

# Drugs workbook 2024

*FRANCE*

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## **2024 National report (2023 data) to the EUDA by the French Reitox National Focal Point**

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## T0. Summary

The purpose of this section is to

- Provide a summary of the information provided in this workbook.
- Provide a description of the overall level and characteristics of drug use within your country.
- Provide a top-level overview of drugs more commonly reported within your country and note important new developments

T0.1. Please comment on the following:

- a) The use of illicit drugs in general within your country, in particular information on the overall level of drug use, non-specific drug use and polydrug use.
- b) The main illicit drugs used in your country and their relative importance. (Please make reference to surveys, treatment and other data as appropriate.)

Guidance:

Part a can be used to provide general characteristics of drug use within the country, such as the overall level and/or the importance of polydrug use. If possible, please elaborate on non-specific drug use and polydrug use in section D, question T 4.2.3

Part b can be used to describe the prevalence of particular drugs and their importance. Here data on prevalence can be complemented with treatment information to establish drugs that are causing problems.

Please do not comment on survey methodology here, but rather in T6 at the end. It is suggested to base trends analysis on Last Year Prevalence among 15–34-year-olds. Describe findings from available national studies.

Provide an overview on drug use among school children on the basis of available school surveys. For the school population it is suggested that lifetime prevalence be used, and trends and gender difference be mentioned. Identify high risk groups for drug use and provide an overview of prevalence and trends among the general population. (Suggested title: Drug Use and the Main Illicit Drugs)

The latest available data in terms of levels of illicit drug use among adults in France come from the 2023 EROPP survey. In 2023, cannabis is still by far the most widely used illicit substance, with 50,4 % of people aged 18-64 having already tried it, and 10,8 % claiming to have used it during the last 12 months.

Among last year users aged 18 to 64 years (11%) according to the 2017 Health Barometer Survey, the proportion of those at high risk of problem cannabis use (according to the Cannabis Abuse Screening Test, CAST) is 25%, i.e. 2.3% of the French population aged 18 to 64 years in 2017.

In 2022, cannabis was also the most widely used illicit drug during adolescence, particularly among boys.

These observations are made in the context of the dynamism of supply in France, particularly with local herbal cannabis production (both industrial plantations and home cultivation), while the resin market is innovating and diversifying.

The results of the 2023 EROPP survey on representations, opinions and perceptions regarding psychoactive drugs are expected at the end of 2024 will make it possible to reflect on how the French perceive drugs, as well as their consumption of other psychoactive substances and in particular cocaine, given that its use has risen sharply in recent years.

The SINTES system collected 730 samples in 2023, which is a 17% increase in comparison with 2022 (627 collections made). The 2023 data is currently being processed and will be published in the next SINTES Update (publication expected in at the end of 2024).

T0.2. **Optional.** Please comment on the use, problem/high risk use, notable changes in patterns of use, and any interaction or association with the use of controlled substances (illicit drug use) for the following substances:

- a) Alcohol
- b) Tobacco
- c) Misuse of prescription drugs

(Suggested title: *The use of Illicit Drugs with Alcohol, Tobacco and Prescription Drugs*)

## SECTION A. CANNABIS

### T1. National profile

#### T1.1. Prevalence and trends

The purpose of this section is to

- Provide an overview of the use of cannabis within your country
- Provide a commentary on the numerical data submitted through ST1, ST2, ST7, TDI and ST30
- Synthetic cannabinoids, are reported here due to their close link with Cannabis

T1.1.1. Relative availability and use. Different types of cannabis are important in individual countries. Please comment, based on supply reduction data, research and survey information, on the relative availability and use of the types of cannabis within your country (e.g. herbal, resin, synthetic cannabinoids) (suggested title: The Relative Importance of Different Types of Cannabis)

Both qualitative data from the TREND scheme and quantitative data showed that, in addition to the growing proportion of herbal cannabis on the French market, a growing dichotomy had emerged over the past 10 years between resin users (the most precarious, heavy smokers) and herbal cannabis users (often aged over 30 and more socially integrated). In terms of supply, it is the supply of cannabis that remains particularly dynamic throughout France: the varieties offered for sale by trafficking networks are diversifying, particularly when it comes to resin.

T1.1.2. General population. Please comment on the prevalence and trends of cannabis use in the general population.

Focus on last year and last month prevalence and any important demographic breakdowns where available (e.g. young adults 15-34, gender). Include any contextual information important in interpreting trends (suggested title: Cannabis Use in the General Population)

#### **Cannabis use in the general population**

In 2023, cannabis is still by far the most widely used illicit substance, with 50,4 % of people aged 18-64 having already tried it, and 10,8 % claiming to have used it during the last 12 months (Spilka *et al.* 2024).

The last year prevalence of use has remained stable since 2014. In the same way, regular use (at least 10 times in the last 30 days prior to the survey) has stabilised in recent years to reach 3.4% in 2023.

In 2023, men were more affected by cannabis use than women: 57.6% had smoked it before, compared to 43.4% of women. They are also twice as likely to have used it in the 12 months prior to the survey (14.5% compared to 7.2% of women), and to use it every day (3.2% compared to 1.4% of women).

In 2023, around 60% of 25–44-year-olds had tried cannabis, but only 36.5% of 55–64-year-olds.

The proportion of people having used cannabis in the 12 months prior to the survey gradually decreases with age, falling from 22.9% among adults aged 18-24, to 3.3% among those aged 55-64. For the latter, last year use has doubled since 2017 (1.6% in 2017), while it has decreased by 4 percentage points among 18-24-year-olds (26.9% in 2017).

