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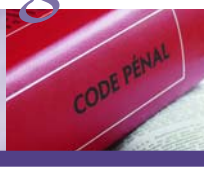
Cannabis, essential data and knowledge



An updated synthesis of
Cannabis, données essentielles (2007)

Under the direction of
Jean-Michel Costes

May 2009

An updates synthesis of the monograph *Cannabis, données essentielles* (2009) by Hassan Berber

Contributions

Cannabis, données essentielles *est un ouvrage collectif réalisé à l'initiative de l'Observatoire français des drogues et des toxicomanies.*

Sous la direction de Jean-Michel Costes

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Cannabis is the most widely available and most used illicit drug in Europe. However, in terms of consumption, France is among the top list countries, at least among young people. Over the past few years, the public authorities have strengthened their efforts to highlight the dangers of this illicit drug. New communication campaigns have been launched via television and other media.

The aim of the present document is to illustrate the different aspects of the situation of cannabis in France (consumption, market, risks and consequences, public policy, etc.). It is essentially based on the monograph published by the French Monitoring Centre for Drugs and Drug Addiction, *Cannabis, données essentielles* (July 2007), but also relies on several other publications that were published since then as well as updated data in this field, presented throughout the article as footnotes. It seeks to offer a somewhat updated synthesis of this monograph for the English-speaking public and Internet users.

1. Consumption and problem use of cannabis

In France, cannabis use has been observed over the last 15 years through general surveys. Such observations are notably based on the *Baromètre santé* coordinated by the National Institute for Prevention and Health Education (INPES), since the beginning of the 1990's, and on the general survey ESCAPAD (Survey on Health and Consumption on Call-Up and Preparation for Defence Day), launched by OFDT in 2000.

At the European level, two sources can be used for observation. The first one is the Annual Report published by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) on the drug phenomenon in the European Union, Norway, Turkey and Croatia. This annual report is the result of an analysis of a standardised collection of data from the participating countries. The second one is a European survey (European School Survey Project on Alcohol and Other Drugs, ESPAD) which gives information about different aspects of the drug phenomenon amongst high school students.

Cannabis use, users profiles, 2005

Cannabis is by far the most widely consumed and available illicit drug in France as well as in Europe. In France, in 2005, about 12.4 million people were estimated to have used cannabis at least once in their lifetime, 3.9 million used it at least once during the year, and 1.2 million used cannabis at least 10 times during the month. Over half a million people (550,000) use cannabis everyday[1].

Levels of consumption differ, mostly according to sex, age, education and employment.

The level of cannabis use is higher for men than women, especially if population groups characterised by higher levels of usage are considered.

1. Sources: ESCAPAD 2003, OFDT; ESPAD 2003, Inserm/OFDT/MJENR; Baromètre santé 2005, INPES (exploitation OFDT).

Thus, if 4.8% of people aged 15 to 64 years old use cannabis during the month, men represent - in this group - a percentage of 7.3% and women 2.5%; for regular use, the percentages are 2.8% on average, 4.3% for men and 1.3% for women. Finally, for daily cannabis use, the percentages are 1.3% on average, 2.0% for men and 0.5% for women.

The difference is also significant when we consider the age factor. Cannabis is mostly used by youngsters and its use diminishes greatly with age. Lifetime prevalence is around 57% for men (vs. 30% for women) aged 20 to 24 years old. It reaches about 59% for men aged 25 to 29 years old (vs. 21%). By contrast, the percentage of men aged between 50 and 54 who have tried cannabis at least once in their lifetime declines to around 17% (vs. 1%), and even to 6% (vs. virtually 0%) for men aged 60 to 64 years old.

Use appears to be comparatively low among non-working people (mainly pensioners) and relatively high among high school students and university students. As for experimentation, the levels of consumption amongst the unemployed are close to those of students. Data show that most individuals stop cannabis use when they start working, but that unemployment can be a factor of continued cannabis use.

On the other hand, use varies noticeably according to qualifications and

Table 1: Estimation of the number of psychoactive substance users in metropolitan France aged 12 to 75 years old, in 2005

	Illicit drugs				*Licit drugs*	
	Cannabis	*Cocaine*	*Ecstasy*	*Heroin*	*Alcohol*	*Tobacco*
Lifetime users	12,4 M	1,1 M	900 000	360 000	42,5 M	34,8 M
including users over the past year	3,9 M	250 000	200 000	//	39,4 M	14,9 M
including regular users	1,2 M	//	//	//	9,7 M	11,8 M
including daily users	550 000	//	//	//	6,4 M	11,8 M

//: non available data

- Lifetime use (or Experimentation): at least one lifetime experience (this indicator is chiefly used to measure the circulation of a given substance within the population)

- Last year prevalence (or actual use): consumption at least once during the year (for tobacco, this concerns the persons who declare that they smoke, even if only occasionally)

- Regular use: consumption of alcohol at least three times during the week, daily consumption of tobacco. Cannabis consumed at least 10 times during the month.

NB: the number of individuals aged 12 to 75 years old in 2005 was about 46 million.

Sources: ESCAPAD 2003, OFDT; ESPAD 2003, INSERM/OFDT/MJENR; Baromètre Santé 2005, INPES, exploitation OFDT

degrees. The higher the level of qualification is, the lower the level of regular use or problem use of cannabis. Some explanations can be that more qualified people are more aware of the dangers of this drug, or that they pay more attention to their own health.

Differences are smaller between categories of employed people. Logistic models show that compared to manual workers, on a like-for-like basis, there is over-experimentation amongst managers, craftsmen, tradesmen and intermediate professions and under-experimentation amongst farmers.

In France, 3 out of 10 persons aged between 15 and 64 years old declare that they have already used cannabis. Four out of 10 declare that it has already been proposed to them.

