equal proportions [2].

Seizures (2014)

Heroin seizures, which had been falling regularly since 2010, have returned to high levels. The relative shortages experienced in Western Europe in 2011 and 2012 have ended, further to major trafficking organisations being dismantled [9].

Price and purity (2014)

The average price of brown heroin has been rising since 2011, after falling from €70 to €40 per gram in ten years [12].

Brown heroin samples seized by the police had a mean purity of 15%, which confirms the increase in purity levels observed since 2012 [13]. This phenomenon can be explained by the end of the shortage of supply, which was also observed in other European countries.

280,000 “problem drug users”

→ **70,000** people seen in harm reduction centres for drug users

54,000 people admitted in treatment for opioid use in a CSAPA, in the last year

→ **170,000** people received opioid substitution treatment prescriptions in primary care settings or in a CSAPA

↘ Prevalence among IDUs (at least once in a lifetime):
→ **64%** for HCV and
→ **13%** for HIV

→ **66** HIV seropositive diagnoses among IDU in 2013

↘ **249** overdose deaths among 15–49-year-olds

“Problem drug users” (2014, 2012, 2011)

“Problem drug users” are defined by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) as injecting drug users or regular users of opioids, cocaine, or amphetamines during the previous year among the 15–64 age group [19]. New patient intakes in CAARUDs (Support Centres for the reduction of Drug-related Harms or low-threshold structures), including users being followed in permanent centres, mobile units and in outside interventions, were estimated at approximately 70,000 people in 2012 [20]. These users were often in precarious situations with high psychiatric morbidity. Most of them were also polydrug users. Of the CAARUD clients, 27% had no income and lived through begging, prostitution or small-scale drug dealing, while 57% only received a social income benefit [21].

In 2012, the most commonly-used substances in a given month reported by these users were opioids (heroin 31%, as well as opioid substitution treatments, whether prescribed or not), cocaine (44%) which 6 out of 10 users consumed also or only in base form (crack or free base), and sleeping pills and anxiolytics, whether prescribed or misused (30%). One-fifth of these users drink the equivalent of at least 10 glasses of alcohol daily [21].

Treatment (2013, 2012, 2010)

A large proportion of opioid addicts receiving treatment in a CSAPA also use other substances. They may be considered to be polydrug users [4].

As well as specialised centres, opioid users may also be treated in a hospital and/or primary care setting. In 2013, statistics from hospitals, excluding psychiatric services, registered nearly 3,900 admissions for withdrawal, concerning individuals addicted to substances other than alcohol (mainly opioids) [22], higher compared to 2010 (3,200), and nearly 1,800 hospital admissions concerning individuals receiving treatment related to opioid use, lower compared to 2010 (approximately 2,200). However, hospital statistics did not provide information on the number of drug users treated in hospital outpatient addiction services.

General practitioners also see a large number of illegal substance users, in particular the 135,000 users for whom they prescribe opioid substitution treatment [23]. In 2009, 50% of general practitioners stated to have seen at least one opioid patient per month [24].

Approximately 170,000 people received opioid substitution treatment in 2012 [23]. Of these, 150,000 were reimbursed for opioid substitution medicines dispensed in a retail pharmacy and 20,000 received their methadone via a CSAPA. Buprenorphine (Subutex® and/or generics and/or combined buprenorphine-naloxone marketed as Suboxone®) still largely predominates: 65% received this treatment versus 35% for methadone. However, more methadone has been prescribed in recent years.

Although the majority of patients used buprenorphine for therapeutic purposes, a small proportion misused it for their own use or dealt it like an illicit drug.

Morbidity (2013, 2011, 2004)

In 2011, the biological prevalence of HCV was 64%, lower than in 2004 (74%), and that of HIV was estimated at 13%, stable relative to 2004 (11%) among drug users having injected at least once in their lives [25].

These trends are similar to those in the reported prevalence of HCV and HIV among injecting drug users (IDU) according to the national surveys conducted alongside users seen in a CSAPA and in a CAARUD [21, 26].

In 2013, 66 IDU were diagnosed as HIV seropositive and 92 cases of AIDS were diagnosed among IDU. In total, 6,800 individuals infected due to intravenous drug use live with AIDS [27].

Nearly 4 in 10 people treated for opioid use in a CSAPA in 2013 had already been hospitalised for psychiatric problems. These people were often in more unfavourable socio-economic situations than others [26].

