OBSERVATOIRE FRANÇAIS DES DROGUES ET DES TOXICOMANIES

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tendances

Levels of drugs use in France in 2014

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The surveys conducted by INPES and OFDT for more than twenty years in France measure the levels of diffusion and use of psychoactive substances. Conducted on the whole population or younger age groups, they make it possible to describe the full range of behaviours (lifetime use, current use, regular and daily use, etc.) and to evaluate the links with certain user characteristics (age, gender, etc.). Repeated regularly over time, these surveys provide above all key indicators for monitoring psychoactive substance use and addictive behaviours.

The results of the INPES 2014 Health Barometer (Richard *et al.*, 2015b) provide an update on the levels of use of different legal and illegal substances (table available at http://en.ofdt.fr/index.php?cID=294) in the adult population, and highlight changes in use since the early 1990s. Apart from the framework data on the entire population aged 11-75 years, these results concern the population aged 18-75 years for alcohol and tobacco, and 18-64 years for illegal drugs, while other specific surveys are used for adolescents (ESCAPAD 2014, HBSC 2014 and ESPAD 2015, the results of which are not yet available).

Results of the 2014 Health Barometer survey on the use of psychoactive substances in the adult population.

■ **Different types of substance use: overview**

An overview describing the substances[1] in terms of number of users may be established based on the results of the INPES 2014 Health Barometer, supplemented by the results of surveys conducted among the adolescent population (Table 1).

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1. The question relating to psychotropic drug use was not raised in the 2014 Health Barometer.

Table 1 - Estimate of the number of users of psychoactive susbtances in France among 11-to-75-year-olds

	Illegal substances				Legal substances	
	Cannabis	**Cocaine**	**Ecstasy**	**Heroin**	**Alcohol**	**Tobacco**
Lifetime users	17.0 M	2.2 M	1.7 M	600,000	46.9 M	38.2 M
including last year users	4.6 M	450,000	400,000	//	42.8 M	16.0 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: 2014 Health Barometer (INPES), ESCAPAD 2014 (OFDT), ESPAD 2011 (OFDT), HBSC 2010 (board of education of Toulouse)
//: not available as the survey method does not allow for this type of estimate.

Definitions:
- Lifetime use: use of the substance at least once during their life (this indicator mainly serves to measure the spread of a substance in the population)
- Current use: use at least once during the last 12 months; for tobacco, this includes people who report that they currently smoke, even if only occasionally.
- Regular use: consumption of at least three alcoholic drinks per week, daily tobacco use, and use of cannabis at least 10 times per month.

NB: the French population aged 11 to 75 years corresponds to approximately 50.1 million (INSEE, 2015).
These figures are orders of magnitude and should be considered as such. 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 life is probably between 16 and 18 million.

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These figures are orders of magnitude and should therefore be interpreted as such.

As for previous estimates, legal substances, alcohol and tobacco, are still the most widely used substances among the population, whether in terms of lifetime use or daily use[2]. Tobacco proves to show lesser lifetime use compared to alcohol (38.2 million vs. 46.9 million individuals), but with markedly higher daily use (13.3 million vs. 4.6 million individuals).

Among illegal drugs, cannabis is still by far the predominant substance, with 17.0 million individuals having already tried it. Regular use thereof (at least 10 times a month) concerns nearly 1.5 million individuals in France. The use of cocaine, the second most frequently used illegal substance, is well below that of cannabis and concerns approximately one tenth the number of people, with an equivalent frequency of use. This statistic includes those who have used cocaine at least once in their life (lifetime users) or at least once in the last year.

Among individuals aged 18 to 64 years, the levels of lifetime use appear to be very different according to gender and age (Table 2). More male lifetime users were observed compared to females. Lifetime use of illegal substances is higher among younger people, then generally decreases towards the age of forty, thus emphasising differences between generations.

■ Alcoholic beverages

In 2014, among the population aged 18-75 years, nearly 9 out of 10 individuals (87%) claim to have used alcohol at least once in the last 12 months, whereas 13% did not use any alcohol. Out of the whole population in this age group, 38% claim to have used alcohol less than once a week, 39% at least once a week (but not daily), and 10% of those

Table 2 - Lifetime use of psychoactive substances according to age and gender among 18- to 64-year-olds (%)

	All 2014	18-25 y.o.	26-34 y.o.	35-44 y.o.	45-54 y.o.	55-64 y.o.	Men	Women
Population	*n = 13,039*	*n = 1,809*	*n = 2,271*	*n = 3,021*	*n = 3,048*	*n = 2,890*	*n = 6,127*	*n = 6,912*
Alcohol	95	92	93	95	97	98	97	94
Tobacco	82	79	82	81	83	83	86	78
Cannabis	42	54	59	47	35	19	50	33
Poppers	7.3	11.7	11.5	8.2	5.7	1.1	9.9	4.7
Cocaine	5.6	7.1	10.2	6.4	4.2	1.4	8.3	3.1
Hallucinogenic mushrooms	4.8	6.6	8.4	5.4	3.2	1.3	6.8	2.8
MDMA/ecstasy	4.3	7.0	8.4	5.3	1.9	0.2	6.1	2.5
Glues or solvents	2.2	2.5	2.5	2.8	2.9	0.5	3.1	1.4
LSD	2.6	3.3	3.9	3.1	2.1	1.2	4.2	1.2
Amphetamines	2.3	2.9	3.6	2.2	1.8	1.3	3.4	1.3
Heroin	1.5	1.3	1.8	1.7	2.2	0.6	2.5	0.6

Source: 2014 Health Barometer, INPES, processed by OFDT

surveyed claim to use alcohol daily, this type of use being almost exclusively observed among individuals aged over 50 years.

