



# Drugs, Key Data

In France, the Interministerial mission for the fight against drugs and drug addiction (MILDT - Mission Interministérielle de Lutte contre la Drogue et la Toxicomanie) is responsible for co-ordinating government action in the domain of prevention, health and social care, law enforcement, training, communication, research and international exchanges; the MILDT reports to the Prime Minister.

The MILDT's field of action today covers all illegal drugs in addition to alcohol and tobacco abuse and addiction.

In order to have access to confirmed scientific data and the clearest possible overview of consumption levels, treatments, health-related or social consequences and trafficking, the MILDT draws heavily upon the work carried out and the data gathered by a public interest group, the French monitoring centre for drugs and drugs addiction (OFDT - Observatoire français des drogues et des toxicomanies).

This document, produced by the OFDT, provides the most recent and relevant figures in order to measure drug-related phenomena.

This third edition represents the update of the initial June 2009 document. The first part gives the framework data and definitions concerning the number of users for each of the various substances. Key data is then presented for each substance in turn.

## Estimates of the number of consumers of psychoactive substances in metropolitan France, among 12- to 75-year-olds [1, 2, 3]

|                                | Illegal substances |         |         |         | Legal substances |         |
|--------------------------------|--------------------|---------|---------|---------|------------------|---------|
|                                | Cannabis           | Cocaine | Ecstasy | Heroin  | Alcohol          | Tobacco |
| Life time users                | 12.4 M             | 1.1 M   | 900,000 | 360,000 | 42.5 M           | 34.8 M  |
| Of which users during the year | 3.9 M              | 250,000 | 200,000 | //      | 39.4 M           | 14.9 M  |
| Of which regular users         | 1.2 M              | //      | //      | //      | 9.7 M            | 11.8 M  |
| Of which daily users           | 550,000            | //      | //      | //      | 6.4 M            | 11.8 M  |

//: Not available

NB: The number of people aged 12 to 75 in 2005 was approximately 46 million.

These figures are orders of magnitude and, consequently, should be considered as framework data. A margin of error exists even if it is a quite reasonable one. For example, 12.4 million life time cannabis users means, in reality, that the number of experimenters is likely between 12 and 13 million.

## Life time use of cannabis, cocaine, tobacco and alcohol (drunkenness) among 17-year-olds between 2000 and 2008 (%) [1]

|                       | 2000 | 2002 | 2005 | 2008 | Trend 2005-2008 |
|-----------------------|------|------|------|------|-----------------|
| Cannabis              | 45.6 | 50.2 | 49.4 | 42.2 | ↔               |
| Cocaine               | 0.9  | 1.6  | 2.5  | 3.3  | ↗               |
| Alcohol (drunkenness) | 56.4 | 56.1 | 56.6 | 59.8 | ↗               |
| Tobacco               | 77.6 | 77.2 | 72.2 | 70.7 | ↘               |

## Prevalence of regular use of cannabis, alcohol and tobacco among 17-year-olds between 2000 and 2008 (%) [1]

|          | 2000 | 2002 | 2005 | 2008 | Trend 2005-2008 |
|----------|------|------|------|------|-----------------|
| Cannabis | 10.0 | 12.3 | 10.8 | 7.3  | ↔               |
| Alcohol  | 10.9 | 12.6 | 12.0 | 8.9  | ↘               |
| Tobacco  | 41.1 | 39.5 | 33.0 | 28.9 | ↘               |

# Cannabis

**42.2 %** of French 17-year-olds have tried cannabis at least once and

**7.3 %** of these teens use cannabis regularly

**60 %** of French 15- to 75-year-olds believe that cannabis is dangerous as soon as it is used

**32 000** French cannabis users seen in specialised addiction treatment centres

Drivers under the influence of cannabis are **1.8** times more likely to cause deadly road traffic injuries

**200,000** people use home-grown cannabis at least occasionally

**124,921** arrests for cannabis use in France

**60 tonnes** of cannabis seized in France

**€5** for a gram of cannabis resin in France

**€7** for a gram of herbal cannabis in France

## Use (2005, 2007, 2008)

In 2008, there was a much higher proportion of 17-years-old regular users of cannabis than adult regular users and, as with all illicit drugs, more males than females. After steadily rising, all use indicators have been on the decline for this age group since 2002-2003 [1]. Even though cannabis use among 16-year-olds has fallen since 2003, it remained at a high level in Europe in 2007 [2].