Among teenagers, cannabis is by far the most used illicit drug. In 2005, 49.5% of teenagers aged 17 had declared having experimented with it at least once in their lifetime, 27.9% had declared at least one use during the month, 10.8% had used it regularly (at least 10 times during the month), and 5.2% had used it everyday during this period[2]. During adolescence, the greater the frequency of use is, the greater the male representation. The sex ratio is 1.2 for experimentation and use during the year, 1.5 for use during the month, 2.4 for regular use and 2.5 for daily use.

Cannabis is also the illicit drug experienced earliest, i.e. at the age of 15 when the question is asked at the age of 17, whereas 16 years old is the age declared for other drugs. Experimentation of cannabis happens massively during adolescence. In 2005, 12.8% of experimenters had smoked their first joint when they were 13, 58.4% when they were 15 and 90.3% when they were 16.

The family environment seems to have a small influence on the level of cannabis use among teenagers. By contrast, levels of sociability and the intensity of friendly contacts differentiate the attitudes toward consumption more clearly: the proportion of users during the month triples depending on the frequency of evenings out in bars. Moreover, the proportion of users during the month is multiplied by six according to the number of parties at home or at friends' homes.

Finally, we can distinguish geographical disparities in the use of cannabis. For adolescence, use during the year is more frequent in the west of France, and especially in Brittany, as opposed to the rest of the territory. Among adults, the situation is different. In northern France, use is below average, but the west is not distinguishable. In Ile-de-France and Provence-Alpes-Côte d'Azur the level of prevalence is higher than the rest of the country.

Data available for the past few years about overseas regions and territories (DOM and COM) show that youngsters aged 17 use cannabis much less than their metropolitan counterparts.

The ESCAPAD survey makes it possible to highlight differences in use inside some regions, notably in Ile-de-France. Cannabis use appears to be more frequent in the west of the region compared to the north and the east.

2. BECK F., LEGLEYE S., SPILKA S., « Les drogues à 17 ans : évolutions, contextes d'usages et prises de risques », Tendances, n° 49, 2006, p. 1-4.

Differences also exist in Paris itself, opposing the richer neighbourhoods of the south and the west, characterized by a higher level of consumption, and the more popular neighbourhoods of the north and the east, with lower levels of cannabis use.

Cannabis use is therefore present in all population groups and throughout the national territory (metropolitan France and overseas). Sex and age are the main demographic factors, but individuals' academic level, professional activity, type of job and place of residence, all influence use.

Trends over the last 15 years

Since the beginning of the 1990's, experimentation among adults has increased very steadily. In 2005, 31% of adults aged 18 to 64 years old had experimented with cannabis. This increase is mainly due to an increase in cannabis use among new generations. But among youngsters, this increase seems to have stopped. Experimentation even declined for adult men aged 18 to 25 between 2002 (61%) and 2005 (56%). Outside of this age group, although more people declared that they have experimented with cannabis, the distribution of cannabis in the population has been slowing down since 2002.

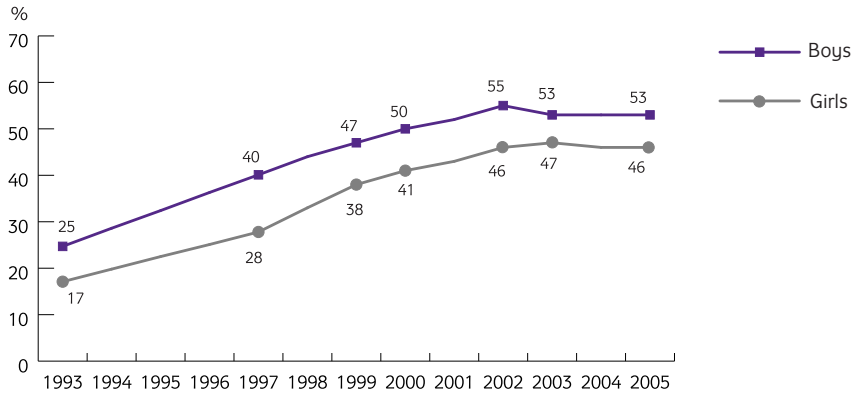
By contrast, more frequent cannabis use does not follow the same path. Cannabis use during the year, which increased from 1992 to 2002, remained stable between 2002 and 2005 (and concerns about 8% of persons aged between 18 and 64). Recent use (at least once during the last thirty days) also seems to have remained stable since 2000 at a level of 5%. On the other hand, regular use (at least 10 times during the last thirty days) increased significantly between 2002 and 2005, from 1.7% to 2.7% of people aged between 18 and 64. This is true for men as well as women.

Among the adolescent population, a slight decline appeared between 2002 and 2005 for both sexes, after the increase in experimentation levels observed in the 1990's. This downward trend had already been revealed in 2002 for young adult boys and in 2003 for females. On the other hand, the level of experimentation has been stable in recent years, with around half of adolescents aged 17 having experimented with cannabis. In recent years, cannabis use seems to have become more frequent and first-time users to be younger than before. Only time will tell us whether these trends will endure because of the recent change in the distribution of cannabis (See graph 2) or not.

A generalisation of cannabis use has also been observed at European level, among adults and young adults as well as very young people. Distribution began in the 1960's and accelerated in almost all European countries during the 1970's and 1980's. During the 1990's, the spread of use continued in virtually all countries.

Concerning the high school population, the ESPAD surveys for 1995, 1999, 2003 and 2007 reveal patterns showing that cannabis spread more and more massively in Western Europe during the 1990's, before stabilising over recent years. Between 1999 and 2003, no European country shows a significant reduction in cannabis use

Graph 1: Cannabis experimentation according to sex, in 17-year-olds, 1993-2005 (in %)



Sources: Adolescents, national survey, 1993, INSERM; Survey on schooling and spare-time activities of secondary school students 1997, CADIS; ESPAD 1999 INSERM/OFDT/MENRT, ESCAPAD 2000, 2002, 2003, 2005, OFDT.

levels. However, available data suggests that the upward trend is levelling off, albeit at historically high levels[3]. This stabilisation seems to be confirmed especially in the high-prevalence group of countries: United Kingdom, France, Spain, and Italy. On the other hand, experimentation has increased in Central and Eastern European countries mainly, but also in Ireland and Portugal.