Alcoholic beverage use remains higher among males (Figure 1), with, as in 2010, three times as many being daily drinkers (15% versus 5% among females) and nearly twice as many being at least weekly drinkers[3] (63% versus 36%). Therefore, regardless of age, there are fewer female drinkers, and this difference is even more apparent the higher the frequency of use.
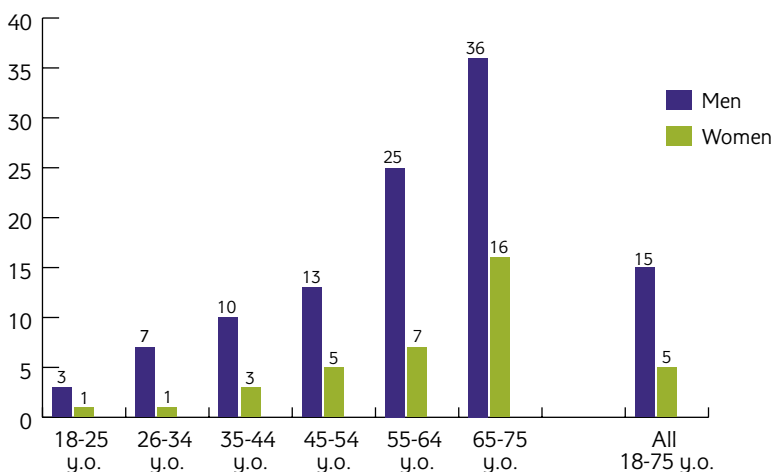
With 39% of those surveyed claiming to be weekly drinkers, wine remains the most widely used alcoholic beverage in France followed by beer (21%) then spirits[4] (16%). Wine use increases with age, regardless of the level of use. Daily wine use thus concerns 0.3% of 18- to 25-year-olds, but 23.0% of 65- to 75-year-olds.

Nearly four out of ten adults (39%) report at least one instance of heavy episodic drinking (HED)[5] in the last year. Once again, males predominate with 54% reporting this type of episode in the last year versus 24% of women. This mainly appears to concern males aged under 35 years (70% of 18- to 25-year-olds and 67% of 26- to 34-year-olds). Among females, maximum prevalence is observed for 18- to 25-year-olds (44%) (Table 3). One in five people (19%) had been drunk at least once in the last year, and slightly less than one in twenty people (4%) at least ten times in the last year. As for the other indicators relating to alcohol use, drunken episodes also appear to predominantly involve males, with 26% of males and 12% of females in the last year. For people claiming to have been drunk in the last year, the average number of drunken episodes is 7.9 (8.8 among males vs. 5.9 among females). These figures showing that HED are more frequent than drunken episodes suggest that, according to those surveyed, the first situation does not necessarily lead to the second.

Significant reduction in daily use

The reduction in daily alcoholic beverage use illustrated by data from the 2014 Health Barometer is a prolongation of that observed for several decades

Figure 1 - Daily alcohol use, by gender and age in 2014 (%)
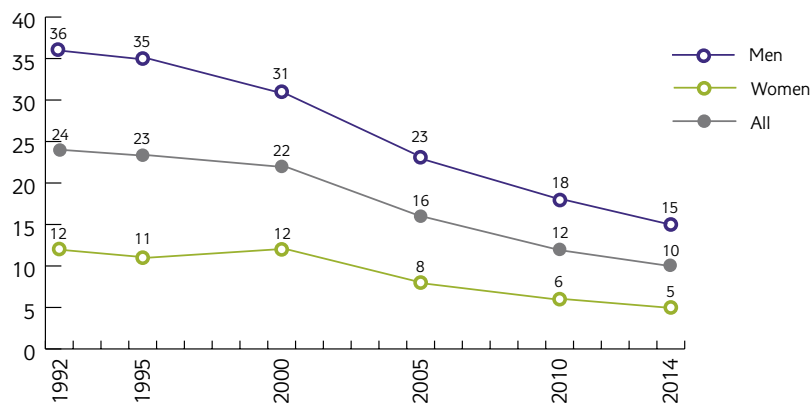

Source: 2014 Health Barometer, INPES

Figure 2 - Changes in daily alcohol use among 18- to 75-year-olds (%)

Sources: Health Barometers, INPES

Table 3 - Changes in the different indicators for alcohol use among 18- to 25-year-olds between 2010 and 2014 (%)

	All 18-25 y.o.		Men 18-25 y.o.		Women 18-25 y.o.	
Year	2010	2014	2010	2014	2010	2014
Population	n = 2,899	n = 1,809	n = 1,401	n = 852	n = 1,498	n = 957
Alcohol (weekly)	36	40*	49	51	24	30**
Wine (weekly)	18	24***	22	28**	14	19**
Beer (weekly)	24	27*	39	40	9	16***
Spirits (weekly)	20	20	29	29	11	12
Other alcohol (weekly)	8	7	10	10	7	4
HED/year	52	57**	64	70*	40	44
HED/month	29	31	42	43	17	21
Drunken episode/year	45	46	58	56	33	36
Repeated drunken episode	24	29**	35	38	14	21***
Regular drunkenness	11	14*	18	21	4	8**

***, **, *: significant changes at the levels of 0.1%, 1% and 5% between 2010 and 2014.

Source: 2010 and 2014 Health Barometers, INPES

(Figure 2). It fell from 24% in 1992 to 10% in 2014. This is accompanied by an increase in the levels of occasional use (weekly or less frequent).

