

WB 2 Drugs

France

2015 National report (2014 data) to the EMCDDA by the French Reitox National Focal Point

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The EMCDDA is investigating how the submission of the workbooks could be made easier through the use of technology. In the first instance, a pilot using templates in Word with defined fields to distinguish the answers to questions is being tried. The outcome of the pilot will be to evaluate the usefulness of this tool and establish the parameters of any future IT project.

Templates have been constructed for the workbooks being completed this year. The templates for the pre-filled workbooks were piloted in the EMCDDA.

1. The principle is that a template is produced for each workbook, and one version of this is provided to each country, in some instances pre-filled.
2. Answers to the questions should be entered into the "fields" in the template. The fields have been named with the question number (e.g. T.2.1). It will be possible to extract the contents of the fields using the field names.
3. Fields are usually displayed within a border, and indicated by "Click here to enter text" Fields have been set up so that they cannot be deleted (their contents can be deleted). They grow in size automatically.
4. The completed template/workbook represents the working document between the NFP and the EMCDDA. Comments can be used to enhance the dialogue between the EMCDDA and the NFP. Track changes are implemented to develop a commonly understood text and to avoid duplication of work.

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T0. Summary of the Drugs workbook

The purpose of this section is to:

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

Provide a description of important surveys and studies that concern more than one drug, either individually or in combination (polydrug use).

Please structure your answers around the following questions.

T0.1.1 Please, comment on the following:

- a) The main illicit drugs used in your country and their relative importance. (Please make reference to surveys, treatment and other data as appropriate.)
- b) New developments in the drug market, such as changes in availability, the emergence of new drugs and changes in patterns of use
- c) Any relevant surveys or studies that concern more than one drug, either individually or as polydrug use.

The main illicit drugs and polydrug use

Cannabis is still by far the most widely used illicit substance, both among teenagers and the adult population, with 17 million people having already tried it (i.e. 41% of 15 to 64 year-olds). The overall proportion of recent users (in the last month) is 6.6%, and regular use (at least 10 times per month) concerns nearly 1.5 million people in France.

Among last year users aged 18 to 64 years, according to the 2014 INPES Health Barometer Survey, the proportion of those at high risk of problem cannabis use is 21%, i.e. 2.2% of the French population aged 18 to 64 years. Cannabis is also the most frequently reported substance mentioned as the principal reason for entering drug treatment (CSAPA). As far as synthetic cannabinoids are concerned, 1.7% of adults aged 18 to 64 state that they have already used such substances. Their use levels are similar to heroin or amphetamines.

Cannabis use has been on the rise since the beginning of the 2010s, regardless of age group and frequency of use: this rise is part of a context of a marked increase in cannabis supply in France, particularly home cultivation and local production of herbal cannabis, while the cannabis resin market is still very dynamic.

The use of cocaine, the second most frequently used illicit substance, is far below that of cannabis and concerns approximately one tenth the number of people. However, the proportion of lifetime cocaine users aged 18 to 64 has increased four-fold in two decades (from 1.2% in 1995 to 5.6% in 2014). This statistic includes those who have used cocaine at least once in their life (lifetime users) or at least once in the last year. This variation indicates the wider diffusion of a substance once limited to well-off categories, and affecting all social groups in recent years. The levels of lifetime use for synthetic drugs such as MDMA/ecstasy and amphetamines are 4.3% and 2.3%, respectively. The proportion of current MDMA/ecstasy users increased significantly between 2010 and 2014 (from 0.3% to 0.9%), thus reaching a peak since the last decade.

The prevalence of lifetime use of heroin is 1.5% in the entire 18 to 64 year-old population and current use seems very rare (0.2% of those surveyed).