The ESPAD 2007 survey shows that regular cannabis use (at least ten times during the last month) decreased between 2003 and 2007, and declined overall between 1999 and 2007, although there was an increase between 1999 and 2003[4]. According to the last issue of the EMCDDA annual report[5], cannabis use is stabilising in many European countries, and downward trends have been observed among high school students in most European countries. This has been confirmed by several studies conducted in the United Kingdom or Slovakia for instance[6].

Regular use and problem use

The public health problem linked to cannabis use is largely due to its frequency.

Four different recent surveys make it possible to observe and describe the populations regularly using cannabis, but also the context and the modalities of use. The first two are general surveys of the French population: the *Baromètre santé* (for people aged 15 to 64) and ESCAPAD (young adults aged 17). Two other specific studies help complete this

3. *National Report from EMCDDA, 2007.*

4. *« Alcool, tabac et cannabis à 16 ans »,* Tendances *n° 64, January 2009, p. 1-2.*

5. *National Report from EMCDDA, 2008.*

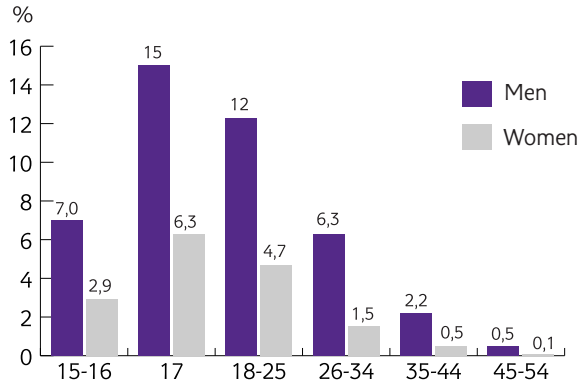
6. Idem, *p. 46.*

observation and description of the phenomenon. The first is an investigation conducted in 2004-2005: a long questionnaire proposed to 1,700 regular cannabis users aged 15 to 29 years old in 11 different geographical sites. It adapts the statistical approach to regular users of cannabis. The second one is a qualitative survey of regular users based on 70 ethnographic interviews. Of course, this survey does not improve statistical knowledge of regular use, but rather improves understanding of the variety of behaviours. Exploratory research combining a quantitative approach and ethnographic interviews were conducted about ten years ago and enables some assessment of changes in the phenomenon.

In France in 2005, regular cannabis users (at least 10 times a month) are estimated at 1.2 million. The proportion of cannabis users in the French population aged between 15 and 34 has increased from 3.8% in 2000 to 5.9% in 2005. Age first, and then sex, are the main factors influencing cannabis use, and particularly regular cannabis use.

Regular users are found essentially among adolescents and young adults. They are much fewer after the age of 35. Thus, the proportion of regular users is 7.0% for males (and 2.9% for females); among very young people aged 15-16, this figure jumps to 15% for males (and 6.3% for females) at the age of 17, and falls to 12% for males (and 4.7% for females) for people aged 18 to 25. By contrast, the proportion of regular users drops to 2.2% for males (and 0.5% for females) for adults aged 35 to 44. These regular users are mostly male as the preceding figures have shown. There are two regular boy users for one regular girl user at the age of 18, and four men for one woman after the age of 25 (See graph 2).

Graph 2: Regular use of cannabis between 15 and 54 years old, according to sex, in 2003/2005 (in %)



Source: ESPAD 2003, INSERM/OFDT/MENRT for the very young (15-16 years old) in full-time education; ESCAPAD 2005, OFDT for 17-year-olds; Baromètre santé 2005, INPES, OFDT exploitation for other age groups.

Among 17-year-old youths, usage frequency is closely linked to the school or professional situation. Very young people not attending school use cannabis more frequently (27.0%) than apprentices and very young people doing part-time courses (18.1%), who themselves use cannabis more frequently than general education school students (9.0%). Among adults, academic level is a very important factor of differentiation. People with a university post-graduate degree after 5 years of higher education are more frequently experimenters rather than regular users. For example, people having stopped after A-levels are twice as often regular users as those who got a university degree after 5 years of higher education.

Geographical differences appear to be modest.

Most regular cannabis users consider that heroin, cocaine, ecstasy and hallucinogenic mushrooms are dangerous from the first use or in the case of episodic use. But most cannabis users only consider alcohol, tobacco and cannabis dangerous in the case of daily use or multiple daily use.

Intensity of use can be estimated based on the number of joints taken during the last "smoking session". Almost half (44%) of cannabis users aged 18 or over smoked three joints or more "the last time". At 17, there were twice as many daily users - compared with regular (but non daily) users - who smoked 5 joints or more the last time they smoked. Use increases towards the end of the week. Spare time and parties are opportunities for use. Intensity of use is linked to its frequency.

Regular use happens in most cases either in the private space (home) or during festive events (at parties and night-clubs). Use in the street concerns a majority, but only episodically. Almost all cannabis regular users smoke it together with tobacco. That explains why, among the ones aged 15 to 29, 8 out of 10 smoke tobacco apart from their cannabis use, and two thirds are daily tobacco smokers. It has to be noted that regular cannabis users experiment with other illicit drugs more often: lifetime prevalence appears to be 5 to 8 times higher than in the general population.