Compared to 2010, the proportion of daily users appears to be stable among males aged under 45 years, and markedly lower among older men, whereas this is stable among females aged under 55 years and lower among older women. The reduction in daily alcohol use in France is therefore clearly driven by new generations, particularly among males, which broadly corresponds to a generation effect (Richard *et al.*, 2015a).

Drunken episodes and HED on the increase among young women

HED appear to be on the increase between 2010 and 2014, whereas drunken episodes in the last year are generally stable. However, a significant increase in repeated and regular drunken episodes is observed among females aged 18-25 years (Table 3), a trend which confirms the parallels with males observed since 2005, although a consi-derable difference still exists. These parallels between males and females are illustrated by the increase in weekly use, of beer in particular.

Use entailing a risk to health

The Audit-C test[6], which takes into account both the frequency of use in the last twelve months, the volume ingested on a standard drinking day, and the frequency of HED, enables four types of drinkers to be defined: hence, in 2014, 37% of 18- to 75-year-olds are drin-kers without occasional risk, 11% drin-kers without regular risk, 31% drinkers at occasional risk, and 8% at chronic risk. Occasional risk use markedly de-creases with age, whereas chronic risk use, which generally appears lower, is high among young people (14% among 18- to 25-year-olds), and is shown to be stable between the age of 26 and 75 years, in the region of 7%. Chronic risk use appears to be markedly reduced among 55- to 75-year-olds (from 10% in 2010 to 6% in 2014), but stable for other age groups.

■ Tobacco

In 2014, among 18- to 75-year-olds, 86% of males and 76% of females clai-med to have smoked at least one ciga-rette in their life. Although the preva-lence of tobacco smoking increased between 2005 and 2010, after declining for several decades, it stabilised between 2010 and 2014 at a somewhat high level, with 34.3% of current smokers among 18- to 75-year-olds (Figure 3).

Daily tobacco use concerns 29% of adults (33% of males and 25% of fe-males) and markedly decreases with age (Figure 4). In the overall population aged 18 to 75 years, the proportion of daily smokers, which increased by 2 points between 2005 and 2010, appears to have slightly but nonetheless signifi-cantly decreased (from 30% in 2010 to 29% in 2014).

This lower overall use actually corres-ponds to a reduction in daily smoking among females only, from 27 to 25%, as levels remain unchanged among males, at 33%. Furthermore, these changes remain fairly diverse according to the different age groups. Among males, the prevalence of daily smoking only increases significantly among 65- to 75-year-olds. Among females, this is si-gnificantly declining for 20- to 44-year-olds, but appears to be on the increase for 55- to 64-year-olds, prolonging the

Electronic cigarette

25% of 18- to 75-year-olds claimed to have already tried an electronic ciga-rette. 57% of smokers have already tried it. 4% of individuals who have never smoked or have only tried smo-king have experimented with electro-nic cigarettes.

Current use of electronic cigarettes concerns 6% of all 18- to 75-year-olds, half of whom are daily users. Three-quarters of «vapers» (75%) are also regular tobacco smokers, 8% are occasional smokers, and 16% ex-smokers, whereas 1.5% have never smoked. Out of the whole population of 18- to 75-year-olds, 0.9% are «va-pers» who are ex-tobacco smokers now using electronic cigarettes, and 0.1% «vape» having never smoked previously.

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6. *This is the short version of the Audit test (Alcohol Use Disorders Identification Test), developed under the auspices of the World Health Organization (WHO) to identify alcohol users who are en-dangering their health. The resulting classification of drinkers com-prises 4 levels: individuals «without occasional risk», «without regu-lar risk», «at occasional risk» and «dependent or at chronic risk» (Mouquet et al., 2002). Drinkers «at occasional risk» drink less than the standard guidelines, but sometimes drink six glasses or more, whereas drinkers «at chronic risk» drink more than the standard guidelines or, at least once a week, six glasses or more.*

trend already observed in 2010 for women aged 45 to 64 years (Beck *et al.*, 2011a, Guignard *et al.*, 2014). This rise in tobacco smoking is partly explained by the arrival in this age group of the first generation of women to have truly engaged in tobacco smoking.

As in previous generations, a relatively large absolute deviation (13 points) is observed for daily tobacco use between males and females aged 18 to 34 years, probably partly related to pregnancies then the presence of young children within the home, which are opportunities to at least temporarily stop tobacco smoking, which are more readily seized by women than their male partners.

As regards the quantities used, as in 2010, 68% of daily smokers claim to smoke at least ten cigarettes per day, males slightly more often than females (72% versus 64%). The mean number of cigarettes or cigarette equivalents[7] smoked daily by regular smokers is 13.5, similar to the figures observed in 2010 (13.8 cigarettes) which had markedly decreased compared to 2005 (15.3 cigarettes) among 18- to 75–year-olds.
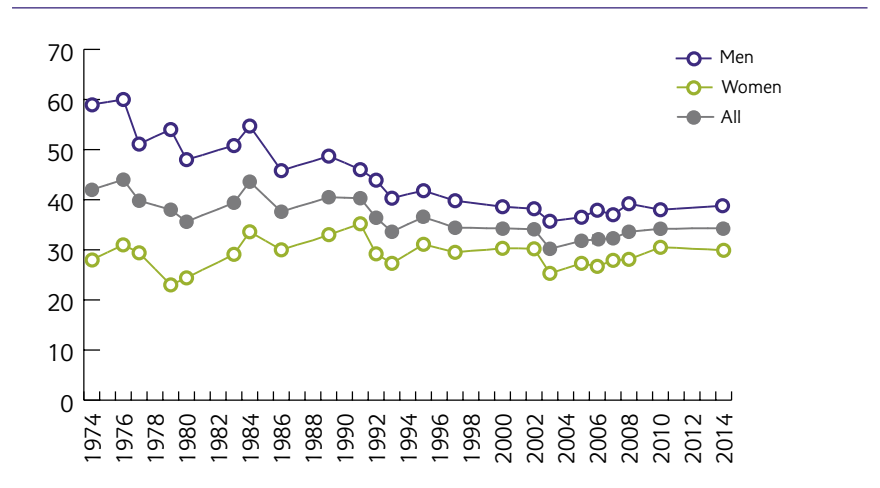
■ Illegal drugs