Mortality (2013, 2011)

These deaths due to illicit drug or opioid medicine use often involved several substances. After significantly falling at the end of the 1990s, overdose deaths once again increased between 2003 and 2010, undoubtedly related to wider opioid use. A downward trend seems to be observed in 2011 [28]. The number of deaths is still underestimated as some overdose deaths are classified as “unknown cause”. In contrast, morphine overdose deaths occurring mainly among over 50-year-olds in palliative care, whether accidental or suicidal, might wrongly be included in the fatal drug overdose statistics. Emphasis should be placed on fatal overdose among 15–49-year-olds in order to overcome this bias. There were 249 deaths in this age group in 2011, representing a decrease, after having remained stable (around 300) since 2008.

Men treated for opioid medicine or illegal substance use (excluding cannabis) in a CSAPA or CAARUD have an overall risk of death five times higher than other men of the same age. For women, the risk of death is 21 times higher. The mean age of death was 42.5 years [29].

All illicit substances combined



→ **176,700** arrests for narcotic use

→ **56,700** convictions for a drug-related offence of which **82%** for illegal use and possession and **8,800** fixed penalty notices

→ **18,800** convictions and **3,000** fixed penalty notices for driving under the influence of narcotics

Arrests (2014, 2010)

Since 2010, national statistics no longer provide details of arrests for each substance. Out of the approximately 140,000 arrests recorded in 2010 for narcotic use, 90% concerned simple cannabis use, 5% heroin use and 3% cocaine use. Eight out of ten arrests for drug-related offences involved the use of illegal narcotics (all substances combined). In 2014, the number of 176,700 persons under arrest for narcotic use was slightly higher (3.7%) than in 2013, representing 83% of the total arrested persons for narcotic offences. Law enforcement services (police and *gendarmerie*) arrested 32,500 persons for use-resale and for trafficking-resale without narcotic use [9].

Convictions and fixed penalty notices (2013)


Convictions handed down for drug-related offences represent 9% of all convictions recorded in criminal records, i.e. 56,700 convictions. These offences are broken down as follows: illegal use (59%), possession, acquisition (23%), commerce-transport (12%), import-export (2%), dealing and selling (4%), aiding and abetting, which may comprise incitement to use and facilitation of use (34 cases) and other (141 cases). Prison sentences without remission, or partial sentence suspension concern nearly 27% of convictions for drug-related offences [30].

Other than for sentences handed down by the courts, criminal records also list lighter procedures such as fixed penalty notices. In 2013, one out of ten offences for narcotic use were handled by the State prosecutor in the context of a fixed penalty notice. Close to 8,800 fixed penalty notices for drug-related offences were implemented in 2013, nearly all of which (98%) for illegal narcotic use. Alternative sentences were more widely used than fines, 5,000 versus nearly 3,800 [30].

Road traffic offences related to narcotics (2013, 2009, 2007)

Driving under the influence of narcotics has been an offence in France since 2003. Screening for narcotics is compulsory in the event of fatal or bodily injury. In 2013, 12% of the 3,500 screening procedures performed following a fatal accident proved positive [31]. The Traffic Code also authorises preventive screening. These prosecutions only represent 3% of all offences registered in criminal records (8% of road safety offences), but are constantly on the increase (5,200 in 2007, 11,200 in 2009 and 21,800 in 2013) [30].

Tobacco and electronic cigarettes



→ **55,415 tonnes** of tobacco sold by tobacco retailers

→ **29%** of 18–75-year-olds and **32%** of 17-year-olds are daily smokers

→ **3%** of 18–75-year-olds and **2%** of 17-year-olds are daily vapers

Tobacco market (2014)

The main bulk (more than 80%) of the 55,415 tonnes of tobacco sold within the retail network in 2014 was made up of cigarettes.

Tobacco and cigarette sales have been falling since 2011; a 5% drop was observed between 2013 and 2014 [32]. Nevertheless, cross-border purchases could account for 15% of French tobacco use and 5% could originate from duty-free purchases, the Internet and smuggling [33].

The revenue generated by tobacco sales amounts to 18 thousand million euros, as in 2013. In 2014, customs seized 423 tonnes of tobacco, similar to the volumes seized in 2013 (430 tonnes) [34].

Daily tobacco use and use in the last month (2014, 2011)

In 2014, daily tobacco use among 18–75-year-olds was slightly decreasing compared to 2010, from 30% to 29%. This reduction is only observed among women (27% in 2010 and 25% in 2014), with 33% of men still reporting being daily smokers [1].