Several analyses show that health indicators for regular cannabis users are less favourable than those of the general population or of non-users. Regular cannabis users face several problems: lonely usage or morning use, driving after use, memory disorders, lack of energy, problems with family and friends, etc. A qualitative survey conducted in the mid 1990's brought to the fore the negative social consequences of cannabis use for people already having social problems.

Finally, a word must be said about the location of problem use.

Although this notion of problematic use has been proposed in recent years by EMCDDA for intravenous injection, long-term or regular use of opiates, cocaine or amphetamines, this notion has not yet been extended to cannabis. EMCDDA is trying to find a way to use this notion, by relying on epidemiologic and clinical studies conducted in France or other countries, as well as a compendium of international experiences on this matter[7].

7. *EMCDDA, Annual report 2007, page 42;* Cannabis, données essentielles, *OFDT, St Denis, 2007, p. 53.*

In France, the final decision has been to use the CAST (Cannabis Abuse Screening Test) questionnaire, which has been validated in a survey (ADOTECNO 2003). It must be said that CAST is not seen as a diagnosis test, but as a location tool among the general population. Although it has not been approved for the clinics, it is the main test used in the cannabis consultations for young people, open since 2005.

2. The market

For several years, cannabis has been the leading illicit drug in terms of trafficking.

The sources of information on the market and trafficking essentially come from data collected by OCRTIS (The Central Office for the Repression of Drug-related Offences) and from The United Nations Office against Drug and Crime. These are essentially quantitative data.

Apart from the domestic production, most of the herbal cannabis smoked in France comes from the North (the Netherlands and Belgium) or the Caribbean islands. On the other hand, the majority of cannabis resin comes from Morocco, although the surface of land used for growing cannabis in Morocco was drastically reduced in 2005[8].

The quantities of cannabis seized (in all forms) fell from 83 tons in 2005 to 72 tons in 2006 and 34 tons in 2007, but increased again during the first few months of 2008[9]. Although this is less than the quantities seized in 2004, the level is still high compared to the preceding years. France comes second after Spain in terms of seizures of cannabis in all its main forms (herb, resin, oil).

Trafficking routes and local trafficking networks

Morocco produces about one third of the world's production of cannabis resin. About 80% of resin smoked in Europe comes from this country. The traffic routes for this substance begin at the major Moroccan ports, such as Agadir and Casablanca on the Atlantic coast and Tangiers and Nador on the Mediterranean coast. There are several routes out of Morocco for hashish. They range from merchant ships with containers to lifeboats, sailing ships or speedboats.

On the Atlantic coast, transport is often done with merchant ships to the ports of Bordeaux, Nantes and, above all, Le Havre. On the Mediterranean coast, Marseille is an important way in for cannabis resin, but is not often used for imports in France. It is generally imported via Algiers. On the other hand, Mediterranean ports are quite used for imports to Spain, via the Almeria, Valencia and Barcelona ports. Hashish is then transported via road and rail where it will be sold retail.

There are also several modes of transport such as cars, lorries and trains. A significant, but declining share, of seizures is done on lorries (two thirds

8. Rapports de l'OCRTIS sur l'usage et le trafic des produits stupéfiants en France, année 2006.

9. Rapports de l'OCRTIS sur l'usage et le trafic des produits stupéfiants en France, année 2007.

in 2005, more than half in 2006, about one third in 2007). Transport in light vehicles ranks second as a mode of transport in the international traffic of cannabis. These means of transport are used mainly for cannabis coming from Spain, but also the Netherlands and Algeria.

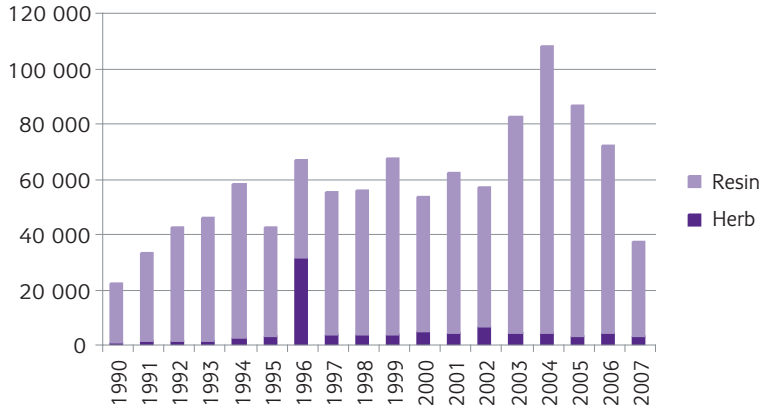
A new technique has emerged over the last ten years, the "go fast". Convoys of three to five fast cars, each transporting 500 to 800 kg are formed. They transport the merchandise from Spain, where they buy it from wholesalers, to France, during journeys which mostly take place at night. The quantities transported seem to have fallen during 2007 and the convoys seem to be more "reasonable", avoiding night travel and conforming to speed limitations[10]. Recently, this technique has also been used for cocaine trafficking (in 2005, around 5 tons of cannabis resin transported by the "go fast" technique to the French market were seized by the Spanish and French police forces).

Half the offences for drug trafficking involve cannabis, far ahead of heroin. Nine seizures out of ten are also related to cannabis. Half of those individuals taken in for questioning were accused of cannabis trafficking. Most of these concern local use-resale or local trafficking. In 2005, 67% of 12,929 traffickers taken in for questioning were questioned about affairs of use-resale (this proportion remains stable since the end of the 1990's); 31% in local trafficking affairs and only 2% in international trafficking affairs.

Cannabis resin traffickers are far more numerous than herbal cannabis traffickers or cannabis oil traffickers.

10. Idem.

Graph 3: Cannabis seizures (herb and resin) in France from 1990 to 2007 (in kg)



Source: FNAILS, OCRTIS

As for other drugs, cannabis trafficking is essentially a masculine phenomenon (9 traffickers taken in for questioning out of 10) and concerns a rather young population: the average age being around 25 (as against 28 for heroin traffickers and 30 for cocaine traffickers).