Cannabis

In 2014, 42% of adults aged 18 to 64 years admitted to having used cannabis during their lifetime. More men than women had engaged in lifetime use (50% compared with 33%). 11% of 18–64 year–olds have used cannabis over the last 12 months (current use) (15% of males and 7% of females), whereas the overall proportion of regular users (i.e. at least ten times in the last thirty days) is 3%.

The proportion of individuals with lifetime cannabis use peaks between age 26 and 34 years for both genders, primarily revealing a generation–type phenomenon. Current cannabis use particularly affects the younger population (28% for 18– to 25–year-olds, 34% of males and 23% of females). It then decreases with age to only 2% among 55- to 64-year-olds (Figure 5). 11% and 6% of males and females, respectively, aged 18 to 25 years are regular cannabis users.

Out of all 18- to 64-year-olds, lifetime cannabis use increased from 33% to 42% between 2010 and 2014, more markedly prolonging the trend observed since the 1990s. This rise is mainly driven by a stock effect; however, current use (year) has also shown a noteworthy increase, from 8% to 11%

7. When calculating the number of cigarettes smoked daily, a cigar or cigarillo is considered to be equivalent to 2 cigarettes, and a pipe equivalent to 5 cigarettes.

Figure 3 - Changes in current tobacco smoking since 1974 among 18- to 75-year-olds by gender (%)
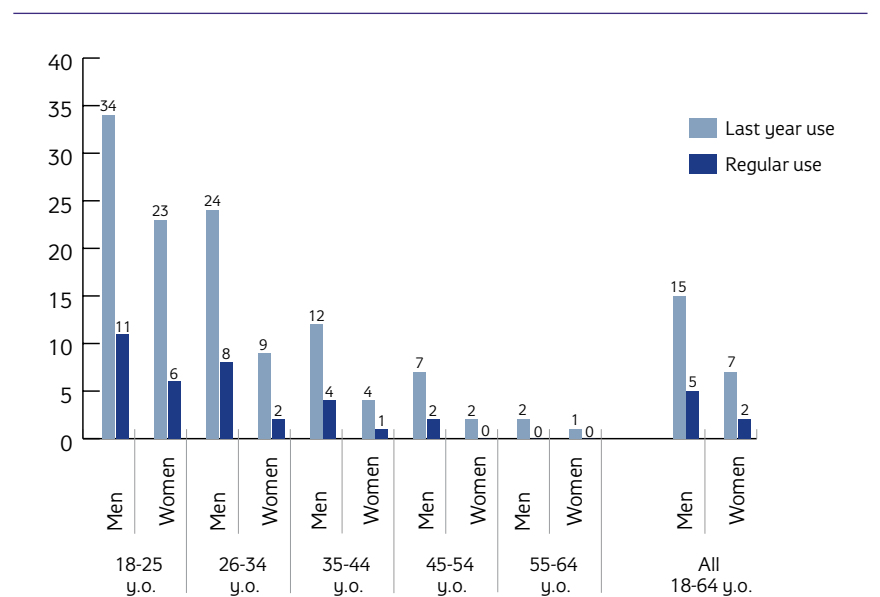

Sources: CFES (French Committee for Health Education) and INPES surveys 1974-2014

Figure 4 - Proportion of daily tobacco smokers, by age and gender in 2014 (%)
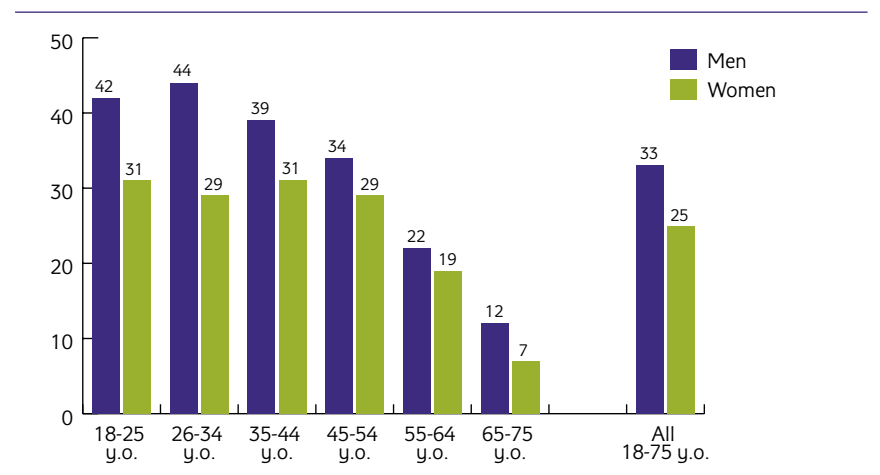
Source: 2014 Health Barometer, INPES

Figure 5 - Proportion of last year and regular cannabis users, by gender and age in 2014 (%)

Source: 2014 Health Barometer, INPES, processed by OFDT

Synthetic cannabinoids[8]

In 2014, a new question made it possible to determine whether people had already used synthetic cannabis in their life. Overall, 1.7% of 18- to 64-year-olds claimed to have already smoked this substance, which represents 4% of lifetime cannabis users and 17% of current cannabis users. This percentage places synthetic cannabinoids on a similar level of use to that of heroin or amphetamines. Lifetime users of these new synthetic substances are predominantly males (2.3% vs. 1.2% females) and younger generations (aged under 35): 4.0% of 18- to 34-year-olds (4.8% of males and 3.2% of females) have experimented with synthetic cannabis, versus only 0.6% of 35- to 64-year-olds. Among 18- to 34-year-olds, no difference is observed according to level of income, level of education, or professional status (3.8% of people in employment, 5.3% of students and 3.5% of unemployed). More than one in two (53%) lifetime users of synthetic cannabinoids have already experimented with at least one illegal substance other than cannabis and one in three (34%) have used at least two such substances.