*T0.1.2 **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*

The use of illicit drugs with alcohol, tobacco and prescription drugs

In the INPES Health Barometer (adult population), like in the OFDT ESCAPAD survey (17 year-olds), polydrug use is discussed through regular use of at least two of three substances, alcohol, tobacco and cannabis, without being able to determine whether this involves concomitant use. In 2014, this type of practice is still uncommon since it only concerns 9.0% of the adult population. It reaches a peak among 18 to 25 year-olds, who are one of the age groups with the highest tobacco and cannabis use (13.2%). Regular polydrug use of three substances is rare since this concerns 1.8% of males and 0.3% of females aged 18 to 64.

In 2014, regular polydrug use of alcohol, tobacco or cannabis concerns 12.8% of 17-year old teenagers. Cumulative regular tobacco and cannabis use is more widespread (5.0%) than in 2010, slightly ahead of cumulative regular tobacco and alcohol use (4.5%). Cumulative regular use of the three substances concerns 3.0% of 17 year-olds.

Between 2011 and 2014, regular polydrug use rose by 2.9 points. This concentration of regular use has become more pronounced among young girls, with polydrug use practically increasing by half relative to 2011, from 5.8% to 8.4%.

Regarding the public received in Youth Addiction Outpatient Clinics (CJC), outpatients seeking help for cannabis use were also tobacco users (80% of daily smokers) and subject to frequent or massive alcohol consumption. Thus, one outpatient out of five stated drinking alcohol often to get drunk, especially among young adults (19% of minors, 26% of 18-25 year olds, 16% over 25 years). About 10% of these "cannabis outpatients" are regular drinkers. Almost half (48%) declared at least one heavy episodic drinking (HED) in the last month, 21% repeated HED (at least 3 in the month) and 4% regular HED (at least 10 in the month) (Obradovic 2015).

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

Please structure your answers around the following questions.

T1.1.1 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.

Cannabis use in the general population

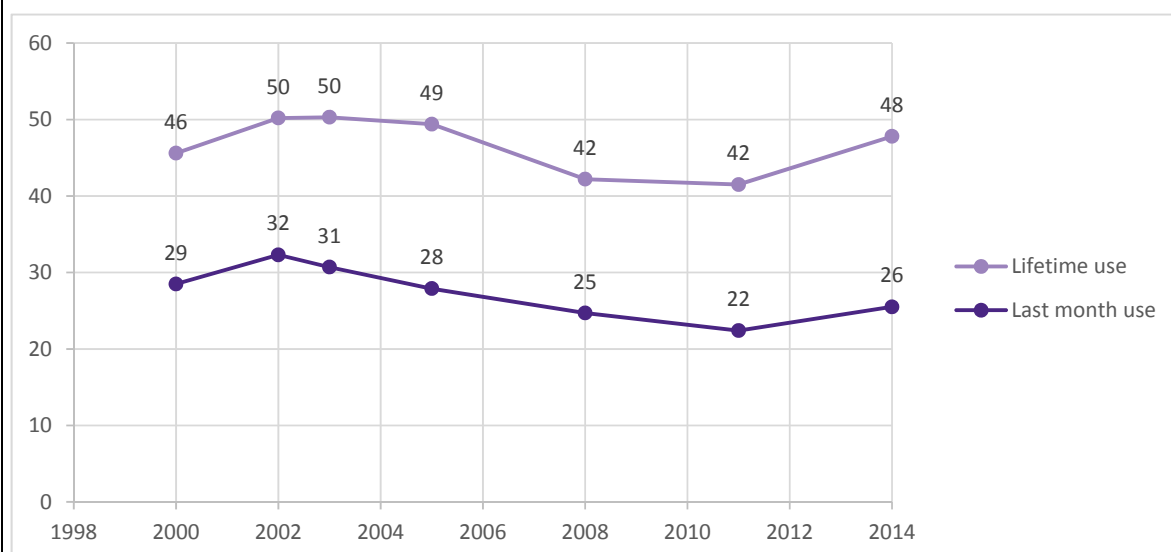
Cannabis is still by far the most widely used illicit substance in France. In 2014, 41% of adults aged 15 to 64 years are estimated to have tried it during their lifetime. More men than women had engaged in lifetime use (49% compared with 33%). Last year use (current use) concerns 11% of 15 to 64 year-olds (15% of males and 7% of females), whereas the overall proportion of recent users (in the last month) is 7% (Beck *et al.* 2015a).