Sources providing information about local trafficking (or "grassroots» trafficking) are rare. A collective expert study published in 2001 by INSERM (National Institute for Health and Medical Research) describes a typology of local trafficking based on information from the police, the justice system and ethnographic studies.

There are 3 major types of local trafficking networks: "family" networks with a defined division of labour; entrepreneurial networks aimed at making maximum profit with a division of labour adapted to that purpose and, finally, "grassroots" networks, which are not well structured and do not necessarily aim at maximising profit (here, the logic of the network is more pragmatic – buying in groups for better prices or by affinity). These networks are not exclusive of one another. Two types can be combined, such as the family and entrepreneurial networks, for example.

Availability[11], price and turnover

Availability describes the overall presence of a product in a given geographical area, whereas accessibility defines the amount of effort necessary for an ordinary user who has the money to get the wanted substance.

The first measure of availability is the level of use among the population. Cannabis appears to be highly available. In 2005, 3 people out of 10 aged 15 to 64 declared that they had already used cannabis and 4 out of 10 declared that it had already been proposed to them during their lifetime. This availability seems even more pronounced among young or very young people, who are more frequently users of cannabis: 57.7% of young people aged 15 to 19 and 68% of young adults aged 20 to 24 declared that such an offer had been proposed to them. In 2003, 81.2% of young adults aged 17 to 18 declared that they knew one or several cannabis users, although experimentation had been declared by "only" 53.0%.

As for accessibility, one way to indirectly measure it is through the knowledge of users who are close relations (this is one component of availability). The other measure is, through general surveys, the perception by individuals of the ease or difficulty with which they can get cannabis. Among men aged 20 to 25, almost 8 out of 10 (and 6 out of 10 in the general population) declare that they could easily get cannabis if they wanted to. There may be some difficulties in gaining access to cannabis, which are revealed by the Trend device observations. But these are most often locally-restricted and short-term difficulties (seasonal scarcity of the product because local traffickers have gone on holidays or were arrested, or temporary "artificial" scarcity organised by the traffickers in order to increase the price of their product).

11. Sources on this aspect are surveys in general population but also surveys aimed at more specific populations.

Although it is difficult to assess cannabis home-growing because it is a clandestine phenomenon, some surveys (*Baromètre santé*, ESCAPAD) can help measure it, to a certain degree. The estimate resulting from these is about 200,000 users resorting to home-growing among people aged 15 to 64. This figure seems, for the moment, to be accepted by all parties. Another specific economic assessment of the number of users resorting to home-growing accepts this figure although it underlines that users resorting only to home-growing could be estimated at around 140,000[12]. It is rather clear that home-growing is a slowly emerging phenomenon, although it had already significantly begun in the seventies in France.

The two main modes of acquisition of cannabis are donations and purchase, which are not necessarily mutually exclusive. Thus, in 2005, 58.7% of those aged 15 to 64 declared that they ordinarily benefited from donations, 36.8% purchased it and 5.1% had grown it.

The more regular the user, the more likely he/she is to use purchase and home-growing of cannabis, proportionally, as his/her chief means of acquisition. Thus, four-fifths (78%) of regular cannabis users declare that they get their cannabis at least sometimes from friends and two-thirds (65%) declare that they get it from donations. Purchase from a small trafficker is declared by 59% of users. Buying from a friend is more frequent than buying cannabis from an unknown dealer. Dealing can happen in public or in private spheres. The dealer's home is the favourite place for dealing, for it provides protection from exposure to police forces.

Although the metropolitan cannabis market is dominated by its resin form, the markets in the overseas departments almost exclusively involve cannabis herb.

The average price of a gram of cannabis resin in metropolitan France was stable at around 4 Euros during the years 2004-2005. It has fallen sharply (27%) since a similar survey in 1996. The price of herbal cannabis was 5.4 Euros in 2004 and 5.3 Euros in 2005. This price has been almost halved since 1996.

Finally, the turnover of cannabis can be estimated through users' declarations about their consumption and, on the other hand, through their declarations about expenses involved in getting cannabis. These two methods lead to converging results. The rough estimate of the cannabis turnover ranges from 746 to 832 million Euros.

THC concentration and adulteration products

THC concentration of cannabis herb or cannabis resin has often been debated. There are several limits to its assessment: heterogeneity of cannabis herb and resin, various concentrations depending on different elements of the plant, differences between different plants of the same harvest, natural loss of THC concentration, etc. A study by EMCDDA[13] shows modest changes in

12. *Sources on this aspect are surveys in general population but also surveys aimed at more specific populations.*

13. *King L.A., Carpentier C., Griffiths P., An Overview of Cannabis Potency in Europe, Lisbon, EMCDDA, coll. "EMCDDA Insights", 2004, 71 p.*; A Cannabis Reader: Global Issues and Local Experiences, *EMCDDA monographs, 8, Vol. 1, EMCDDA, 2008.*

THC concentration over the period 1997-2003.

The rise is mainly explained by the recent circulation of new products which are highly concentrated. These nevertheless remain quiet rare. They circulate essentially in Holland and in the neighbouring countries.

An average rating completed by an ad hoc survey on the question of THC concentration shows that the real average rate of THC has remained stable for several years at around 6% to 8% for virtually all the European countries. The only exception is Holland, where the average THC concentration stands at 16% and where the average rates have doubled over the period 2000-2004 for the three categories of imported cannabis and herb and Holland's cannabis.

Before the 1990's, no data describing the evolution of THC concentration was available for France. But the French data on THC concentration available for the years 1993 to 2004 confirm the trends underlined by the European study. Although cannabis herb with a THC concentration of 20% and more was first noticed in France in 1997, it represented only 0.5% of the total in 1999-2000 and 2.4% of the total over the period 2001-2004. Thus, it remains very rare.