The latest results (2005) among adults indicate a prevalence of experimentation with cannabis of nearly three out of ten people (**26.9%**). Regular cannabis use, which was much less frequent than experimentation, was 2.3%; as for all illicit substances, more men than women were regular users (**3.7 %** versus **1.0 %**) [3].

## Opinions (2008)

The percentage of 15- to 75-year-olds believing that cannabis is dangerous from the moment it is first used, increased from 52 to **60%** between 1999 and 2008 [4].

## Treatment (2008)

This number includes people (80% of whom are men) who use cannabis intensely as well as those who use it occasionally. Young users are generally seen in cannabis clinics for young users ("consultations jeunes consommateurs"), which are usually affiliated with Treatment Centres dedicated to the care of drug and alcohol addictions, (CSAPAs) [5,6]. The total number of people seen by a health professional for a cannabis-use problem is undoubtedly more than 32,000, since users can also be treated in certain hospitals that may not have specialised units or centres but, rather, outpatient addiction clinics or liaison teams in addictology and general practice.

More than half of the people seen in CSAPAs for a cannabis-use problem are referred by the justice system after being arrested for cannabis use.

## Mortality (2002/2003)

This risk increases fifteen-fold when cannabis and alcohol are used together.

The annual number of deaths following a road accident involving cannabis use is estimated to be approximately **230** out of the 6,000 deadly accidents per year in France [7].

Even though a limited number of studies mention increased mortality among cannabis users compared to non-users, it is not currently possible to establish the causal role of cannabis, whose use is often related to other risk-taking behaviours (such as risky sexual behaviour and the use of other substances). The role of this substance in certain diseases, however, is well known. In particular, cannabis use is said to increase lung cancer risk threefold [8].

## "Home-grown" cannabis (2005)

In 2005, **5%** of people aged 15 to 64 who had used cannabis in the last year stated that they occasionally obtained their cannabis by "home growing" [3]. At least 32 tonnes of herbal cannabis were produced in France in 2005, representing between 950,000 and 1.3 million plants. This domestic production is said to represent 11.5% of the volume of cannabis used in France. [9]

The prevalence of this hidden phenomenon, which includes both indoor and outdoor cultivation, appears to have substantially increased in the last decade or so [8].

## Arrests (2009)

Arrests for cannabis use, which slightly declined in number compared to 2008, still represent approximately **90%** of arrests for narcotics use. Their number has increased fivefold since the early '90s.

Drug-related offences also include cannabis use-resale and trafficking: 15,258 arrests for possession and sales were recorded by the French law enforcement services (police and gendarmerie) [10].

## Seizures (2009)

Cannabis seized in France is mostly cannabis resin.

The quantities of cannabis seized per year have been around 60 tonnes since the mid-'90s. They rose to almost 110 tonnes in 2004, due mainly to a number of exceptionally large seizures. These major drug seizures seem to have led drug traffickers to seek new supply channels and transport methods, which partially explains why there has been a decrease in quantities seized over the last five years [10].

## Price and potency (2009)

Between 1996 and 2008, cannabis resin lost a quarter of its value and the price per gram of herbal cannabis was nearly halved [11]. Over the last two years, these prices stabilised, and even increased somewhat.

The mean THC content is about **10%** for cannabis resin and **8%** for herbal cannabis [12,13].