Lifetime cannabis use peaks between age 25 and 34 years (59%) in men (69%) and women (49%). Current cannabis use mainly affects younger age groups (27% for 15 to 24 year-olds, 31% of boys and 23% of girls), and then decreases with age to only 2% of 55 to 64 year-olds. 19% and 13% of males and females, respectively, aged 15 to 24 are recent cannabis users.

Out of all 15 to 64 year-olds, lifetime cannabis use increased from 32% to 41% between 2010 and 2014, more markedly prolonging the trend observed since the 1990s. This rise is mainly driven by a stock effect; however, current use has also shown a significant increase, from 8.4% to 11%, like recent use (from 4.6% to 6.6%), this being observed for all age groups. Among women, this rise is mainly driven by the population aged under 40 years, whereas, among men, it distinctly remains between 35- and 55-year-olds.

In 2014, 48% of 17-year olds have tried cannabis (Spilka *et al.* 2015) with an increase over the 2011-2014 period, as for recent use (see Figure I). Boys appear to use more cannabis than girls. They are 29% to report use in the last 30 days compared to 22% of girls.

Figure I: Lifetime and last month use (recent use) of cannabis among 17 year-olds from 2000 to 2014



Source: ESCAPAD

T1.1.2 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.

Cannabis use in schools and other sub-populations

The results of the latest 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. Cannabis stands out as the illicit substance most widely used between the ages of 11 and 16 years, particularly among boys. In terms of lifetime cannabis use, in the 2010 HBSC survey, it was extremely rare among 11 year-olds. It was found in 6.4% of 13 year-olds, representing an increase compared with 2006 figures (4.8%) and stabilised at 28.0% among 15 year-olds (Spilka *et al.* 2012).

In 2011, almost two out of five young people (39%) born in 1995 (aged 16) have used cannabis at least once during their lifetime (Hibell *et al.* 2012). This represents an increase compared with the 2007 ESPAD survey (30%).

Reported use of cannabis over the last 30 days has proved to be marginal among adolescents under the age of 15. Cannabis use is stabilising among 15 year-olds (12.5% vs. 14%, in 2006, non-significant change). Cannabis is used by 24% of 16 year-olds representing a significant increase compared with 2007 (15%).

T1.1.3 **Optional.** Looking across the information available on cannabis in your country, please provide an overall commentary on the data, focusing on the consistency of trends between data sources (Suggested title: Commentary on Cannabis Use.)

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

Please structure your answers around the following question.

*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).*

Recent surveys/studies on cannabis use

The vast majority of the public received in Youth Addiction Outpatient Clinics (CJC) came for psychoactive use (95%) and for 80% of the outpatients, the substance motivating attendance was cannabis alone (Obradovic 2015). Reasons for use largely stated by these users were focused on "the search for pleasure and conviviality" (60%) and even more so among young outpatients with an occasional use. The "pleasure" motivation very often comes with one or several other reasons. This reason is much less common, however, among daily users, who report twice as often other self-therapeutic reasons, which are smoking cannabis to "control anxiety and stress" or "better sleep "(nearly 60% of them). These self-therapeutic intentions are also over-represented in women. Reasons for use appear well correlated to age, sex, frequency of use but also to intensity of consumption: 45% of self-therapeutic uses are associated with the consumption of at least 5 joints a typical day of consumption (against 31% of use motivated by search of conviviality).

T 1.2.2 Please comment on demand reduction activities specific to cannabis use.

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 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 T1.3 and T2 in Treatment workbook.