(Figure 6a), like regular use (from 2.2% to 3.1%), this being observed for all age groups.

Analysis of these changes in current cannabis use according to gender and age shows that, among females, this rise is mainly driven by the population aged under 40 years, whereas, among males, it distinctly remains between 35- and 55-year-olds (Figure 6b). Young women therefore seem to play a role in this increase in current cannabis use.

This rise falls within the context of a marked increase in cannabis supply in France (Cadet-Taïrou *et al.*, 2014), and notably home cultivation and local herbal cannabis production, with more than 140,000 cannabis plants seized in 2013, compared to 55,000 in 2010. At the same time, the cannabis resin market is still very dynamic with a high level of seizures. Among current users, the proportion of those at high risk of problem cannabis use[9] seems stable, at 21% between 2010 and 2014, which represents 2.2% of 18- to 64-year-olds in 2014. However, these changes in cannabis use are not truly reflected in opinion surveys among the French population with regard to this substance. The perception of the dangers of cannabis

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8 *Synthetic cannabinoids are substances with a similar molecular structure to Δ9-tetrahydrocannabinol (THC), the active substance in cannabis.*
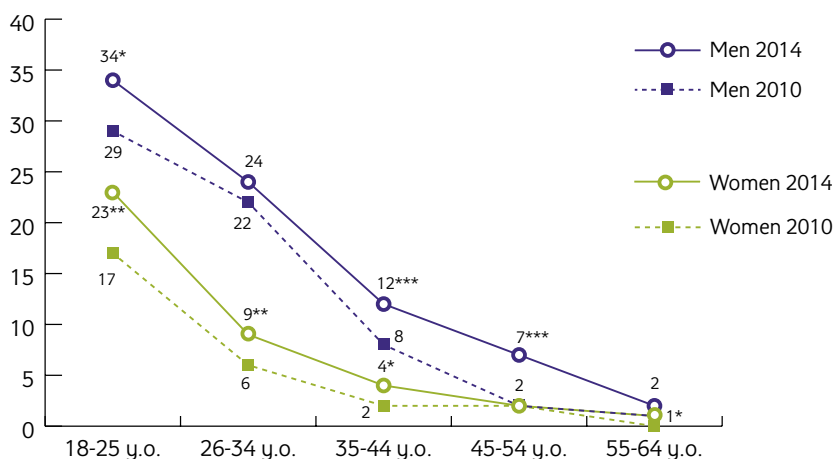
9. *According to the Cannabis Abuse Screening test (CAST), (Legleye et al., to be published).*

Figure 6a - Changes from 1992 to 2014 in the proportion of last year cannabis users among 18- to 64-year-olds, by gender (%)
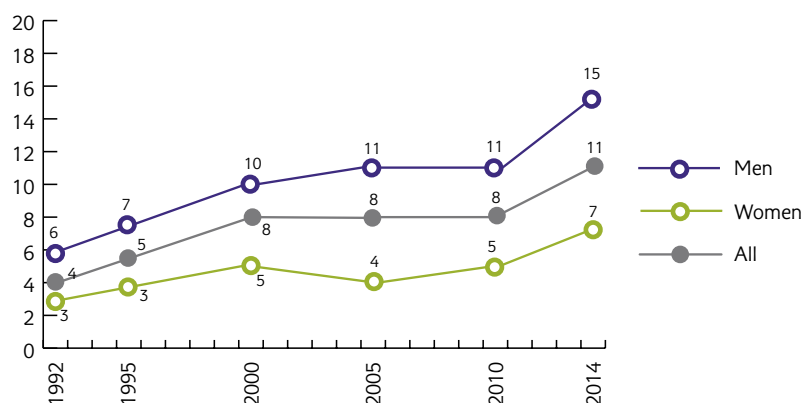
Sources: 1992, 1995, 2000, 2005, 2010 and 2014 Health Barometers, INPES, processed by OFDT
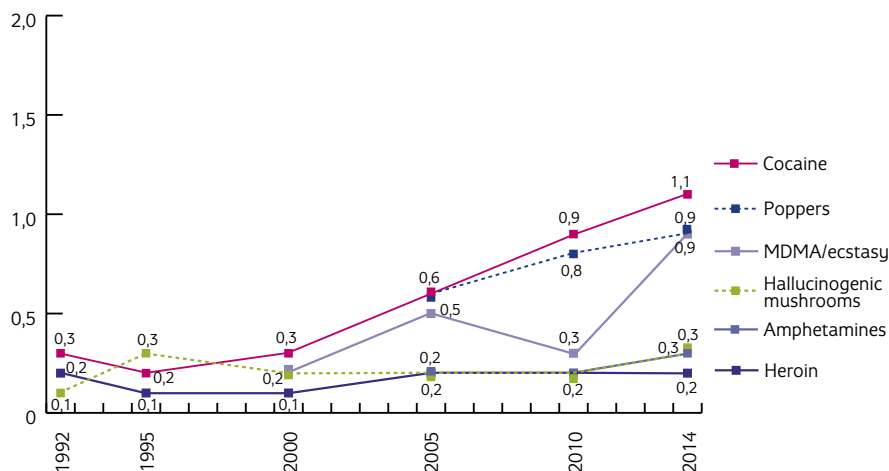
Figure 6b - Last year cannabis use between 2010 and 2014, by age and gender (%)