The observation is similar for daily use: the most significant levels of use are observed among the younger generations (3.5% of 18–24-year-olds and 3.0% of 25–34-year-olds), but they increased considerably among 55–64-year-olds between 2017 and 2023 (from 0.2% to 1.0%).

In 2022, 29,9 % of 17-year olds have tried cannabis (OFDT 2023a), with a large decrease over the 2014-2022, period, as for use in the last month.

T1.1.3. Schools and other sub-populations. Please comment on prevalence and trends of cannabis use in school populations and any other important populations where data is available.

Focus on life time prevalence estimates and any important demographic breakdowns where available (e.g gender). Include any contextual information important in interpreting trends.

For a limited number of countries there may be many surveys or studies available, making it impractical to report on all in this question. When considering what to report, school surveys are of particular importance in the years of their completion. Next, where possible city-level or regional surveys, particularly if they are for the capital or part of a series of repeated surveys, should be reported. Finally, it would be useful to report targeted surveys on nightlife settings, or at least to provide references if it is not possible to summarise the results (suggested title: Cannabis Use in Schools and Other Sub-populations)

### **Cannabis use in schools and among other population subgroups**

The results of the ENCLASS survey (the union of the HBSC and ESPAD surveys, both conducted in school settings) are consistent with the ESCAPAD survey in terms of the particular use of cannabis among young people in France (OFDT 2024).

In 2022, among junior high school students, the lifetime use of cannabis decreased in comparison with 2018, as did last month use, falling from 6.7% to 5.3%, and from 4.5% to 2.8%, respectively. Daily and regular use of cannabis remain marginal and affect 1% of junior high school students.

In high schools, in 2022, the diffusion of cannabis had also slowed down since 2018. Lifetime use of this substance, which affected a third of high school students (33.1%) in 2018, affected less than a quarter of them in 2022 (22.5%). Last year use decreased by 9 percentage points (17.6% vs. 26.5%), and last month use by almost 6 percentage points (10.6% vs. 17.3%), while regular use halved (2.9% vs. 6.2%).

Among drug users seen in CAARUDs, cannabis plays a predominant role in substance use in 2019, three quarters of them had used it in the month before the survey, half of them on a daily basis (Cadet-Taïrou *et al.* 2020). The TREND scheme shows that cannabis is particularly present in the poly-consumption of users in very precarious situations on the one hand and among people frequenting techno parties on the other.

## T1.2. Patterns, treatment and problem/high risk use

T1.2.1. **Optional.** Please provide a summary of any important surveys/studies reporting on patterns of cannabis use or cannabis use in specific settings. Information relevant to this answer may include, types of product, perceived risk and availability, mode of administration (including mixing with tobacco and use of paraphernalia) (suggested title: Patterns of Cannabis Use)

T 1.2.2. Treatment. Please comment on the treatment and help seeking of cannabis users.

Please structure your response around (suggested title: Reducing the Demand for Cannabis):

1. Treatment and help seeking (core data TDI - cross-reference with the Treatment workbook)
2. Availability of specific treatment or harm-reduction programmes targeting Cannabis users (cross-reference with the Treatment workbook)
3. **Optional.** Any other demand reduction activities (prevention or other) specific for Cannabis users (cross-reference with the Prevention workbook)

### **Treatment and help seeking**

See section T1.4.1 of the 2024 Treatment' workbook.

T1.2.3. **Optional.** Please comment on information available on dependent/problem/high risk cannabis use and health problems as well as harms related to cannabis use.

Information relevant to this answer includes:

- studies/estimates of dependent/intensive or problem/high risk use
- accident and emergency room attendance, helplines
- studies and other data, e.g. road side testing

(suggested title: High Risk Cannabis Use)

### **Health problems and harms related to cannabis use**

See the 2024 Harms and harm reduction' workbook: section T1.2.2 for drug-related acute emergencies and section T1.4.1 for harms related to cannabis use.

T1.2.4. **Optional.** Please comment on any information available on the use, consequences of use, and demand reduction related to synthetic cannabinoids. Where appropriate, please provide references or links to original sources or studies (suggested title: Synthetic Cannabinoids)

### **Synthetic Cannabinoids**

The phenomenon of synthetic cannabinoids concerns more particularly certain territories, in particular overseas: the islands of Mayotte and Réunion. Although many experiments have been reported by the TREND scheme on Réunion Island, entry into regular use is rarer, due to intense effects that are difficult to control. Regular consumption involves people of various ages, many of whom are in a precarious socio-professional situation. Observations made in 2022 in Réunion show a decrease in the availability of the product and the visibility of its problematic health consequences. The use of synthetic cannabinoids in France is less observed than in the two overseas territories mentioned above.

In 2022, the OFDT was a partner in the "Chasse-Marée" study which aims to document the composition of the "Chimique" [chemical] (a mixture of tobacco impregnated with alcohol and synthetic cannabinoids) circulating in Mayotte. The study is still ongoing, but the initial results are scheduled for publication in 2023 in the journal *Drug Testing and Analysis*. Several synthetic cannabinoid receptor agonists were identified in the samples, mainly 3-carboxamide indazole derivatives (ADB-BUTINACA, MDMB-4en-PINACA, CH-PIATA, etc). Notifications of first national identification are to be expected.

One part of the study also aims to document the metabolism of a panel of molecules identified in the samples for which the data would be absent or patchy in the literature.

Hexahydrocannabinol (HHC) was identified for the first time in France following a SINTES collection in September 2022. A collection was launched owing to the occurrence of adverse effects. This semi-synthetic cannabinoid was classified as a narcotic in June 2023, along with HHC-P (hexacannabiphorol) and HHC-O (HHC-acetate).

## T2. Trends. Not relevant in this section. Included above.

## T3. New developments

The purpose of this section is to provide information on any notable or topical developments observed in Cannabis use and availability in your country **since your last report**.