## Convictions (2008)

French legal statistics do not provide details on convictions per controlled substance. However, since cannabis is involved in over 90% of the arrests [10], narcotics-related offences punished by law are likely to include a significant number of cannabis-related cases. Narcotics-related sentences represent **7.3%** (**42,649**) of all convictions handed down for an offence in France. These drug-related offences are broken down as follows:

\* Arrows indicate a mid-term trend

# Cocaine, Heroin-Opiates and other Illicit Drugs



**3.3 %** of French 17-year-olds have tried cocaine



**2.9 %** of French 17-year-olds have tried ecstasy



**1.1 %** of French 17-year-olds have tried heroin

**230,000** “problem drug users” in France



For **92%** of French 15- to 75-year-olds, heroin is dangerous as soon as it is used



For **88%** of French 15- to 75-year-olds, cocaine is dangerous as soon as it is used

**58,000** 000 users seen during the year in specialised treatment centres



**130,000** people receive prescribed opiate substitution treatments in France



HIV prevalence among French drug users: **6 to 8%**, HCV prevalence: **40 to 50%**



**333** fatal overdoses



**75** AIDS-related deaths injecting drug users

## Use in the last year (2005, 2008)

In 2008, it was estimated that around 25,000 youths aged 17 had used cocaine at least once. This number tripled between 2000 and 2008. Boys try cocaine more frequently than girls (4.0% versus 2.5%) [1]. In 2005, it was estimated that **1.0%** of 20 million French people (or 200,000 people) aged 15 to 39 had used **cocaine** in the last year.

For the 17-year-olds, the number trying ecstasy increased until 2002, and then started on a downward trend. In 2008, it was estimated that 3.6% of boys and 2.1% of girls had tried ecstasy [1].

In 2005, **0.9%** of 15- to 39-year-olds in this population had used **ecstasy** in the last year, representing 180,000 people [3].

The number of 17-year-olds trying heroin has been on the rise since 2000. In 2008, it was estimated that 1.4% of boys and 0.8% of girls had tried heroin [1]. In 2005, **0.2%** of people aged 15 to 39 (50,000 people) had used **heroin** in the last year [3].

## “Problem drug users” (2006, 2008)

A “problem drug user” is defined by the EMCDDA as an injecting drug user or a regular user of opioids/cocaine and/or amphetamines during the last year (for the 15-64 age group). Of these 230,000 users - the median value of a large estimated range - it is estimated that **145,000** have used injecting drugs in their lifetime and that **81,000** currently use them [14].

These people are characterised by precariousness, high levels of psychiatric morbidity, and polydrug use, often intended to help them withstand extremely difficult living conditions. Among the CAARUD (low threshold agencies) users, 25% have no income and live by pan handling and engaging in prostitution or minor drug dealing, and 52% live on social welfare alone.

The substances used most frequently in a given month by this population are opiates (29% heroin as well as substitution treatments, whether or not used as part of a therapeutic programme, 46% cocaine - six out of ten of these people use the cocaine in crack form only or in both powder and crack form, and 30% sleeping tablets and anxiolytics, whether misused or not). Finally, one-third of problem drug users consume large quantities of alcohol (more than 10 glasses on a given occasion) [15].

## Opinions (2008)

From 1999 to 2008, the number of French 15- to 75-year-olds who believed that **heroin** is dangerous as soon as it is tried increased from 88 to **92%** [4]. The percentage of people believing **cocaine** to be dangerous as soon as it is used was slightly lower with insignificant changes (**88%** in 2008 versus 86% in 1999).

## Treatment (2008)

It is difficult to accurately estimate the number of illicit drug users (excluding cannabis, but including misused medicines) seen in specialised centres during a given year, since these people are likely to seek assistance at several centres in a single year [5]. General practitioners also see a large number of illegal drug users, especially those who are receiving opiate substitution treatments such as methadone or high-dose buprenorphine (HDB).

Approximately 130,000 people were reimbursed by the French health care scheme for an opiate substitution treatment in 2007. HDB (Subutex® and/or the generic Arrow® and Mylan®) remains the most widely prescribed substitution treatment: 80% of drug users versus 20% for methadone [16].

Even though the majority of the patients use HDB for therapeutic purposes, a minority misuse the medication or sell it as a drug.

## Morbidity (2008)

These data on HIV and HCV prevalence reported among injecting drug users come from a French survey conducted among users seen in CSAPAs (upper values in the ranges) and a French survey of users seen in CAARUDs (lower values) [17,15].