***, **, *: significant changes at the levels of 0.1%, 1% and 5% between 2010 and 2014, for the age group concerned.

Sources: 1992, 1995, 2000, 2005, 2010 and 2014 Health Barometers, INPES, processed by OFDT

Figure 7 - Changes in current use of the other main illegal drugs between 1992 and 2014, among 18- to 64-year-olds (%)

Sources: 1992, 1995, 2000, 2005, 2010 and 2014 Health Barometers, INPES, processed by OFDT

Table 4 - Last year use of illegal drugs by age of those surveyed among 18- to 64-year-olds (%)

	All 2010	All 2014	18-25 y.o.	26-34 y.o.	35-44 y.o.	45-54 y.o.	55-64 y.o.	Men	Women
Population	*21,818*	*13,039*	*1,809*	*2,271*	*3,021*	*3,048*	*2,890*	*6,127*	*6,912*
Cannabis	8.0	10.6***	28.3	16.7	8.0	4.4	1.6	14.5	6.8
Poppers	0.8	0.9	2.5	1.2	0.5	0.6	0.1	1.3	0.4
Cocaine	0.9	1.1	3.1	2.2	0.6	0.4	0.1	1.5	0.7
Hallucinogenic mushrooms	0.2	0.3	1.6	0.5	0.0	0.0	0.0	0.4	0.3
MDMA/ecstasy	0.3	0.9***	3.8	1.3	0.2	0.0	0.0	1.2	0.6
Glues or solvents	0.4	0.1***	0.3	0.1	0.0	0.0	0.0	0.1	0.0
LSD	0.2	0.3	1.0	0.4	0.1	0.1	0.0	0.4	0.2
Amphetamines	0.2	0.3	1.1	0.5	0.1	0.0	0.0	0.4	0.2
Heroin	0.2	0.2	0.3	0.3	0.1	0.0	0.1	0.2	0.1

***, **, *: significant changes at the levels of 0.1%, 1% and 5% between 2010 and 2014.
Source: 2014 Health Barometer, INPES, processed by OFDT

among the French population has not significantly changed between 2002 and 2012. In 2012, it was perceived as dangerous from the first use by 54% of 15- to 75-year-olds, i.e. less than in 2008 (62%). This proportion appears to be markedly lower (15%) among current users (Tovar *et al.*, 2013). Lastly, at European level, over the last few years, a recent rise has also been observed in all Nordic countries, alongside stabilisation or, indeed, a decline in Spain, Germany and the United Kingdom (EMCDDA, 2014).

Poppers

Out of the different drugs, poppers (alkyl nitrites) have a special legal status. These were banned from sale in France in 1990 (Decree no. 90-274 of 26 March 1990). A decree in November 2007, followed by an Order in June 2011 clarified the scope of the ban on manufacture, import, supply, possession, sale or distribution free of charge. However, this was annulled by judgement of the 10th and 9th sub-sections combined of the Council of State of 3 June 2013 (no. 352484).

Presented in the form of small bottles for inhalation, poppers are the substances with the most widespread lifetime use after alcohol, tobacco and cannabis: 7.3% of 18- to 64-year-olds claim to have used them at some point in their life, compared to 3.9% in 2005. Twice as common among males (9.9% vs. 4.7% among females), lifetime use of the substance is highest among 18 to 25-year-olds (11.7% versus 5.5% in 2005). Current use has stabilised since 2010 (0.9% in 2014).

Stimulants

The proportion of 18- to 64-year-olds with lifetime cocaine use has increased four-fold in two decades (from 1.2% in 1995 to 2.6% in 2005, 3.8% in 2010 and 5.6% in 2014). Use in the last year did not change significantly in this age group between 2010 (0.9%) and 2014 (1.1%), despite a rising trend since the start of the 1990s, indicating the wide diffusion of a substance previously restricted to more well-off categories and now reaching all echelons of society in recent years (Beck *et al.*, 2014).

Two to three times more men than women are current or lifetime users. Indicating a change between the generations, the proportion of people having already used cocaine at least once in their life appears to peak among 18- to 34-year-olds (8.8%), with fewer lifetime users in previous generations. As in 2010, use during the year primarily affects 18- to 25-year-olds (3.1%) and 26- to 34-year-olds (2.2%), then decreases and becomes practically nil from the age of 55 onwards.

The levels of lifetime use for synthetic drugs such as MDMA/ecstasy and amphetamines are 4.3% and 2.3%, respectively. It should be noted that the proportion of current ecstasy users increased significantly between 2010 and 2014 (from 0.3% to 0.9%), thus reaching a peak since the last decade.

This rise should be compared with findings in the field, resulting from the OFDT TREND scheme which concludes as to the noteworthy diffusion of MDMA/ecstasy, whether in powder or tablet form, the latter being larger and of a higher dose than at the start of the 2000s. In fact, the diffusion of this substance has been more erratic, with shortages in supply in the past. Since the beginning of the 1990s, the availability of stimulants, be it cocaine or other synthetic drugs (ecstasy, amphetamines), has increased in France. Although use is still very rare and localised, the 1990s saw the emergence of the base[10] form of cocaine, sold either directly in this form (crack), mainly in Paris and in the West Indies, or prepared by the users themselves (freebase), usually in alternative recreational settings (Cadet-Taïrou *et al.*, 2014).