T1 is used to establish the baseline of the topic in your country. Please focus on any new developments here. If information on recent notable developments have been included as part of the baseline information for your country, please make reference to that section here. It is not necessary to repeat the information.

- T3.1. Please report on any notable new or topical developments observed in Cannabis use and cannabis related problems in your country since your last report (suggested title: New Developments in the Use of Cannabis)

## T4. Additional information

The purpose of this section is to provide additional information important to Cannabis use and availability in your country that has not been provided elsewhere.

- T.4.1. **Optional.** Please describe any additional important sources of information, specific studies or data on Cannabis use. Where possible, please provide references and/or links (suggested title: Additional Sources of Information)

The results of the 2023 EROPP survey about representations, opinions and perceptions regarding psychoactive drugs are expected at the end of 2024 and will provide an update on these representations.

- T.4.2. **Optional.** Please describe any other important aspect of Cannabis use that has not been covered in the specific questions above. This may be additional information or new areas of specific importance for your country (suggested title: Further Aspects of Cannabis Use)

## SECTION B. STIMULANTS

### T1. National profile

#### T1.1. Prevalence and trends

The purpose of this section is to

- Provide an overview of the use of stimulant drugs within your country.
- Provide an indication of the relative importance of the different stimulant drugs within your country.
- Synthetic cathinones are included here due to their close link with the traditional stimulants.
- Provide a commentary on the numerical data submitted through ST1, ST2, ST30 and, if relevant, ST7

**Note:** Please focus on the stimulant drug(s) which are more prevalent in your country.

T1.1.1. Relative availability and use. Different stimulant drugs are important in individual countries. Please comment, based on supply reduction data, research and survey information, on the relative availability and use of stimulant drugs within your country (e.g. amphetamine, methamphetamine, cocaine, ecstasy, synthetic cathinones) (suggested title: The Relative Importance of Different Stimulant Drugs)

For the following questions, include the stimulant drugs that are important for your country.

T1.1.2. General population. Please comment on the prevalence and trends of stimulant use in the general population.

Focus on last year and last month prevalence and any important demographic breakdowns where available (e.g. young adults 15-34, gender). Include any contextual information important in interpreting trends (suggested title: Stimulant Use in the General Population)

#### **Stimulant use in the general population**

According to the results of the EROPP survey, in 2023, almost 1 in 10 adults (9.4%) had used cocaine at least once in their lifetime, compared to 5.6% in 2017, which is the most significant increase in number of percentage points (+3.8% percentage points), measured among all illicit substances other than cannabis. Current cocaine use is consistent with this increase, rising from 1.6% in 2017 to 2.7% in 2023.

Lifetime use of MDMA, which also mainly affects men (11.7% compared to 4.9% of women), rose sharply between 2017 and 2023 (increasing from 5.0% to 8.2%), and its current use has doubled (from 1.0% to 1.8%), 25–34-year-olds being the most likely to have tried it (13.8%). This increase was proportionally greater for women (0.6% to 1.3%) than men (1.5% to 2.4%).

In 2021, the number of cocaine hydrochloride users in the previous 30 days was estimated to be 141 000 individuals (136 000-147 000), with a prevalence of 3.5‰ (3.4‰ – 3.6‰). The number of crack cocaine users has also increased: 48 400 (45 600-51 100) in 2021 vs 42 800 (40 900-44 700) in mainland France in 2019, i.e. a prevalence of 1.2 per 1 000 individuals aged 15 to 64 (1.1-1.3). This estimate confirms the constant increase observed since 2010 (12 800, (12 000-14 000) i.e. a prevalence of 0.31 per 1 000 (0.29-0.33)).

Among 17-year-olds, in 2022, MDMA/ecstasy is the stimulant with the highest levels of lifetime use (2.0%), ahead of cocaine (1.4%).

T1.1.3. Schools and other sub-populations. Please comment on prevalence and trends of stimulant use in school populations and any other important populations where data is available.

For schools data focus on life time prevalence estimates and any important demographic breakdowns where available (e.g. gender). Include any contextual information important in interpreting trends.

For a limited number of countries there may be many surveys or studies available, making it impractical to report on all in this question. When considering what to report, school surveys are of particular importance in the years of their completion. Next, where possible city-level or regional surveys, particularly if they are for the capital or part of a series of repeated surveys, should be reported. Finally, it would be useful to report targeted surveys on nightlife settings, or at least to provide references if it is not possible to summarise the results (suggested title: Stimulant Use in Schools and Other Sub-populations)

## T1.2. Patterns, treatment and problem/high risk use

T1.2.1. **Optional.** *Patterns of use. Please provide a summary of any available information (surveys, studies, routine data collection) reporting on patterns of stimulant use, stimulant use in specific settings, associations and interactions in the use of different stimulants, and the most common patterns of stimulant use with other drugs, i.e. polydrug use (suggested title: Patterns of Stimulant Use)*

T 1.2.2. Treatment. Please comment on the treatment and help seeking of stimulant users. Please structure your response around:

1. Treatment and help seeking (core data TDI - cross-reference with the Treatment workbook)
2. Availability of specific treatment or harm-reduction programmes targeting stimulant users (cross-reference with the Treatment workbook)
3. **Optional.** *Any other demand reduction activities (prevention or other) specific for stimulant users (cross-reference with the Prevention workbook)*  
(suggested title: Treatment for Stimulants)

For data on acute emergencies, see section T1.2.2 of the 2024 'Harms and harm reduction' workbook.