These reported data are likely to underestimate these prevalence values, especially for HCV. In 2008, people being treated for heroin or cocaine use often had a history of psychiatric problems: nearly **30%** of them had already been hospitalised for a psychiatric problem. These people find themselves in even more difficult socio-economic situations than other drug users [17].

## Mortality (2007)

Most drug- or opiate medication-induced deaths are related to polydrug use and cannot be associated with a specific substance. Following a sharp drop in fatal overdoses in the late '90s, their number has been on the rise since 2003 [18]. Today, the number of fatal overdoses is very likely underestimated.

In 2006, **75** AIDS-related deaths were reported for injecting drug users in France. The number of these deaths has been steadily dropping since the mid '90s [14].

Men arrested for heroin, cocaine or crack use have an overall risk of death that is five times higher than for other men of the same age. For women, this risk of death is nine times higher [20]. This comparatively higher death rate can be explained not only by the risks of overdose and HIV infection, but also by an increase in risk-taking behaviours for most causes of death.

illegal use (19,069, or 45%), possession, procurement (12,039, or 28%), dealing-transport (7,684, or 18%), import-export (2,187, or 5.1%), supply and sale (1,506, or 3.5%), aiding and abetting, which can include encouraging use or facilitating use (61, or 0.1%) and other offences (103, or 0.2%). Among the sentences handed down for illegal drug use, 16% included imprisonment or imprisonment combined with a partial suspension [34].

**7,115** arrests for heroin use  
**4,405** arrests for cocaine  
 or crack use  
**323** arrests for ecstasy use

**970 kg** of heroin seized

**5,211 kg** of cocaine seized

**106,597** ecstasy tablets  
 seized

**€60** per gram of cocaine  
**€40** per gram of brown heroin  
**€5** per tab of ecstasy

#### Arrests (2009)

The number of arrests for heroin use decreased by 75% between 1995 and 2003. It rose again thereafter. However, from 2008 to 2009, this number fell by 9%. The police forces arrested 2,974 heroin user-dealers and traffickers, which represents a 21.5% decrease since 2008.

Arrests for cocaine or crack use quadrupled since 1995, and have dropped 15% since 2008. There were 2,957 arrests for cocaine or crack use-resale and trafficking in 2009.

There has been a drop in the number of arrests related to ecstasy use since 2005. In 2009, 323 ecstasy users and 149 ecstasy user-dealers or traffickers were arrested [10].

#### Seizures (2009)

Overall, heroin and cocaine drug seizures are on the rise compared to the early 2000s. In 2009, the quantity of heroin seized during a given seizure was approximately one tonne, slightly down from 2008.

Even though the amounts of cocaine seized remain significant, they are at their lowest level in four years.

Ecstasy seizures continue their sharp decrease: 343,000 pills were seized in 2008 versus 1.36 million in 2007.

In most cases, France is simply a transit country. A large percentage of the quantities seized is intended for France's European neighbours [10].

#### Price and Purity (2009)

In 2009, the price per gram of cocaine was around €60; it remained stable for five years after dropping by 50% since the early '90s [10,13].

The same holds true for brown heroin, whose average price fell from €70 to €40 over a ten-year period, but has remained stable since 2006.

The price of an ecstasy tablet, which decreased from €15 in 2000 to €6 in 2006, has now stabilised at about €5. MDMA is also sold in powder form for about €55 per gram. There are significant upward and downward variations for these averages.

The purity of samples of seized street cocaine ranges from 10 to 30%. Samples of brown heroin seized by police reveal an average purity of 13% [13].

## Tobacco

**3.1** sold per day and  
 per person over the age of 15

**28.9%** of French 17-year-olds  
 and  
**26.5%** of French adults aged  
 18 to 75 smoke on a daily  
 basis

**42%** of French 15- to 75-  
 year-olds believe that tobacco  
 is dangerous as soon as it  
 is used

**60,000** tobacco-related  
 deaths in France each year

#### Sales (2009)

Of the 66,664 tonnes of tobacco sold by tobacconists in France in 2009, cigarettes accounted for the lion's share (**54,980** tonnes or millions of units).