Among 17-year-olds, the downward trend in daily smoking observed between 2000 and 2008 reversed over the 2008-2014 period. Daily tobacco use concerns 32% of adolescents, 33% of boys and 32% of girls [2].

In 2011, French 15-to-16-year-olds were ranked 6th in Europe in terms of tobacco use in the last month [3].

Electronic cigarette use (2014)

In 2014, one out of four French 18–75-year-olds (25%) had already tried electronic cigarettes and 3% were daily vapers (4% of men and 3% of women) [1]. Among 17-year-olds, more than one in two adolescents (53%) had already tried an electronic cigarette: this concerns 56% of boys and 50% of girls. 2% of 17-year-olds are daily users [2].

↘ **1.6 million** smokers use treatments to help them stop smoking

↗ **78,000** tobacco-related deaths each year

Treatment (2014)

In 2014, the number of individuals receiving treatment to stop smoking fell by 24.5% compared to 2013, i.e. the highest decrease recorded since 2005. This decline is mainly related to the reduction in sales of nicotine patches (- 47%) and, to a lesser extent, Champix® (- 28%) [35]. Tobacco treatment services received an average of 12.8 new patients per month in 2014 (a level decreasing since 2012), and 58% of these new patients had been referred by a health professional [36].

Mortality (2010)

An estimate of the annual number of tobacco-related deaths was conducted for 2010, according to a methodology taking into account the main tobacco-related cancers (lung, upper respiratory tract, etc.), respiratory illness (including chronic obstructive pulmonary diseases) and cardiovascular diseases. Approximately 59,000 male deaths and 19,000 female deaths are said to be attributed to tobacco use, mainly due to cancer (47,000 cases, 60% of which correspond to lung cancer) [37].

Alcohol

↘ **11.6 litres** of pure alcohol per inhabitant aged 15 or older

↘ **10%** of **daily** drinkers among 18–75-year-olds

↗ **12%** of **regular** drinkers among 17-year-olds

→ **Heavy drinking** in the last month for **17%** of 18–75-year-olds and for **49%** of 17-year-olds, i.e. one in two

↘ At-risk use for **8%** of 18–75-year-olds, i.e. **3.4 million** people concerned

↗ **133,000** drinkers were seen in specialised centres

Alcohol sales (2013)

This quantity is equivalent, in 2013, to on average two and a half units of alcohol per day and per inhabitant aged 15 years or older [38]. The quantities of alcohol sold in France have considerably decreased since the start of the 1960s mainly due to declining wine consumption. Between 2005 and 2013, the downward trend in sales continued, although at a slower rate.

France is still a high alcohol-consuming country, although it is no longer an exception. In 2010, it was in 10th place in the EU Member State ranking [39].

Use (2014, 2011)

In 2014, 10% of adults aged 18-to-75 were daily alcohol users (15% men and 5% women) [1]. Nearly one in eight 17-year-olds (12%) reported regular alcohol use. This proportion increased between 2011 and 2014 (11% in 2011). Regular alcohol use was much higher among boys (18%) than among girls (7%) [2]. In 2011, compared with other Europeans, French 15–16-year-olds were ranked 9th out of 33 countries in terms of alcohol use in the last month [3].

Heavy episodic drinking (2014, 2011)

In 2014, 17% of 18–75-year-olds reported to have drunk at least 6 units on a single occasion in the last month. This proportion is stable relative to 2010 [1].

In 2014, 49% of 17-year-olds reported one case of heavy episodic drinking in the last month. This level, following a rise between 2005 and 2011, appears to be on the decrease (53% in 2011). The percentage of 17-year-olds reporting repeated heavy episodic drinking (at least 3 in the last month) has also decreased (from 23% to 22%). However, the level of regular heavy episodic drinking (at least 10 times in the last month) rose between 2005 and 2014 (from 2% to 3%) [2].

French 15–16-year-olds ranked 12th in Europe (out of 33 countries) in terms of heavy episodic drinking in the last month in 2011 [3].

At-risk drinking (2014)

In 2014, 8% of 18–75-year-olds were considered at-risk users according to the Audit-C test. This at-risk use has decreased in 4 years (9% in 2010) and clearly concerns more men than women (11% vs. 4%) [1]. The number of at-risk users (dependent or not) is estimated at approximately 3.4 million 18–75-year-olds; however, this level is probably underestimated as part of the most vulnerable population cannot be reached by general population surveys.