T1.2.3. **Optional.** *Problem/high risk use. Please comment on information available on dependent/problem/high risk stimulant use and health problems as well as harms related to stimulant use.*

*Information relevant to this answer includes:*

- accident and emergency room attendance, helplines
  - studies and other data, e.g. road side testing
  - studies/estimates of dependent/intensive or problem/high risk use
- (suggested title: High Risk Stimulant Use)

T1.2.4. **Optional.** Please comment on any information available on the use, consequences of use, and demand reduction related to synthetic cathinones. Where appropriate, please provide references or links to original sources or studies (suggested title: Synthetic Cathinones)

### **Synthetic Cathinones**

No data based on general population surveys are available on cathinone use.

The substance is undergoing a process involving widespread use because its consumption is developing outside the circles of men who have sex with men (MSM) who use it in a sexual or festive context within establishments hosting a specifically MSM audience. In 2022, 3-MMC was taken by occasional users of cocaine or MDMA frequenting commercial establishments.

For some, the substance constitutes a new psychoactive experience appreciable for its stimulating, empathogenic and entactogenic dimension. Some consider it more interesting than cocaine or amphetamines because of the above-mentioned effects. Some MDMA users may also prefer 3-MMC, for its shorter and less intense effects.

The distribution of 3-MMC consumption is linked to supply. In terms of 3-MMC, online purchases remain widespread and offer favourable prices. Its sale by people physically present during the evening events or by resellers via social networks and in delivery is developing.

Professionals also reported insistently that some people (the vast majority of chemsex participants) developed a strong tolerance to 3-MMC and struggled to regulate their consumption. As the addiction sets in, these consumptions can become solitary, with no associated sexual activity, promote isolation and withdrawal, are detrimental to work performance (due to fatigue following consumption sessions that can last several days and the comedown from what has been consumed). Some caregivers thus report situations of psychological suffering generated or aggravated by consumption, which sometimes lead to hospitalisation.

Finally, those working with chemsex participants report the damage, significant and more common since 2022, caused by repeated and uncontrolled injections of 3-MMC, such as abscesses, necrosis, even endocarditis, which sometimes lead to hospitalisations.

3-MMC remains the leading cathinone, across all EWS sources. While substitute scams are sometimes spotted, it is the most visible product.

T1.2.5. **Injecting.** Please comment on rates and trends in injecting and smoking as routes of administration among stimulant users (cross-reference with Harms and Harm reduction workbook) (suggested title: Injecting and other Routes of Administration)

The TREND scheme reports an increasing number of semi-integrated cocaine users switching from snorting to injecting or to inhalation (known as free basing).

T1.2.6. **Infectious diseases.** Please comment on rates and trends in infectious diseases among stimulant users (cross-reference with Harms and Harm reduction workbook) (suggested title: Infectious Diseases)

**T2. Trends. Not relevant in this section. Included above.**

**T3. New developments**

The purpose of this section is to provide information on any notable or topical developments observed in stimulants use and availability in your country **since your last report**.

T1 is used to establish the baseline of the topic in your country. Please focus on any new developments here.

If information on recent notable developments have been included as part of the baseline information for your country, please make reference to that section here. It is not necessary to repeat the information.

- T3.1. Please report on any notable new developments observed in stimulant use and related problems in your country since your last report (suggested title: New Developments in the Use of Stimulants)

**T4. Additional information**

The purpose of this section is to provide additional information important to stimulants use in your country that has not been provided elsewhere.

- T4.1. *Optional.* Please describe any additional important sources of information, specific studies or data on stimulants use. Where possible, please provide references and/or links (suggested title: Additional Sources of Information)

- T4.2. *Optional.* Please describe any other important aspect of stimulants use that has not been covered in the specific questions above. This may be additional information or new areas of specific importance for your country (suggested title: Further Aspects of Stimulant Use)

The results of the 2023 EROPP survey on representations, opinions and perceptions regarding psychoactive drugs are expected at the end of 2024 and will provide an update on these representations.

## SECTION C. HEROIN AND OTHER OPIOIDS

### T1. National profile

#### T1.1. Prevalence and trends

The purpose of this section is to

- Provide an overview of the use of opioids within your country
- Provide a commentary on the numerical data submitted through ST7, TDI, ST24.

T1.1.1. Relative availability and use. Different opioids are important in individual countries. Please comment, based on supply reduction data, research and available estimates, on the relative availability and use of heroin and other opioids within your country (suggested title: The Relative Importance of Different Opioid Drugs)

#### **The Relative Importance of Different Opioid Drugs**

According to the 2023 EROPP survey, with regard to heroin, the lifetime use levels remained below 2%, even though there were increases between 2017 and 2023: 2.0% compared to 1.3% of 18-64 year-olds. Last year use remained stable across the period (0.3% in 2023).

Since substitution treatments were first introduced in France more than 20 years ago, non-therapeutic uses of buprenorphine, methadone and also morphine sulphate have appeared. The heroin, mostly available in the north and east in particular, and close to the Dutch and Belgian markets, is in 2017 more visible in the south (Marseille, Toulouse, Bordeaux). However, heroin remained scarce and, according to users, of poor quality in the conurbations of southern France.

The opioid market for users in vulnerable situations is still largely dominated by Subutex® and Skenan®, with heroin targeting a more integrated clientele. In 2019, Skenan® is still described as being highly available on the street market, particularly through the TREND sites in Lyon, Paris, Bordeaux and Toulouse (Gérome *et al.* 2019).

Other opioid drugs can be used for treating severe and/or intractable pain with other analgesics. The number of opioid prescriptions remains considerably lower than the number which caused the epidemic of death and addiction in North America.