The level of sales is slightly higher than in 2008 and has reached the level seen in 2005 or 2007 [21]. In 2009, French Customs seized 263.9 tonnes of tobacco, representing nearly 6% more than in 2008 [22].

#### Daily use (2005, 2007, 2008)

In 2008, daily tobacco use in French 17-year-olds was clearly down compared to 2003; boys and girls still have comparable use (**29.9%** versus **28.9%**) [1].

In 2007, French 16-year-olds had a rate of tobacco use in a given month (29%) rather close to the average rate of European teenagers as a whole [2].

In 2005, tobacco use in French adults aged 18 to 75 was lower than in 2000 [3]. The proportion of tobacco daily users is still higher for men than women (**30.3%** versus **22.9%**).

#### Opinions (2008)

The number of people who perceive tobacco use as dangerous practically doubled between 1999 and 2008: 42% (versus 22%) of people aged 15 to 75 consider tobacco to be dangerous from the moment it is first tried [4].

#### Treatment (2009)

In 2009, 80% of medicines for smoking cessation sold in French pharmacies were nicotine substitution products (oral forms and transdermal patches). Champix® (varenicline) ranked last [23].

Smoking cessation consultations received an average of 14.7 new patients in 2009, more than half of whom had been referred by a health professional [24].

#### Mortality (2000, 2006)

The latest estimation of the number of tobacco-related deaths per year was performed in 2000. This estimation includes cancers (of the lungs and upper aerodigestive tract as well as of the oesophagus, bladder and cervix), chronic obstructive bronchitis and cardiovascular diseases [25].

In 2006, the number of tobacco-related cancer deaths was estimated to be **36,990**, including 22,645 from lung cancer [26]. The mortality rate for men is four times higher than for women, but the trends are just the opposite: the situation is improving for men while it is deteriorating for women [27].

# Alcohol



**12.5** litres of pure alcohol consumed per French inhabitant aged 15 or older



**22.5%** of French adults are regular drinkers



Repeated drunkenness concerned **25.6%** of French 17-year-olds and **5.5%** of French adults aged 18 to 75



For **10%** of French 15- to 75-year-olds, alcohol is dangerous as soon as it is tried



**140,000** French drinkers seen in specialised centres



**30,000** alcohol-related deaths in France each year



**149,491** convictions in France for driving under the influence of alcohol

## Alcohol Sales (2009)

For 2009, this quantity is equivalent to an average of slightly less than three glasses of alcohol per day and per inhabitant aged 15 or over [28]. The quantities of alcohol sold in France have fallen considerably since the early '60s, and this change is almost entirely due to the drop in wine consumption. Between 2005 and 2009, sales continued to fall, although they did so rather slowly. Although no longer an exception, France is still one of the countries with the highest alcohol consumption [26]. From 2000 to 2005, it was ranked number five in Europe.

## Regular alcohol use (2005, 2007, 2008)

In 2008, among teens aged 17, **8.9%** stated using alcohol regularly. These teens were more often boys (**13.6%**) than girls (**4.0%**) [1].

In general, this regular alcohol use is on the decline in teens as well as in adults.

In 2007, alcohol use during the last month in young French 16-year-olds was comparable to the European average (61%). [2] In 2005, regular alcohol use concerned almost one quarter of adults aged 18 to 75 (**33.4%** of men, **12.1%** of women), and the percentage of regular alcohol users increased considerably with age [3].

## Episodes of drunkenness (2005, 2007, 2008)

For 17-year-olds, drunken behaviour has remained stable overall in the last few years. Repeated drunkenness during the last year (three or more episodes) has stabilised since 2005 and regular drunkenness (10 or more episodes) declined over the same period. In contrast, life-time use and occasional drunkenness (fewer than three episodes in the last year) have risen since 2003. [1].

In 2007, compared to those in other European countries, French 16-year-olds were among those who stated being drunk the least often in the last year (22nd out of 35 countries) [2].

Among adults in 2005, men were proportionally four times more likely than women to state having experienced at least three episodes of drunkenness in the last year (**9.2%** compared to **1.9%**). Compared to 2000, the number of episodes of drunkenness has stabilised [3].