Other drugs

The use of other illegal drugs remains marginal across the entire 18-64 year-old population (Table 4). In 2014, lifetime use of hallucinogenic mushrooms concerns 4.8% of those surveyed (6.8% among males, 2.8% among females), with current use at 0.3%. The prevalence of lifetime use of heroin is 1.5% in the entire 18-64 year-old population (2.5% among males vs. 0.6% among females) and current use seems very rare (0.2% of those surveyed).

The levels of current use of hallucinogenic mushrooms, LSD and heroin are stable between 2010 and 2014. Lastly, glues and solvents seem to be used significantly less than in the previous survey (from 0.4% to 0.1% for current use).

■ Regular use of alcohol, tobacco and cannabis, and polydrug use

Lastly, as regards daily or regular use of the most widely used substances, daily tobacco use and regular cannabis use decrease with age, in contrast with daily alcohol use. The details of

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10. *Smokable form of cocaine obtained after the addition of bicarbonate or ammonia to cocaine hydrochloride (powder).*

Figure 8 - Changes in regular cannabis use and daily tobacco and alcohol use between 2010 and 2014, by age, among 18- to 64-year-olds (%)
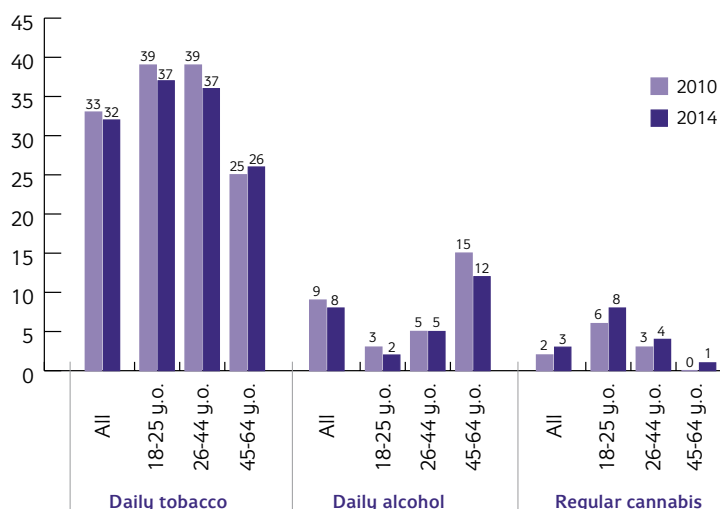
The 2010 and 2014 were adjusted to the population data corresponding to the survey period.

Source: 2010 and 2014 Health Barometers, INPES, processed by OFDT

Figure 9 - Types of regular polydrug use of alcohol, tobacco and cannabis, by age and gender, among 18- to 64-year-olds (%) in 2014l'âge et le sexe parmi les 18-64 ans (en %) en 2014
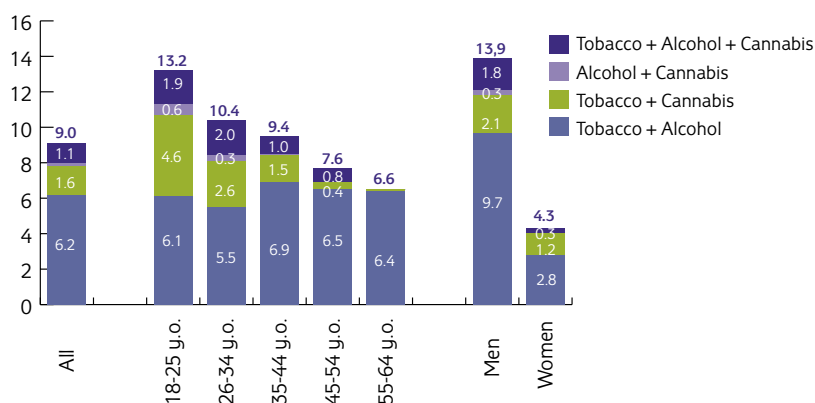
Source: 2014 Health Barometer, INPES, processed by OFDT

the changes between 2010 and 2014 by broad age groups show marked contrasts according to the different substances (Figure 8). Daily smoking thus appears to be on the decline among 26- to 44-year-olds, whereas daily alcohol use is on the decline among 18 to 25 and 45- to 64-year-olds. Regular cannabis use has been shown to be on the increase for all age groups.

Polydrug use is discussed in the Health Barometer in terms of regular use of at least two out of three substances, alcohol, tobacco and cannabis; however, it cannot be determined whether this involves concomitant use of these substances. This type of practice is still uncommon since it only concerns 9.0% of the population (Figure 9). It reaches a peak among

18- to 25-year-olds, shown to be one of the age groups with the highest tobacco and cannabis use (13.2%). Regular polydrug use involving all three substances, tobacco-alcohol-cannabis, is rare, since this concerns 1.8% of males and 0.3% of females aged 18-64 years; this reaches a peak among 26- to 34-year-olds but does not exceed 2% of individuals in this age group. The main combination of substances involves alcohol and tobacco. This concerns 6.2% of the population, and is a predominant practice, among polydrug users, from the age of 35 years.

In contrast, polydrug use including cannabis is rare among the population aged over 35 years. Hence, regular psychoactive substance users are still predominantly alcohol and tobac-

co users. Furthermore, only 15% of regular cannabis users do not smoke tobacco daily; this proportion reaches a peak among 18- to 25-year-olds (22%).