Availability of specific treatment or harm-reduction programmes targeting cannabis users

See T1.4.1 in Treatment workbook and T1.2.4 in Prevention workbook

Despite not being specialised in cannabis use, Youth Addiction Outpatient Clinics (CJC) in fact provide counselling for predominantly cannabis users (Obradovic 2015), given the recruitment of these facilities, geared towards teenagers and young adults. The 2014 survey conducted in the CJC estimated the number of young cannabis users admitted to these facilities at 18,000.

*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:

- 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

High-risk cannabis use

The Cannabis Abuse Screening Test (CAST) is a scale used to screen problem cannabis use. Each of the six items on the scale describes specific contexts of use (e.g., use alone or in the morning) or problems encountered within the scope of cannabis use (memory disturbances, failed attempts to quit, violence-related issues or accidents)¹ (Legleye *et al.* 2015). Conducted for the first time in 2002 as part of the ESCAPAD survey (Beck and Legleye 2008), its current version was first adopted in 2006 (Legleye *et al.* 2007). The time scale adopted is that of the year preceding the survey.

In 2014, 38.2% of 17 year-olds used cannabis in the last year, 41.1% among boys and 35.3% among girls. Among these last year users (n=9,311), 8,544 (92.0%) completed the CAST (Spilka *et al.* 2015). One in four boys who smoked cannabis in the last year is at high risk of problem use or cannabis addiction (25.7% vs. 17.3% for girls). In total, 21.9% of young last year cannabis users are at high-risk of problem use, i.e. a prevalence of 8.4% in the surveyed population of 17 year-olds. This proportion seems to be on the rise compared to 2011 when 17.8% of last year users were at high risk (22.8% for boys vs. 12.8% for girls).

Although the number of current users among 14-18 year olds has risen, the proportion of those at high risk of problem cannabis use seems stable, at 21% between 2010 and 2014, which represents 2.2% of 18 to 64 year-olds in 2014 (Beck *et al.* 2015a).

The potential health impact of the rise in the purity of cannabis circulating in France (see T1.1.5 in Drug market and crime workbook) has not been well documented yet. However in 2013, the TREND scheme reported on cases of cannabis psychosis. Also, approximately 30 deaths related to acute cardiovascular toxicity due to cannabis were reported in 2013 (ANSM 2015).

¹ To calculate a score, the responses are coded on a scale of 0 to 4. The total score obtained (which can range from 0 to 24) indicates whether or not the questioned users are at risk. A score of less than 3 indicates no addiction risk. A score of 3 or less than 7 indicates low addiction risk, and a score of 7 or above indicates high addiction risk.

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

Synthetic cannabinoids

In the general adult population, in the 2014 INPES Health Barometer Survey, 1.7% of 18-64 year-olds claimed to have already smoked a synthetic cannabinoid. It represents 4% of lifetime cannabis users and 17% of current cannabis users. This level of use is similar to that observed for heroin or amphetamines. Lifetime users of synthetic cannabinoids are predominantly men (2.3% vs. 1.2% of women), aged under 35 (4.0% of 18-34 year-olds vs. 0.6% of 35-64 year-olds). More than one in two (53%) have already experimented with at least one illegal substance other than cannabis and one in three (34%) have used at least two such substances (Beck *et al.* 2015a).

Among 17 year-olds, interviewed as part of the 2014 ESCAPAD survey, 1.7% claimed to have already used a substance which "imitates the effects of a drug, such as synthetic cannabis, mephedrone, methoxetamine or another substance". Only 0.7% specified the substance involved, mainly a synthetic cannabinoid, usually referring to a brand name rather than the name of a molecule (Spilka *et al.* 2015).

As for the other NPS, the wide variety of products, due to a very dynamic supply market, does not necessarily translate into the observed levels of use. Out of the 607 individuals interviewed as part of the I-TREND online survey, 61% claimed to have used one or more NPS. Of these, 9% stated that the last substance used was a synthetic cannabinoid. This figure is very close to the percentages observed for cathinones and arylcyclohexylamines (approximately 10% each), and considerably below phenethylamines (28%). Furthermore, 76% of NSP users also used cannabis in the last 30 days.