Treatment (2014, 2013, 2012, 2011, 2009)

133,000 people experiencing problems with alcohol came to a CSAPA as outpatients, but users in difficulty were also admitted in hospitals or primary care settings. In 2013, statistics from hospitals, excluding psychiatric services, revealed more than 142,000 admissions with a main alcohol-related diagnosis of mental and behavioural disorders (139,000 in 2010) [22]. Two-thirds were related to acute intoxication (drunkenness) and were very short stays (one day on average). In 2013, there were also approximately 52,000 admissions for alcohol withdrawal (44,000 in 2010) [22]. Slightly more than 500,000 people were hospitalised in 2011 in medical, surgical and obstetric services, in a psychiatric hospital or in rehabilitation and aftercare services with a main or associated diagnosis related to alcohol use [40]. This figure does not include hospitalisations for cancer or cardiovascular diseases attributed to alcohol use.

49,000 alcohol-related deaths each year

111,600 convictions and **25,800** fixed penalty notices for driving under the influence of alcohol

4.1 thousand million euros of indirect duties from alcoholic beverages

However, these data do not cover people followed up on an outpatient basis for an alcohol problem. Primary care physicians saw approximately 50,000 patients each week for withdrawal (2009 data) [24].

The volumes of baclofen prescribed in the indication for treatment of alcohol dependence apparently increased ten-fold between 2010 and 2014 [41]. Sales corresponding to this indication, which reached nearly 370,000 tablets of 10 mg/day in June 2014, have since declined, possibly because the prescribed doses tend to decrease for patients having stabilised. According to a CNAM study based on other data, 20,000 patients were said to have initiated baclofen treatment for alcohol dependence in 2012 [42].

Mortality (2009)

This estimate was updated using the latest data available in 2009 on mortality and on the increased risks of contracting certain diseases (cancer, cirrhosis) based on the quantity of alcohol consumed [43]. The number of deaths following an alcohol-related road accident was estimated to be 1,400 for 2007-2008 [6]. For a driver whose blood alcohol level is not zero, the risk of causing a fatal road accident increases by a factor of 8.5 [6].

Driving under the influence of alcohol: convictions and fixed penalty notices (2013)

Convictions relating to driving under the influence of alcohol have decreased in recent years, but account for 48% of road safety offences and 21% of all offences. Overall, 137,400 records for driving under the influence of alcohol were registered in 2013, of which nearly two out of ten cases (25,800 in total) were handled by the State prosecutor in the context of fixed penalty notices. In 2013, one in two offences for driving under the influence of alcohol (52%) led to a fine; 28% of offences led to prison sentences and 20% alternative sentences [30]. In 2013, roughly 10.5 million controls for driving under the influence of alcohol (preventive, in 76% of cases) were carried out; 3% proved positive [31].

Indirect alcohol duties (2014)

Alcoholic beverages are subject to taxes proportional to the volumes of alcohol placed on sale on the domestic market. The taxation rate differs according to the types of beverages, low for wine, slightly higher for beer, and much higher for spirits. The amount of duties collected in 2014 increased to 4.1 thousand million euros, 77% of which originate from taxation on spirits, 18% from beer and 3.5% from wine [44].

Psychoactive medicines

2.9 packs of psychoactive medicines are reimbursed per inhabitant aged 20 years or older

18% of 18–75-year-olds have taken psychoactive medicines in the last year

31% of users admitted in CAARUD have taken an anxiolytic or sleeping pill in the last month

Sales of psychoactive medicines (2013)

Sales of anxiolytics, sleeping pills and antidepressants have been stable for the last 10 years, with 2.9 packs reimbursed on average per inhabitant aged 20 or older [45]. Sales of methylphenidate (Ritaline® or other) increased by 70% between 2008 and 2013 (from 245,000 to 415,000 reimbursed packs) [45].

Use (2014, 2012, 2010)

In 2010, one out of ten French people (10%) had taken anxiolytics in the last year, 6% sleeping pills and 6% antidepressants. Between 2005 and 2010, the proportion of people who had used psychoactive medicines in the last year increased from 15% to 18% [1]. Psychoactive medicine use also concerns adolescents. In 2014, 16% of 17-year-olds claimed to have taken anxiolytics in their lifetime, 13% hypnotics, and 6% antidepressants [2].

Drug users frequently take non-opioid psychoactive medicines. They tend to favour benzodiazepines (or related substances), the active substance in most anxiolytics and sleeping pills. Nearly three out of ten CAARUD clients had taken psychoactive medicines in the last month often as a treatment. Higher levels of misuse are seen in young, male, addicted users (major polydrug use, injection) who often suffer from psychiatric disorders and live in precarious situations [21].

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