T1.1.2. General population. Please comment on estimates of prevalence and trends of heroin and other opioid use in the general population from studies using indirect methods (e.g. multiplier methods, capture-recapture). Where possible, comment on any important demographic information (e.g. age, gender). Include any contextual information important in interpreting trends (suggested title: Estimates of Opioid Use in the General Population)

#### **Estimates of opioid use in the general population**

As with stimulants, the number of opioid users in the last 12 months ("current users"), is estimated based on the data collected by the National Treatment and Prevention Centres for Addiction (CSAPA) as part of the RECAP scheme (TDI data). In 2020, the number of

opioid users was estimated to be 226 000 individuals (CI 95%: 221 000 - 231 000), with a prevalence of 5.6‰ (5.5 ‰ – 5.7 ‰).

The estimate of the number of heroin users should be placed in perspective with data on opioid substitution treatment (OST) provided by the Social Security: in 2019, around 180 000 people were reimbursed for OST (OFDT 2022). Concomitant heroin and OST use in the last month is a common practice affecting two-thirds of patients, according to TDI data.

T1.1.3. Sub-populations. Please comment on estimates of prevalence and trends of heroin and other opioid use from studies using indirect methods (e.g. multiplier methods, capture-recapture) in any sub-populations where data is available. Where possible, comment on any important demographic information (e.g. age, gender). Include any contextual information important in interpreting trends (suggested title: Estimates of Opioid Use in Sub-populations)

#### **Estimates of opioid use in sub-populations**

In 2021, the number of heroin users was 129 000 (125 000 – 132 000), i.e. prevalence of 3.2 (3.1 ‰ – 3.3 ‰). Note that this estimate confirms a continuous increase since 2015 (107 000 (85 000 – 124 000), or a prevalence of 2.7% (2.1 – 3.1)). These levels are consistent with the average observed in Europe (EMCDDA 2019).

### **T1.2. Patterns, treatment and problem/high risk use**

T1.2.1. **Optional.** *Patterns of use. Please provide a summary of any available information (surveys, studies of sub-populations such as arrestees, and settings such as harm reduction facilities, cohort studies and routine data collection) reporting on patterns of opioid use, opioid use in specific settings, and the most common patterns of opioid use with other drugs, i.e. polydrug use (suggested title: Patterns of Heroin/Opioid Use)*

T 1.2.2. Treatment. Please comment on the treatment and help seeking of heroin and other opioid users. Please structure your response around:

1. Treatment and help seeking (core data TDI - cross-reference with the Treatment workbook)
2. Availability of specific treatment or harm-reduction programmes targeting heroin and other opioid users (cross-reference with the Treatment workbook)
3. **Optional.** *Any other demand reduction activities (prevention or other) specific for heroin and other opioid users (cross-reference with the Prevention workbook) (suggested title: Treatment for Heroin and Other Opioids)*

The Ministry of Health has published a road map for “Preventing and responding to opioid overdoses” for the period 2019-2022, one of the major objectives of which is to ensure wide distribution and access to ready-to-use naloxone for at-risk users and their families (Ministère des Solidarités et de la Santé 2019).

T1.2.3. **Optional.** *Problem/high risk use. Please comment on information available on dependent/problem/high risk opioid use and health problems as well as harms related to opioid use.*

*Information relevant to this answer includes:*

- *accident and emergency room attendance, helplines*
- *studies and other data, e.g. road side testing*
- *studies/estimates of dependent/intensive or problem/high risk use*

*(suggested title: High Risk Opioid Use)*

T1.2.4. **Optional.** *Please comment on any information available on the use, consequences of use, and demand reduction related to synthetic opioids. Where appropriate, please provide references or links to original sources or studies (suggested title: Synthetic Opioids)*

T1.2.5. **Injecting.** Please comment on rates and trends in injecting among heroin and other opioid users (cross-reference with Harms and Harm reduction workbook) (suggested title: Injecting and other Routes of Administration)

#### **Estimates of the number of intravenous drug users (IDU)**

The number of IDU (all substances combined) is estimated based on the data collected by the national treatment and prevention centres for addiction (CSAPA) as part of the RECAP scheme (TDI data). In 2021, the number of last-year injecting users is estimated at 102 300 (98 000-106 500), i.e. a prevalence of 2.5 ‰ (2.4 ‰ – 26 ‰), a slight decrease compared to 2020.

Injecting is no longer a consequence of heroin use, due to the increase in patterns such as smoking and inhalation, and affects a diverse population. Injection of buprenorphine (Subutex®) is a relatively common practice among patients on substitution treatment (in line with the trends observed since the start of the '00s), individuals frequenting the techno party scene, together with precarious users of stimulants (cocaine, amphetamines, MDMA/ecstasy, methylphenidate (Ritaline®)).

T1.2.6. **Infectious diseases.** Please comment on rates and trends in infectious diseases among heroin and other opioid users (cross-reference with Harms and Harm reduction workbook) (suggested title: Infectious Diseases)

**T2. Trends. Not relevant in this section. Included above.**

### **T3. New developments**

The purpose of this section is to provide information on any notable or topical developments observed in the use and availability of heroin and other opioids in your country **since your last report.**

T1 is used to establish the baseline of the topic in your country. Please focus on any new developments here.

If information on recent notable developments have been included as part of the baseline information for your country, please make reference to that section here. It is not necessary to repeat the information.

T3.1. Please report on any notable new or topical developments observed in opioids use in your country since your last report, including any information on harms and health problems (suggested title: New Developments in the Use of Heroin and Other Opioids)

#### T4. Additional information

The purpose of this section is to provide additional information important to the use and availability of heroin and other opioids in your country that has not been provided elsewhere.

T4.1. **Optional.** Please describe any additional important sources of information, specific studies or data on opioids use. Where possible, please provide references and/or links (suggested title: Additional Sources of Information)

##### Perceptions of heroin

In 2023, the EROPP survey was conducted. The results, expected at the end of 2024, will provide an update on these representations.