The research carried out in the context of the I-TREND project shows that out of the 902 Internet discussions studied, 50 concern synthetic cannabinoids. These are split between 16 substances. 5F-AKB-48 in the e-liquid form is the cannabinoid most discussed on forums with 650 to 700 views per day between July 2014 and January 2015 (the most active period). The e-liquid form is equivalent to the cartridges used for e-cigarettes, which then become “e-joints”. Over the first few months of 2015, there was a marked increase in discussions relating to MBMD-CHMICA, AB-FUBINACA and 5F-PB-22.

Furthermore, and according to several sources (SINTES, poison control and toxicovigilance centres, etc.) synthetic cannabinoids are seen predominantly in a “commercial” form (ie presented in a non-powder form such as cannabis resin, herbal cannabis, capsule and e-liquid). Users thus have a substance which is “ready to use”, which implies that, unlike a powder, the constituent molecule(s) and dosage strength are unknown. This may indicate diffusion of synthetic cannabinoids to a population less familiar with NPS.

Out of the 5 analyses conducted as part of the SINTES scheme in 2014, two included JWH-122 5 Fluoropentyl (cannabis resin and herbal cannabis), another 5F-AKB-48 (in e-liquid form) and the last two JWH-073 and 081 (herbal cannabis form).

All known health incidents must be validated by the health authorities responsible for reporting:

- A health incident involving the intoxication of 8 individuals and the arrest of the drug dealer occurred at the beginning of 2015. Analyses on the substances, in the form of plant debris, identified AB-FUBINACA and MDMB-CHMICA. These molecules have been identified in several acute intoxications or deaths in European countries.
- Aside from this specific case, 7 health incidents (3 *via* the SINTES scheme and 4 *via* poison control and toxicovigilance centres (Le Roux *et al.* 2015)), including one death, were reported to the OFDT. In one case, the substance used was also 5F-AKB-48 in herbal cannabis form.

Health care (acute intoxication) would rather seem to concern NPS polydrug users, whether synthetic cannabinoids alone or with other substances, and prescription drug users.

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.

Please structure your answers around the following question.

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.)

New developments in the use of cannabis

An increasing prevalence can be observed for last month use (recent use) of cannabis among 17 year-olds (25.5% in 2014 *versus* 22% in 2011). Among 15-64 year-olds, lifetime cannabis use has increased (driven by a stock effect), markedly prolonging the trend observed since the 1990s. Current use (last year use) has also increased significantly, from 8.4% to 11%, like recent use (from 4.6% to 6.6%), irrespective of age group (Beck *et al.* 2015a).

This rise falls within the context of a marked increase in cannabis supply in France (Cadet-Taïrou *et al.* 2014b): home cultivation and local herbal cannabis production advance and at the same time, the cannabis resin market is still very dynamic (with a high level of seizures) This change is related to the average potency of cannabis resin that has tripled in ten years to reach 20.7%, whereas the potency of herbal cannabis is now 13%, the highest in 15 years.

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.

Please structure your answers around the following questions.

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.)

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.)

T5. Notes and queries

The purpose of this section is to highlight areas of specific interest for possible future elaboration. Detailed answers are not required.

Please structure your answers around the following questions.

No current question.

T6. Sources and methodology

The purpose of this section is to collect sources for the information provided above, including brief descriptions of studies and their methodology where appropriate.

Please structure your answers around the following questions.

T.6.1 Please list notable sources for the information provided above.