Average French values of THC concentration oscillate around 9% for cannabis resin and around 7% for cannabis herb. No significant trend has been noticed during the last five years. There may be a trend towards the equalization of the average THC concentration rates for cannabis herb and resin, but this has yet to be confirmed. This does not exclude great variability in THC concentrations. This has been confirmed by a study conducted by the OFDT in 2004 and in 2005[14].

It is marked by geographical heterogeneity. In the North, Holland's influence is revealed by a higher average THC concentration rate (about 12% on average for herb and resin), whereas in the South, these rates are about half the northern ones.

Many adulteration products are referred to by users or in information books. Many substances are mentioned: henna, waxes, paraffin, glues, oil for oil change, animal excrements, etc. But none of these sources confirm their presence in cannabis (pharmacological analysis or eye witnesses of these mixing practices). Several substances cannot be detected by chromatographic techniques, but the results of many pharmacological studies show that very exceptional cases have been found.

Nevertheless, in 2006, evidence of cannabis blended with glass microbeads was found, with a few cases of serious pneumological complications[15].

Cases were also observed in 2006 in the United Kingdom, Holland and Belgium.

14. *Bello P. Y., et al., « Composition et caractéristiques de cannabis collectés auprès des usagers dans quatre sites en France »*, BEH, Bulletin épidémiologique hebdomadaire, *n° 20, 2005, p. 91 ; OFDT, SINTES cannabis: Système d'identification national des toxiques et des substances - investigations spéciales sur le cannabis, 2005. (Unpublished data)*

15. *Agnès Cadet-Taïrou, Michel Gandilhon, Abdalla Toufik, Isabelle Evrard*, Phénomènes émergeants liés aux drogues en 2006. Huitième rapport national du dispositif TREND, *St Denis, OFDT, February 2008, p. 164.*

3. Risks and consequences

Episodic or long-term use of cannabis can have an impact on physical as well as psychological health, even if studies do not identify at which levels of use these risks might exist.

Effects can be due to the active principle of cannabis, or to the substances engendered by its combustion, such as tars. There is no overdose because of the limited use of cannabis. But other risks[16] exist, the most obvious being that of violent death due to road accidents (about 230 a year for the period 2001-2003).

Since 31st March 2003, driving after having used cannabis or another illicit drug is an offence punishable by law and means of drug screening have been extended.

Between October 2001 and September 2003, a study (the SAM study) of drivers involved in a deadly road accident was conducted, and was published at the end of 2005. It concerned 11,000 drivers involved in a deadly road accident. These drivers where systematically subjected to drug screening. The results revealed that around 7% of these had used cannabis, and among them, 2.8% had also used alcohol. The conclusion is that drivers under the influence of cannabis are 1.8 times more at risk of being responsible for a deadly road accident, compared to drivers who have not used this substance. It also shows that, in the case of simultaneous cannabis and alcohol use, the risk of being responsible for a deadly road accident jumps to 15, the risks for alcohol use only being 8.5.

The study has established that the risk of this type of road accident increases with the blood concentration of THC. The number of deaths that can be attributed to cannabis – either directly from more frequent cases of responsibility for accidents or indirectly from greater vulnerability - is around 230.

Finally, this study made it possible to get an estimation of cannabis prevalence among drivers (2.8%), which is similar to the estimation of alcohol prevalence at a level of 0.5 gram per litre or more. On the other hand, the ESCAPAD survey, which questions young adults aged 17 to 18, shows that 4.3% of them declare that they have driven a vehicle (essentially a two-wheeled vehicle) after having used cannabis. Another survey conducted by OFDT in 2004 among young cannabis users (aged 15 to 29 and having smoked at least 20 joints during the last month) showed that 71% of these users declared that they had driven a vehicle at least once in the last year, either during or after consumption; 35% did it often, 23% sometimes et 13% only once or twice.

In France, therapeutic cannabis use remains illicit, but the French Health Products Safety Agency (Agence française de sécurité sanitaire des produits de santé, AFSSAPS) has authorised, since 1999, dronabinol or nabilone prescriptions in a very limited number of

16. Somatic and mental risks will not be dealt with in this document as the articles studying these aspects only very marginally refer to the French case. Again, the chapter dealing with the therapeutic use of cannabis is not documented here for the same reasons. Neither will we specifically consider the botanical, chemical or clinical aspects and effects of the drug, although the book deals with them, as this information is available in many languages.

precise indications and in the framework of nominative temporary authorisations of use. The aim is to enhance the treatment of pain and nausea which are refractive to available medications and therapies.

4. Public policy

Since the end of the 1990's, the public answer to problems of drug addiction has been based on a "global" approach which takes both behaviour and the substance used into account. This policy led to the choice of a generalist prevention method (all products), essentially aimed at schools. It involved highlighting the illicit nature of the substances, providing information about the health risks created by drug use and implementing a more targeted prevention programme aimed at underprivileged people living in poor districts.

Prevention and law enforcement

The governmental Plan for the Fight Against Drugs and the Prevention of Dependence (1999-2001) marked a turning point in the clarification of the foundations and objectives of prevention. The approach was inspired by Professor Parquet's report (1997) which stressed that a discourse encouraging pure abstinence would not help prevent persistent drug use and, above all, avoid problem use and its associated risks.

The governmental plan for 2004-2008 maintained the aims of prevention but revised the general method of their implementation by taking into account the "specific characteristics of each product". It has decided upon a specific programme for cannabis in order to change the way risks are perceived.

Another plan entitled Dealing with addiction: 2007-2011 adopted in November 2006 by the Ministry of Health would appear to be a general answer to addiction.