T4.2. **Optional.** Please describe any other important aspect of opioids use that has not been covered in the specific questions above. This may be additional information or new areas of specific importance for your country (suggested title: Further Aspects of Heroin and Opioid Use)

## SECTION D. NEW PSYCHOACTIVE SUBSTANCES (NPS) AND OTHER DRUGS NOT COVERED ABOVE.

### T1. New Psychoactive Substances (NPS), other new or novel drugs, and less common drugs

The purpose of this section is to

- Provide an opportunity to report on new psychoactive substances, other new or novel drugs or and drugs which are important for your country, but are not covered elsewhere.
- Other new or novel drugs and less common drugs are included here to allow reporting on drugs beyond a strict definition of NPS. These drugs may be new or important to your country, but not covered elsewhere.
- Synthetic Cannabinoids are reported with Cannabis. Synthetic Cathinones are reported with Stimulants.

*T1.1. **Optional.** Please comment on any supply or demand side data that provides information on the availability, prevalence and/or trends in NPS use in your country. Where possible please refer to individual substances or classes of substance (suggested title: Prevalence and Trends in NPS Use)*

#### **Prevalence and changes in the use of other less widespread psychoactive substances**

For the first time, the 2023 edition of the EROPP survey also included **ketamine, 3-MMC, and GHB/GBL**. Lifetime use of **ketamine** affected 2.6% of adults aged 18-64, in comparison with a lower lifetime use of 1% for the two other substances.

Also mentioned for the first time in the survey, lifetime use of **nitrous oxide** affected 6.7% of adults, mostly under 35 years of age (11.7% among 18–24-year-olds, and 12.5% among 25–34-year-olds, compared to 7.1% among 35–44-year-olds).

The use of **poppers** has risen sharply since 2017, with a lifetime use level going from 8.7% in 2017 to 14.9% in 2023, and a last year use increasing from 1.5% to 3.8% (ranging from 13.7% among 18–24-year-olds to 2.0% or less after the age of 34).

*T1.2. **Optional.** Please comment on any information available on health or other problems associated with the use of NPS substances (e.g. targeted surveys, data on treatment entry, emergency room presentations, mortality, and any specific demand reduction activities) (suggested title: Harms Related to NPS Use)*

*T1.3. **Optional.** Please comment on patterns of use, trends in prevalence and health or other problems associated with use of drugs not covered elsewhere, but relevant to your country's drug situation (e.g. LSD, magic mushrooms, ketamine, GHB, benzodiazepines, some painkiller drugs etc. Consider data from both supply and demand side sources (e.g. seizures, treatment surveys, studies, emergency room presentations mortality data etc.) and provide any relevant contextual information (suggested title: Prevalence, Trends and Harms related to Other Drug Use.)*

## LSD

Lifetime use of LSD among the general population is low. In 2023, 4.6% of 18–64-year-olds reported lifetime use of the substance, a sharp raise compared to 2017 (2.7%). Among the 17-year-olds interviewed in 2022, 1% of adolescents claimed that they had already tried this substance, with more lifetime users among boys than girls.

Lifetime use and use of LSD mainly concern groups of young people frequenting the alternative electro scene (the only kind of festive scene where it is readily available), including people who only use psychedelic substances occasionally and those who have a long history of using. The price of the substance is consistent throughout the country, with LSD drops or blotters being sold for €10 on average (a stable price).

## T2. Trends. Not relevant in this section. Included above.

## T3. New developments

The purpose of this section is to provide information on any notable or topical developments observed in the drug epidemiological situation of your country **since your last report**.

T1 is used to establish the baseline of the topic in your country. Please focus on any new developments here.

If information on recent notable developments have been included as part of the baseline information for your country, please make reference to that section here. It is not necessary to repeat the information.

T3.1. Please report on any notable new developments observed in use of NPS or other new, novel or uncommon drugs in your country since your last report (suggested title: New Developments in the Use of NPS and Other Drugs)

### "Pink Cocaine"

Since 2021-2022, several reports in Ile-de-France, Auvergne Rhône-Alpes and Occitanie have appeared about a "new" or supposedly new drug referred to as "tucibi", "pink cocaine" or "pink powder". The first term derives from the English pronunciation of 2C-B, a synthetic drug from the phenethylamine family with psychedelic, empathogenic and entactogenic properties<sup>1</sup>. However, contrary to what these names would suggest, this "new drug" contains neither 2-CB nor cocaine but a cocktail of several substances, mainly ketamine, MDMA and caffeine, to which can be added other substances such as hallucinogens, opiates or drugs of all kinds. In France, the "tucibi" appeared in 2022 on certain "menus" of retailers, sometimes offering several flavours (strawberry, banana, passion fruit, etc.), at a price of 60 to 70 euros per gram. Rare seizures of "pink cocaine" have been reported by law enforcement. The first collection of tucibi through the SINTES scheme was carried out at the end of 2022, with the results of analysis showing that ketamine is the predominant constituent at more than 60%, coupled with MDMA at a dose of 9.5%.

<sup>1</sup> 2C-B was identified by the SINTES scheme for the first time in 2001: [https://www.ofdt.fr/BDD/sintes/ir\\_020219\\_2cb.htm](https://www.ofdt.fr/BDD/sintes/ir_020219_2cb.htm)

## T4. Additional information

The purpose of this section is to provide additional information important to drug use and availability in your country that has not been provided elsewhere.