Sources

2010 and 2014 INPES Health Barometer Survey (adults)
2011 and 2014 ESCAPAD surveys (young people)
2007 and 2011 ESPAD surveys
2006 and 2010 HBSC surveys
CJC 2014 survey: survey in Youth Addiction Outpatient Clinics
SINTES scheme: National Detection System of Drugs and Toxic Substances
I-TREND project / Forum monitoring scheme (TREND)
TREND scheme: Emerging Trends and New Drugs
Seizures and checks performed on postal freight or during police cases

T.6.2 Where studies or surveys have been used please list them and where appropriate describe the methodology?

Methodology

Health Barometer

French National Institute for Prevention and Health Education (INPES)

The health barometer is a telephone health survey of a representative sample of the population of mainland France: nearly 15,700 individuals aged 15 to 75 years took part in the 2010 edition. Conducted from December 2013 to May 2014, this survey was the most recent in a series of six, entitled "Adult health barometers", conducted in 1992, 1993, 1995, 2000, 2005 and 2010. 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 broaches the subject of legal and illegal drug use.

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

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

Originally conducted on an annual basis from 2000 to 2003, the ESCAPAD survey has been organised on a triennial basis since 2005. It takes place on 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.

In 2014, 26,351 individuals were surveyed in national armed services centres in mainland France and in overseas French departments during a week in March. On a given day, JDC participation is 90%, but the coverage rate is much higher (people can be summoned on different days because participation is quasi-compulsory to be allowed to register later on for examinations such as university diplomas and the driver licence).

ESPAD: European School Survey Project on Alcohol and Other Drugs

French Monitoring Centre for Drugs and Drug Addiction (OFDT) / Ministry of Youth, National Education and Research / General secretariat of Catholic Education / French National Institute for Health and Medical Research (INSERM U669) / French National Institute for Prevention and Health Education (INPES)

This survey was initiated Europe-wide in 1995 by the Swedish council for information on alcohol and other drugs with the support of the Council of Europe. It takes place every four years in school settings and targets students aged 16 years - the age at which mandatory schooling is over in the majority of European countries. Data collection takes place in the second quarter of the year of the survey.

The 2011 survey took place in 36 countries, including France for the fourth consecutive year. There was one common questionnaire that focused on use, attitudes and opinions related to drugs. In France, a total of 2,572 students born in 1995, i.e., 15-16 years of age when the 2011 survey was conducted, answered a self-administered questionnaire in a classroom setting in the presence of a health professional.

HBSC: Health Behaviour in School-aged Children survey

University of Edinburgh (CAHRU) for the HBSC network / Medical department of the Toulouse school district - INSERM U1027 for the survey in France / French Monitoring Centre for Drugs and Drug Addiction (OFDT) / French Institute for Prevention and Health Education (INPES)

This is an international survey being conducted every four years since 1982 under the auspices of the European office of the World Health Organisation (WHO). Currently, over 41 countries (including France since 2002) or regions, mainly in Europe, take part and collect standardised information on behaviours that are detrimental to or positive for health in students aged 11, 13 and 15 years. The HBSC survey is self-administered, strictly anonymous and conducted in class under the supervision of a specially trained investigator.

In 2010, 11,754 school-age students from the last year of primary school to the first year of high school were surveyed in public or private establishments in mainland France under contract with the French national education authority. A total of 11,638 questionnaires were analysed.

CJC 2014 survey: Survey in Youth Addiction Outpatient Clinics

French Monitoring Centre for Drugs and Drug Addiction (OFDT)

2014 is the third year (after 2005 and 2007) of the survey on clients of youth addiction outpatient clinics (CJC), a scheme created in 2005 to offer counselling for young psychoactive substance users. The 2014 survey is based on the responses by professionals having seen the patients or their families between 24 March and 30 June 2014. It covers mainland France and French overseas departments. Out of 260 facilities managing a CJC activity in mainland France and the DOM recorded in 2014, 212 responded to the survey, i.e., a response rate of 82%.