■ Conclusion

The general population surveys make it possible to evaluate the extent of psychoactive substance use at national level over a given reference period. The main trends revealed in terms of the use of psychoactive substances appear to be fairly different.

As regards legal substances, the results reveal a very significant reduction in the daily use of alcoholic beverages for both genders, driven by the new generations, continuing the trends observed in the last three decades. In view of the simultaneous rise in the levels of occasional use, these changes seem to back up the idea of a real change in conventions in the perception of alcoholic beverages among new generations: alcohol is no longer used daily during meals, but more readily in particular recreational settings. As between 2005 and 2010, a significant rise in drunken episodes is observed among young women, which confirms the growing similarities between male and female practices, a phenomenon which started to emerge several decades ago.

In terms of tobacco smoking, the prevalence of use seems to be stable since 2010, but the proportion of daily smokers is slightly declining, exclusively due to women. However, the female generation effect already observed in 2010, among 45- to 64-year-olds, still proves true in 2014, when the proportion of women aged 55 to 64 years who smoke daily continues to rise. Furthermore, the quantity of tobacco smoked appears to be slightly decreasing (from 11.9 to 11.3 cigarettes per day for current smokers).

With regard to illegal substances, the main users are in the younger generations, particularly among males. As a general rule, the diffusion of illegal substances has somewhat tended to increase across the decade. The data notably indicate a general rise in levels of cannabis use, for both occasional and regular use. With regard to more rare substances, illegal substances such as poppers and cocaine still have the highest levels of lifetime use after cannabis, although current use thereof only concerns 1% of 18- to 64-year-olds. As regards cocaine, this drug-related behaviour clearly increased over the period from 2000 to 2014. Levels of use of other drugs seem to be stable between 2010 and 2014, except for MDMA/ecstasy which showed a significant increase, in terms of current use, in powder or tablet form, backing up recent observations in the field.

methodological reference points

Observation of use through general population surveys enable substance use to be quantified across the population, particularly for simple use and for the most widespread substances. This complements observational instruments such as institutional statistics (law enforcement and health) and ethnographic studies.

Since the beginning of the 1990s, the French National Institute for Prevention and Health Education (INPES) has conducted a series of surveys known as Health Barometers, in partnership with numerous healthcare protagonists, which examine the different behaviours and attitudes in terms of health among the French population. The section of the questionnaire on drugs was drawn up in the context of a partnership between the OFDT and INPES. These are random two-tiered surveys (household then individual) performed by means of a computer-assisted telephone interview (CATI).

The INPES 2014 Health Barometer, entrusted to the IPSOS, took place from 11 December 2013 to 31 May 2014, on a representative sample of the population aged 15-75 years residing in France. Telephone numbers were randomly generated, as those surveyed were also randomly selected from eligible members of the household. The reverse directory was used to send an announcement letter to the households on the white list (those on the ex-directory list are invited to take part at a later date), emphasising the importance of the study in order to minimise refusal to take part. If unavailable during the call, a telephone appointment was suggested, and in the event of refusal to take part, the household was not replaced. Forty calls were made before abandoning a telephone number, at different times and on different days of the week; the surveyor would hang up after 8 rings.

In 2005, in response to landlines being abandoned for mobile phones by part of the population likely to present specific characteristics in terms of health behaviours, two independent samples were created: one consisting of individuals with a landline, and the other consisting of individuals with a mobile phone only (mobile phone only). The same protocol was used in 2010, also including individuals with total unbundling (whose landline starts with 08 or 09) in the «mobile phone only» sample. In 2014, due to the preferential use of mobile phones by part of the population, including those with a landline, two «overlapping» samples were created: one interviewed on a landline, the other on a mobile phone, without a filter for household telephone equipment. The sample includes 15,635 individuals in total (7,577 landlines and 8,058 mobile phones). Anonymity and preservation of confidentiality were guaranteed by a procedure for deleting the telephone number, endorsed by the French Data Protection Authority (CNIL). The participation rate is 61% for the landline sample and 52% for the mobile phone sample. The questionnaire took 33 minutes on average to complete.

The data were weighted by the number of eligible individuals and telephone lines within the household (notably to offset the fact that an individual in a large household has less chance of being picked at random), and supported by the most recent INSEE national reference data, namely those from the Enquête Emploi 2012. This CALMAR weighting takes into account gender crossed with age group, region of residence, size of town, level of education and whether the participant lives alone or not. Specific weighting tailored to the changes was also created based on the individuals in the «mobile phone» sample having only a mobile phone, added to those surveyed on a landline, to ensure that the sample is comparable to that used in the 2010 Health Barometer. The detailed methodology of the survey and presentation of the changes are moreover available (Richard et al., 2015).

This initial data analysis for the INPES 2014 Health Barometer does not examine social inequalities. This dimension, which is a key concern of the INPES and OFDT, will be described in an *ad hoc* publication in 2015, notably to measure the differential changes in behaviours in terms of use since 2010.

Use is illustrated by the following indicators: :

Lifetime use: use at least once in a lifetime;
Current use or use in the last year: use at least once in the 12 months preceding the survey;
Recent use or use in the last month: use at least once in the month preceding the survey;
Regular use: use at least 10 times in the 30 prior to the survey;
Daily use: use at least once daily in the last thirty days.

These indicators offer a simple description of use. The concept of use at some point in life (or lifetime use) covers all types of use, including those having just tried a substance once without repeat use; it therefore offers more of a description of the diffusion of the substance among the population rather than use, and is comparable to measurement of stock. As such, this increases mechanically from one survey to another insofar, as once a lifetime user, the person will keep this status for the rest of their life.

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