T.4.1. **Optional.** Please describe any additional important sources of information, specific studies or data on NPS. Where possible, please provide references and/or links (suggested title: *Additional Sources of Information*)

T.4.2. *Optional.* Please describe any other important aspect of other drugs that has not been covered in the specific questions above. This may be additional information or new areas of specific importance for your country. Where possible, please provide references and/or links (suggested title: *Further Aspects of NPS and Other Drug Use*)

T.4.3. *Optional.* Please provide any information on non-specific drug use and polydrug use (suggested title: *Non-specific drug use and polydrug use*)

## SECTION E. SOURCES AND METHODOLOGY

### T6. Sources and methodology

The purpose of this section is to collect sources and bibliography for the information provided above, including brief descriptions of studies and their methodology where appropriate. Sources and methodology for each of the drug sections above (Cannabis, Stimulants, Heroin and other opioids, NPS) may be combined and placed here instead of at the end of each of the drug sections.

T.6.1. Please list notable sources for the information provided above (suggested title: Sources)

2014, 2016, 2017 and 2020 Health Barometer Survey from <i>Santé publique France</i> 2015 and 2019 ENa-CAARUD survey 2018 and 2021 ENCLASS survey 2018, 2023 EROPP survey 2017 and 2022 ESCAPAD surveys Cannabis Online survey SINTES scheme TREND scheme RECAP data
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T.6.2. Where studies or surveys have been used please list them and where appropriate describe the methodology? (suggested title: Methodology)

#### Health Barometer

*Santé publique France* (the French Public Health Agency)

The health barometer is a telephone health survey of a representative random sample of the population of mainland France: 25 319 individuals aged 18 to 75 years took part in the 2017 edition. Conducted from January 2017 to August 2017, this survey was the most recent in a series of seven, entitled "Adult health barometers", conducted in 1992, 1993, 1995, 2000, 2005, 2010, 2014. The survey collects information on various health behaviours and attitudes among French people (such as those pertaining to the use of treatments, depression, vaccination, screening practices, physical activity, violence and sexuality). The survey also questions the use of tobacco, alcohol, cannabis and other psychoactive substances.

In 2021, a new *Santé publique France* Health Barometer survey was carried out with a specific section on cannabis. The methodology was the same. However, the survey was interrupted due to the lockdown in spring 2020. In total, 10 879 people aged 18 to 64 responded to the questions in the cannabis section.

### **National survey of low-threshold structures (CAARUD)**

*French Monitoring Centre for Drugs and Drug Addiction (OFDT)*

Conducted every two or three years since 2006 in all CAARUDs (on mainland France and in French overseas departments), this survey determines the number of users seen in these structures, the characteristics of these users and their use patterns. Each user who enters into contact with the structure during the survey undergoes a face-to-face interview with someone working at the structure. The questions asked are on use (frequency, administration route, equipment-sharing), screening (HIV, HBV and HCV) and social situation (social coverage, housing, level of education, support from friends and family).

In 2019, 2 735 fully completed questionnaires were included in the analysis (compared to 3 129 in 2015 and 2 905 in 2012). Between 1 and 161 questionnaires per CAARUD (20 on average) were included in the database. The data were adjusted according to the weight of the annual active files of each structure in the national active file of CAARUDs in 2018 (i.e. 65 602 individuals received at the fixed centres and mobile units).

### **EnCLASS: National health and substances survey among adolescents in middle and high school**

*French Monitoring Centre for Drugs and Drug Addiction (OFDT), Ministry of Youth, National Education and Research (MJENR), French National Institute for Health and Medical Research (INSERM U669), Santé publique France (SpF)*

The National health and substances survey among adolescents in middle and high school (EnCLASS) is the result of the combination of two international school-based surveys: HBSC and ESPAD.

Implemented since 1982 in France, HBSC (Health Behaviour in School-aged Children) is a survey conducted every four years under the auspices of the European Office of the World Health Organisation (WHO). It addresses many health-related topics, both physical and mental, collected among adolescents aged 11, 13 and 15. In France, since 2010, this random sample has been extended to all middle school grades. The survey is conducted by the OFDT (French Monitoring Centre for Drugs and Drug Addiction) in conjunction with the French Ministry of Education and INSERM (French National Institute for Health and Medical Research).

Carried out since 1999 in France, ESPAD (European School Project on Alcohol and other Drugs), in conjunction with the European Monitoring Centre for Drugs and Drug Addiction, is a European survey conducted every four years among 16-year-old students. In France, since 2011, the sample has been extended to all adolescents from Grade 10 to their final year of high school.

The collection of the latest survey in 2022 took place in 147 middle schools, and 90 high schools across metropolitan France. That represented 11 886 students (7 237 middle school students, and 4 649 high school students) enrolled in the selected institutions. In total, 9 566 school students were able to complete the questionnaire, taking into account absences on the days of the survey, and refusals to participate, which correspond with a participation rate for classes surveyed of 84% among middle school students and 75% among high school students. Following the elimination of unusable questionnaires (too much missing data or outlying statements, or rather 1.3% of students), the sample analysed counted 9 337 students, 5 919 of which were middle school students, and 3 418

high school students. The average age of the middle school students was 12.9 years old, and the average age of the high school students was 16.5 years old. Of the high school students, 472 were adults, the vast majority of whom were in the twelfth grade, where they accounted for 41.8% of the student population.

### **EROPP: Survey on representations, opinions and perceptions regarding psychoactive drugs**

*French Monitoring Centre for Drugs and Drug Addiction (OFDT)*

Established in 1999, the EROPP telephone survey focuses on French people's representations and opinions on licit and illicit psychoactive substances, as well as any related public actions. In this sixth wave, the 2023 EROPP survey also asked the population about their use of psychoactive substances.