## "At risk" Drinkers (2005)

In 2005, there were approximately 3.7 million "at-risk" drinkers (from a health standpoint, whether alcohol dependent or not) aged 18 to 75 in France (according to a calculation derived from the Audit-C test [3]). Most of these "at-risk" drinkers were men, who represented 3.1 million of the total. Among men, this "at-risk" drinking increased considerably with age.

## Opinions (2008)

Between 1999 and 2008, the perceived danger of alcohol use increased: the percentage of 15- to 75-year-olds who considered alcohol use to be dangerous as soon as it is tried increased from 6 to **10%** [4].

## Treatment (2008, 2009)

Individuals experiencing problems with alcohol went to CSAPAs as outpatients [30] as well as to hospitals or general practitioners. Hospital statistics registered more than **110,000** stays due to problems with alcohol in 2008 [31]. More than two-thirds were related to acute intoxication (drunkenness) and were of extremely short duration.

Apart from these referrals, which were directly related to the treatment of alcohol abuse or addiction, in 2003 it was estimated that **1.3 million** hospital stays were related to pathologies caused by excessive alcohol consumption (cancers, cirrhosis, strokes, injuries caused by road traffic accidents or household accidents involving drunken individuals, and so on). [32].

## Mortality (2007)

This figure was recently updated with the latest data on mortality and on the increased risk of becoming affected by certain diseases (cancers, cirrhoses) due to alcohol use [33]. This figure also includes violent deaths resulting from alcohol-related road traffic accidents, for which the estimated number was 1,200 out of an annual total of 4,300 fatal road traffic accidents in 2007 [33]. For a driver whose blood alcohol level is over zero, the risk of causing a fatal road traffic accident is multiplied by 8.5) [7].

Overall, the number of deaths related to alcohol use is on the decline.

## Convictions (2008)

These convictions include all criminal convictions handed down in France for driving under the influence of alcohol (legal convictions and penal agreements); there were **2,486** convictions for involuntary bodily harm (leading to temporary disability) caused by a driver under the influence of alcohol and **265** for involuntary manslaughter while under the influence of alcohol. The high number of alcohol-related breaches of road safety in these convictions (approximately one quarter of the total) reflects the legal consequences of alcohol testing performed by the French police and gendarmerie.

25,752 road safety awareness training sessions took place in France in 2007 [34].



## Definitions

**Life time use** : at least one lifetime experience (this indicator is chiefly used to measure the circulation of a given substance within the population).

**Use during the year**: consumption at least once during the year. For tobacco, this concerns persons who declare that they smoke even if only occasionally.

**Regular use**: Consumption of alcohol at least three times during the week. Daily use of tobacco. Cannabis used at least 10 times during the month.

**Daily use**: at least once a day.

**Repetitive drunkenness**: Refers to a declaration by the individual that he/she has been drunk at least three times during the last 12 months.

**Drug-related deaths**: deaths directly due to use of illegal substances, although these often occur in combination with other substances. These deaths occur generally shortly after the consumption of the substance. They are also known as overdoses or poisonings. This is the definition used by the EMCDDA.

**CSAPA**: Centre de Soins, d'Accompagnement et de Prévention en Addictologie (Addictology Treatment, Support and Prevention Centres). This is now the collective name for France's former Centres de Soins pour Toxicomanes (CSSTs or Specialised Drug Addiction Treatment Centres) and Centres de Soins en Alcoologie (CCAAAs, or Outpatient Alcoholism Treatment Centres).

**CAARUD**: Centre d'Accueil et d'Accompagnement à la Réduction des Risques pour Usagers de Drogues, or Reception and Harm Reduction Support Centres for Drug Users (low threshold agencies).

**The Audit-C test** is the short version of the Audit (Alcohol Use Disorder Identification Test), which was devised by the World Health Organisation (WHO) to identify alcohol users who are endangering their health. The test asks three questions about the frequency of alcohol use and the quantity of alcohol consumed in the past twelve months.