The last plan introduced in this field, and currently in force, is the 2008-2011 Governmental Plan to Fight Drugs and Drug Addiction. Approved in July 2008, this plan has three main objectives according to the government authorities themselves:

- Prevention: anticipating the initial consumption of illegal substances and avoiding alcohol abuse, by "expanding the arsenal of preventive measures";
- Fight against national and international trafficking: boosting international cooperation and combating the illicit cultivation of cannabis;
- Health and research: by developing health and social care and research.

If we consider prevention via the circulation of knowledge, this began in 2000 with the publication of the book *Drogues, savoir plus, risquer moins* (Drugs: Know More, Risk Less) of which 5 million copies were distributed. Prevention efforts were continued in 2005 with a series of information brochures on cannabis use; an awareness-raising campaign explaining the effects of cannabis use was launched as well as a hotline for cannabis users and specialized consultations for young users and their families.

In 2005, a guide to cannabis prevention activities for school environments was published. By the autumn of that year, it had been distributed in all

French elementary and secondary schools. This guide focuses on the products most used by young people. It provides useful facts to enrich discussions with youths, advice on how to choose the best approach or guidelines concerning assessment methods. It proposes four types of prevention activities which are specially adapted to each classroom level.

Besides this important prevention programme, it is worth noting that two permanent itinerant awareness-raising campaigns were set up in 2005-2006. Of course, their public was much smaller.

Before 1999, media campaigns were rare. In the years immediately following 1999, these campaigns were more of a "generalist" type, giving scientific information about cannabis as well as other substances. Until 2005, only alcohol and tobacco had been subjects of specific communication campaigns.

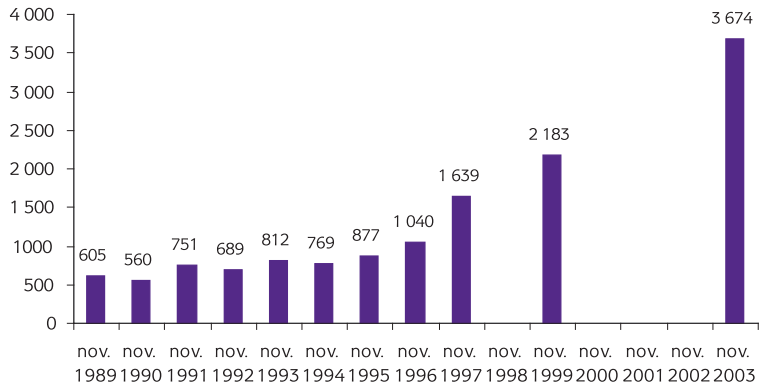
Since the five year plan of 2004-2008, cannabis has been the object of media campaigns on a large scale ("Cannabis is a reality", 2005 and 2006), with television and radio spots, press advertising ads, etc. In 2006, the first national prevention campaign against cannabis use when driving was launched.

Finally, public authorities also have the permanent help lines, including those dealing with cannabis use, at their disposal. Since December 2004, a special help line reserved for cannabis use has been in operation.

Care for cannabis problem use

For a long time, medical care for cannabis use was not differentiated from care provided for other drug use. Dedicated medical care appeared at the end of 2004 and in 2005, because the

Graph 4: Number of individuals being treated for cannabis use in Drug Addiction Treatment Centres (CSST) in November, 1989-2003



Notice: survey not done in 1998, 2000, 2001 and 2002

Source: Survey on treatment for drug addicts in the health and social system in November, 1989 to 2003, SESI/ DREES.

demand for cannabis treatment increased sharply, reaching 18% of requests received by Drug Addiction Treatment Centres (CSST) in 2003. In 2005 and 2006 about one third (respectively 33.5% and 32.5%) of the patients in ambulatory care in these structures had problems mainly with cannabis use[17]. The number of inpatients for cannabis use was nevertheless rapidly increasing, although this figure was more difficult to estimate.

The new specialised cannabis centres created by the end of 2004 for youngsters and their families ("consultations for young users" of cannabis) had attracted around 16,000 young users (for one or several consultations) and about 13,000 of their relatives during their first year in operation. About one third of these users where found to be addicted to cannabis.

These consultations, relying on the existing treatment system, seem to have received new visitors who probably would not have used the traditional drug addiction health care structures: minors accompanied by one or more relatives, users sent in by the education system (school doctor, school social workers), users sent in by the legal authorities. From March 2005 to December 2007, these consultations were visited by around 70,000 people, the vast majority of whom were cannabis users and a small minority were (about 1 in 10) relatives[18].

The law, drug users and drug traffickers

Finally, the legal status of cannabis has changed very recently after a number of years without any change in legislation. Unlike the situation in the Netherlands or England, cannabis in France is covered by a general legal status, not a specific one. The general framework is the 1970 law, the violation of which is punishable by a prison sentence and possibly a heavy fine, but it also makes provisions for a therapeutic alternative.

In 1978, an initial circular recommended that alternatives to legal proceedings against cannabis users should be found. It was the first of several circulars, including that of 1999 which recommended the use of alternatives to incarceration for simple cannabis use.

On the other hand, new penalties have been introduced by the law and some have been reinforced for trafficking, resale for personal use, etc. Repression of cannabis use has been reinforced at workplaces, for example, and when it comes to improving road safety. In 1999, systematic narcotic screening was introduced for drivers involved in mortal road accidents. In 2003, a new law offence was created, punishable by imprisonment and, possibly a heavy fine, for any driver whose blood screening results detect the presence of narcotics.