The 2023 version of the EROPP, the methodology of which is similar to that of the *Baromètre santé* health surveys from previous years, consists of a CATI (Computer-assisted telephone interview) telephone survey, based on a two-stage random survey (household then individual) for landline telephones, and one-stage for mobile telephones. Due to the preferential use of mobile telephones by a large proportion of the population, including among those with a landline, two "overlapping" samples were taken: one asked questions on a landline, and the other on a mobile phone, with no filter on the household's telephone equipment.

The field survey, entrusted to the Ipsos institute, was carried out between 22 March and 29 July 2023, on a representative sample of the French-speaking population of 18–75-year-olds living in mainland France. The sample consisted of 14 984 people in total (2 297 individuals connected via a landline telephone number, and 12 687 via a mobile telephone number). The telephone numbers were generated at random. The questionnaire took 28 minutes to complete on average.

The data was assessed for the probability of inclusion, then adjusted against the structure of the observed French population, described in the 2022 Continuous employment survey, using the following cross-variables: sex, age, region of residence, size of urban unit, size of household, and level of education.

### **ESCAPAD: Survey on Health and Use on National Defence and Citizenship Day**

*French Monitoring Centre for Drugs and Drug Addiction (OFDT) in partnership with the National Service Directorate of the Ministry of Defence*

Conducted regularly since 2000, the ESCAPAD survey takes place during the National Defence and Citizenship Day (JDC), which has existed since obligatory military service was eliminated in France. Young people participating in a JDC session fill out an anonymous, self-administered questionnaire about their use of legal or illegal psychoactive substances and their health and lifestyle. This is an exhaustive sample.

In 2022, all national armed services centres in mainland France and in overseas French departments were mobilized for a week in March. A total of 23 701 questionnaires were analysed in mainland France. These teenagers, mostly aged 17, have the French nationality and are mostly still in school or apprenticeship. On a given day, JDC participation is about 90%.

## **Cannabis Online survey**

*French Monitoring Centre for Drugs and Drug Addiction (OFDT)*

The Cannabis online survey took place between 11 July and 7 August 2020, two months after the end of the first lockdown. The aim of the survey was to ask cannabis users about their use before and during lockdown. Recruitment of respondents was carried out via a Facebook advertising campaign. To answer the questionnaire, you had to have used cannabis in the last 12 months ("current users"), be between 18 and 64 years old and live in France (metropolitan + overseas), which represents an estimated coverage of 37 million Facebook accounts. During the 26 days that the ad was active on Facebook, the ad for the survey was seen in mainland France more than 400 000 times by almost 250 000 people, and the ad for the survey could be seen several times by the same person (1.6 times on average). Of these, 8 145 clicked on the link to the survey and 3 298 completed the online questionnaire, giving a response rate of 40.5%. In the end, 2 778 questionnaires were eligible under the selected criteria.

The results of the Cannabis online 2020 survey were published in December 2020 (Brissot *et al.* 2020).

## **SINTES: National Detection System of Drugs and Toxic Substances**

*French Monitoring Centre for Drugs and Drug Addiction (OFDT)*

The SINTES scheme is intended to document the toxicological composition of illegal substances in circulation in France. The information incorporated in this system comes from two sources:

- the submission to the OFDT of the results of toxicology tests performed on seizures by law enforcement laboratories (French National Forensic Science Institute, Forensic Sciences Institute of the French *Gendarmerie* and Customs laboratories) ;
- investigations conducted by the OFDT on samples of substances obtained directly from users. These collections are governed by a strict regulatory framework (loi n°2016-41 du 26 janvier 2016 de modernisation du système de santé ) and obtained by specifically trained survey workers.

## **Estimate of the number of problem drug users**

*French Monitoring Centre for Drugs and Drug Addiction (OFDT)*

The number of problem drug users was estimated by applying a capture-recapture method with a unique information source. It is based on data collected by the common data collection or compendium on addictions and treatments (RECAP) as part of the key indicator for treatment demand indicators (TDI), a method advocated by the EMCDDA (now EUDA).

## **TREND scheme: Emerging Trends and New Drugs**

*French Monitoring Centre for Drugs and Drug Addiction (OFDT)*

The aim of the TREND scheme, which was established in 1999, is to provide information about illegal drug use and users, and on emerging phenomena. Emerging phenomena refer either to new phenomena or to existing phenomena that have not yet been detected by other observation systems.

The system is based on data analysed by nine local coordinating sites (Bordeaux, Lille, Lyon, Marseille, Metz, Paris, Rennes, Toulouse and La Réunion island) that produce site reports, which are then extrapolated to a national level:

- continuous qualitative data collection in urban settings and in the party scene by the local coordination network, which has a common data collection and information strategy.
- the SINTES scheme, an observation system geared towards detecting and analysing the toxicological composition of illegal substances.
- recurring quantitative surveys, particularly among CAARUD clients (ENa-CAARUD)
- partner information system results.
- thematic quantitative and qualitative investigations that aim to gather more information about a particular subject.

## **RECAP: common data collection on addictions and treatments**

*French Monitoring Centre for Drugs and Drug Addiction (OFDT)*

This system was set up in 2005 and continually collects information about clients seen in National Treatment and Prevention Centres for Addiction (CSAPAs). In the month of April, each centre sends its results from the prior year to the OFDT, which analyses these results. The data collected relate to patients, their current treatment and treatments taken elsewhere, their uses (substances used and substance for which they came in the first place) and their health. The common core questions help harmonise the data collection on a national level and fulfil the requirements of the European Treatment Demand Indicator (TDI) protocol.

In 2020, approximately 206 000 patients seen in 257 outpatient CSAPAs, 11 residential treatment centres and 1 prison-based CSAPAs for an addiction-related issue (alcohol, illicit drugs, psychoactive medicines, behavioural addiction) were included in the survey.

### T6.3. Bibliography

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