**EMCDDA**: European monitoring centre for drugs and drug addiction

- [1] **ESCAPAD 2005 and 2008**: Enquête sur la santé et les consommations lors de la journée d'appel et de préparation à la défense/Survey on health and consumption on call-up and preparation for defence day) (Observatoire français des drogues et des toxicomanies (OFDT)/French monitoring centre for drugs and drug addiction/Direction centrale du service national (DCSN)/National Service Directorate)
- [2] **ESPAD 2003 and 2007**: European School Survey Project on Alcohol and other Drugs (The Swedish Council for Information on Alcohol and Other Drugs (CAN). Institut national de la santé et de la recherche médicale/National institute of health and medical research (INSERM-U472)/OFDT/Ministère de la jeunesse, de l'éducation nationale et de la recherche (MJENR)/Ministry of Youth, National Education and Research)
- [3] **Health Barometer 2005** (Institut national de prévention et d'éducation à la santé (INPES)/French national institute for prevention and education in health. OFDT research)
- [4] **EROPP 2008**: Enquête sur les représentations, opinions et perceptions sur les psychotropes/Survey on Representations, Opinions and Perceptions in relation to Psychoactive Drugs (OFDT)
- [5] **Standard activity reports of the Specialised Drug Addiction Treatment Centres** (Direction générale de la santé (DGS) General Health Department/OFDT)
- [6] **Clinics for young users survey, 2005 and 2007 editions** (OFDT)
- [7] **SAM: Road safety epidemiological survey on narcotics and fatal road accidents 2002-2003** (Institut national de recherche sur les transports et leur sécurité (INRETS)/National institute for research on transport and safety - UMRESTTE/CEESAR/INSERM/INRETS-MA/Lab PSA Peugeot/OFDT)
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- [11] **TREND**: Recent trends and new drugs in France (OFDT)
- [12] **SINTES**: National Detection System of Drugs and Toxic Substances (OFDT)
- [13] **The S.T.U.P.S. file of the INPS** (Institut national de la Police scientifique/French National Forensics Institute)
- [14] **Prévalence de l'usage problématique de drogues en France - estimations 2006**/Prevalence of Problematic Drug Use in France - 2006 estimates. (OFDT)
- [15] **ENaCAARUD 2008**: Quantitative survey of CAARUD users (OFDT)
- [16] **CNAMTS Data** - used by OFDT 2009
- [17] **RECAP 2008**: Joint report on drug addiction and drug treatment (OFDT)
- [18] **Registre national des causes de décès**/National register of the causes of death (INSERM-Cépi-DC/ OFDT estimate)
- [19] **HIV and AIDS surveillance** (InVS/National health watch institute)
- [20] **Mortality of individuals arrested for illicit drug use** - cohort of individuals arrested for drug use in the 1990s (OFDT)
- [21] **Tobacco sales** (Altadis, OFDT estimate)
- [22] **Bilan d'activité de la douane**/French Customs activity report (Direction générale des douanes et droits indirects (DGDDI)/French Customs)
- [23] **Ventes de substituts nicotiques**/Sales of nicotine replacement therapies (Groupement pour l'élaboration et la réalisation de statistiques (GERS), Office français de prévention du tabagisme (OFT) French office for the prevention of smoking/OFDT estimate)
- [24] **Données CDTNet d'information sur les patients en consultation de tabacologie**/Tobacco addiction data on patients in French smoking cessation clinics (Laboratoire de santé publique et informatique médicale - Faculté de Médecine Paris V/Laboratory of Public Health and Medical Information/Paris Medical College)
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- [31] **PMSI 2009**: Programme de médicalisation du système d'information/Medicalised information system programme) (Agence technique de l'information sur l'hospitalisation (ATIH) Technical hospitalisation information agency)
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- [33] **Mortalité attribuable à l'alcool en France**/Alcohol-related mortality in France. Sylvie Guérin, Agnès Laplanche, Ariane Dunant, Catherine Hill. Institut Gustave Roussy
- [34] **Casier judiciaire national**/National Crime Register (Ministère de la Justice/Ministry of Justice - Sous-direction de la statistique, des études et de la documentation (SDSED) Statistics studies and documentation sub-division)

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