Very recently, an important change in the law has occurred. In response to narcotic law offences, and especially offences related to drug use, the 5th

17. Christophe Palle (OFDT), Christelle Lemieux (DGS/MC2), Nicolas Prisse (DGS/MC2), Hélène Morfini (DGS/MC2), Les centres spécialisés de soins aux toxicomanes et les centres de cure ambulatoire en alcoologie en 2006, *OFDT, octobre 2008, p. 15.*

18. Ivana Obradovic, « Activité des consultations jeunes consommateurs (2005-2007) », Tendances *n° 63, December 2008, St Denis, OFDT.*

March 2007 law on the prevention of criminality (and its implementation decree published on 26th September 2007) has, among other measures, introduced new penalties for illicit drug users, these sentences being considered as more proportionate and easier to implement.

In particular, mandatory awareness-raising training courses on the dangers of drug use have been started. These training periods will be organised by private associations and structures following approval by authorities, under the supervision of judicial authorities. The obligation for an arrested cannabis user to register for and do a training course (and pay for it) can be a sentence in itself, an alternative to a penal sentence or a complementary sentence. But the costs will be borne by the convicted individual, and may not exceed 450 Euros.

These training periods are considered to be a penalty, but also an "educational" alternative to imprisonment (up to one year) or a very heavy fine (up to 3,750 Euros) as specified in the 1970 law. The 1970 law, which had been designed essentially to fight heroin use, was not in fact applied, although tens of thousands of cannabis users have been taken in for questioning every year (around 90,500 in 2005, 84,000 in 2006 and 98,000 in 2007[19]). These training periods began at the beginning of 2008[20].

The implementation of the cannabis law shows that, by the beginning of this decade, 90% of those taken in for questioning were questioned about cannabis use. In parallel, we have seen a reduction in legal proceedings over the last 15 years, although it is impossible to precisely identify how many are specifically due to cannabis. The number of people imprisoned for cannabis use is also impossible to ascertain.

As for cannabis trafficking in 2005, 67% of those taken in for questioning by the police were held for the use-resale of cannabis, 31% for local trafficking and 2% for international trafficking. Thus, the share of cannabis in total police arrests (themselves on the rise) is growing, whereas alternatives to legal proceedings have been generalised.

The cost of treatment, repression, prevention and care added to total public expenses for the fight against cannabis and the loss of revenue and production gives a total rough estimate of 919 million Euros, the equivalent of 0.06% of the French 2003 GNP (or, in other words, about 15 Euros per capita)[21].

5. Cannabis and public opinion

Public opinion can be measured by directly questioning the population about the substances and public policy. We can also consider the importance given to these subjects in political or societal debates and via media reports.

French people have been surveyed twice on their representations of drugs,

19. Usage et trafic des produits stupéfiants en France en 2007, *rapport annuel STUPS/OCRTIS, p. 9.*

20. For more details, see the Interdepartmental Mission for the Fight Against Drugs and Drug Addiction (MILDT, Mission interministérielle de lutte contre la drogue et la toxicomanie) : http://www.drogues.gouv.fr/article 5570. html See also the press release from MIDLT: http://mildt. systalium.org/IMG/pdf/synthese_plan_presse_V7.pdf

21. Christian Ben-Lakhdar, « Le coût social du cannabis », in Costes, J.-M. (Dir.), Cannabis, données essentielles, *St Denis, OFDT, 2007, pp. 146-149.*

in 1999 and in 2002, through the EROPP survey: Survey on Representations, Opinions and Perceptions Regarding Psychotropic Drugs[22]. There have also been surveys of specific populations, regular cannabis users or their parents.

Public opinion concerning cannabis seems contradictory. The majority (two-thirds of the population) considers that cannabis use can lead to the use of other, more dangerous drugs, although this hypothesis has not been validated scientifically. This proportion very clearly increases with the age of the respondents. On the other hand, cannabis is considered as less dangerous than other illicit drugs, and less addictive than alcohol and tobacco.

The 1970 law created the offence for cannabis use (in private or public places alike), punishable by imprisonment and a fine. The vast majority of people surveyed in 2002 approve this legal disposition. The majority reject the possibility of the free sale of cannabis, although the percentage of people in favour of this increased between 1999 and 2002.

A large consensus exists for mandatory treatment, including both individuals tolerant of cannabis use and others who appreciate the coercive character of this alternative to legal proceedings. Although this is less so for cannabis use, 77% of people still consider that mandatory treatment for cannabis is a good alternative to legal proceedings.

On the other hand, a large majority considers that medical treatment with cannabis should be introduced in France, where it is forbidden, apart from very exceptional cases.

In fact, a personal relationship with this substance (and especially the fact of having used it) appears to be crucial for the formation of opinions concerning its dangerousness and the regulation of its use.

In the last few years, cannabis has become the subject of numerous press articles and radio and television programmes. In the past, the media were marginally interested in this subject and it was essentially through the question of deregulation that the issue was dealt with. This was obvious when the magazine *Actuel* in 1972 featured "Drugs" on its cover with a huge photo (in February 1974, the whole issue was on the "herb"). On 18th June 1976, it was the left-wing daily *Libération* which launched an appeal to decriminalize the use of cannabis.

The debate over cannabis is gradually becoming less marginal and is today an important public opinion issue, with strong coverage in the media. It has even become a political and electoral issue. This was especially true in the 2002 presidential elections, although the experience was not renewed in the presidential elections of 2007 with few debates on this subject. There has also been, starting from 2002, a debate on the implication of cannabis in road accidents.

Strong opposing opinions exist. But generally speaking, the discourse of the media on cannabis is changing. The harmful effect of the substance is stressed much more often.

22. The next EROPP was conducted in 2008. Results will be published later.

Cannabis is the most widely available and most used illicit drug in France as well as in Europe.

The aim of the present document is to illustrate different aspects of the situation of cannabis in France (consumption, market, risks and consequences, public policy, etc.)

It is essentially based on the monograph published by the French Monitoring Centre for Drugs and Drug addiction, Cannabis, données essentielles (July 2007). It also lends some informations from other publications that were published since, as well as on updated data in this field.

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