The questionnaire comprises four parts: circumstances and reasons for consulting, user sociodemographic characteristics, substances used and evaluation of cannabis dependence by the Cannabis Abuse Screening Test, and decision made at the end of the appointment. Out of the 5,421 questionnaires collected, corresponding to the number of appointments held during the survey period, 5,407 were considered fit to describe consulting activity. After eliminating questionnaires not stating gender or age, the final user base included 4,958 individuals.

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 one of the 4 forensic laboratories working in partnership with OFDT.
- investigations conducted by the OFDT on samples of substances obtained directly from users. These collections are governed by a strict regulatory framework and obtained by specifically trained survey workers.

I-TREND project

French Monitoring Centre for Drugs and Drug Addiction (OFDT)

<http://www.i-trend.eu/>

The I-TREND project comprises 5 interlinked activities. The focus of the project is to draw up a list of substances, known as the "top list", which is documented via all of the activities. Three activities are partly presented herein:

- Analysis of online discussions and quantitative monitoring of the number of views per discussion.

Three French-speaking forums were selected for the I-TREND project. All discussions on NPS, created or updated after 1 January 2013 were included. A monthly record of the number of views was compiled. Discussions on the most widely discussed substances were selected for a qualitative analysis.

- Internet purchases of substances.

The "top list" was used according to the snapshot methodology: the names of the substances associated with the term "buy" generated search queries. All online sales sites appearing in the first 100 results were recorded. Those shown to be the most popular based on several pre-defined criteria were selected for use as test sites for purchasing substances in the "top list" and for analysis in terms of marketing strategy.

- I-TREND online survey.

The survey conducted as part of the I-TREND project aimed to collect information on the profiles and purchasing habits of NPS users. It does not aim to be representative and it is possible that its promotional strategy led to a recruitment mainly based on informed NPS user population.

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 observations are conducted in two social settings chosen due to the high likelihood of finding new or not as yet observed phenomena, even though these do not necessarily reflect the entire reality of the drug use in France:

- urban areas, as defined by TREND, mainly cover low-threshold structures (CAARUDs) and open sites (street, squats). Most of the people met and observed in these settings are problem users of illegal drugs living in particularly precarious conditions.
- Techno party settings refer to places where events are organised around techno music. These include so-called “alternative” techno settings (free-party, teknivals) and techno events in clubs, discothèques and private parties.

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

- continuous qualitative data collection 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

Seizures and checks performed on postal freight or during police cases

Six-monthly progress report drawn up by the (French) National Forensic Science Institute (INPS) and the Joint Laboratories Department (SCL) with the OFDT for EWS-REITOX.

Two points should be taken into consideration when interpreting these figures:

- Seizures or checks on postal freight do not mean that the parcels were destined for France.
- These figures represent partial visibility of the circuit, rather than trafficking.

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.

Please structure your answers around the following questions.

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)

The relative importance of different stimulant drugs

In 2014, cocaine is still the most commonly used illicit stimulant drug among 18-64 year-olds, with 5.4% lifetime users, indicating diffusion of the substance to all population categories in recent years. MDMA/ecstasy is the second most common stimulant with a lifetime prevalence of 4.2%, ahead of amphetamines (2.2%).

Last year use concerns considerably fewer individuals, with 1.1% for cocaine, 0.9% for MDMA/ecstasy (although only 0.3% in 2010, in 2014 it reached its highest level for a decade) and 0.3% for amphetamines. Of people aged 18-to-64, 0.6% tried crack (freebase cocaine) within their life in 2014 and 0.1% have used it in the last year (Beck *et al.* 2015b). These uses are mainly located in Paris and the French Antilles.

MDMA/ecstasy (in its powder or crystal form or as tablets) is sought for in the party scene and by relatively young people. The diversity of cocaine users is larger, with extremely contrasting social profiles. In a context of economic impoverishment, amphetamine use can be an alternative to cocaine deemed too expensive by some consumers.

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.

Stimulant use in the general population

In 2014, cocaine is still the most commonly used illicit stimulant drug among 18-64 year-olds, with 5.4% lifetime users, ahead of MDMA/ecstasy (4.2%) and amphetamines (2.2%). Last year use concerns considerably fewer individuals, with 1.1% for cocaine, 0.9% for MDMA/ecstasy and 0.3% for amphetamines (Beck *et al.* 2015a).

Levels of lifetime use of these substances are continuously growing among the adult population due to a stock phenomenon and to the diffusion of these substances outside of specific populations (attending the party scene in particular). Although last year use for cocaine remained stable between 2010 and 2014, this tripled for MDMA/ecstasy over the same period, from 0.3% to 0.9%.

Stimulant use is higher among 15-34 year-olds, than among over 35 year-olds, with 2.4% last year use for cocaine, 2.3% for MDMA/ecstasy and 0.7% for amphetamines. Men have been shown to be users more frequently than women, irrespective of substance. Hence, among 15-64 year-olds, 1.5% of men report last year use for cocaine and 1.2% for MDMA/ecstasy, compared to 0.7% and 0.6%, respectively, among women.

It is estimated that among 17 year-olds, MDMA/ecstasy is the stimulant with the highest levels of lifetime use (3.8%), ahead of cocaine (3.2%) and amphetamines (2.8%). This strong increase in MDMA/ecstasy lifetime use reflects the trends in the adult population. Furthermore, boys have higher levels of lifetime use for amphetamines and MDMA/ecstasy than girls (Spilka *et al.* 2015).

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

Stimulant use in schools and other sub-populations

In 2012, 51% of CAARUD (low-threshold structures) clients reported stimulants use in the month prior to the survey and 44% reported cocaine use. Among them, 6 out of 10 use also or only cocaine in base form (crack or freebase). Freebase cocaine use increased since the 2008 survey. Amphetamine recent use among CAARUD clients is 8% (a significant rise) and MDMA/ecstasy use is stable at 12% (Cadet-Taïrou *et al.* 2015).

T1.1.4 **Optional.** Looking across the information available on stimulants in your country, please provide an overall commentary on the data, focusing on the consistency of trends between data sources. (Suggested title: Commentary on Stimulant Use.)

T.1.1.5 **Optional.** Please comment on any associations or interactions in use and trends in specific stimulants.

(Suggested title: Interactions in the Use of Different Stimulants.)

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

Please structure your answers around the following question.

T1.2.1 Injecting. Please comment on rates and trends in injecting and smoking as routes of administration. (cross-reference with Harms and Harm reduction workbook).

Injecting and other routes of administration

Among CAARUD clients having used cocaine in the month prior to the 2012 ENa-CAARUD survey, 53% used injection; these represent 33% among recent amphetamine users and 22% among MDMA/ecstasy users (Cadet-Taïrou *et al.* 2015).

Also about cocaine, the TREND scheme report of a shift from snorting to injecting in semi-integrated cocaine users in a more fragile economic situation.

According to the TREND scheme, MDMA/ecstasy in powder or crystal form is mainly ingested "en parachute" (rolled in a sheet of cigarette rolling paper and then swallowed) in repeated doses throughout an evening or mixed with drinks. Some snort it despite the irritation it can cause to the nasal mucosa. There has also been an observed rise in the inhalation of the vapours produced by heating MDMA ("chasing the dragon") (Cadet-Taïrou *et al.* 2014c).

T1.2.2 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.)

T1.2.3 **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, and the most common patterns of stimulant use with other drugs, i.e. polydrug use. (Suggested title: Patterns of Use.)

T 1.2.4 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.)

Treatment and help seeking

See T1.3 and T2 in Treatment workbook.

Availability of specific treatment or harm-reduction programmes targeting stimulant users

There are no national "programmes" exclusively or specifically targeting stimulant users in France.

T1.2.5 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.)

T1.2.6 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

Synthetic Cathinones

No data based on general population surveys are available on cathinone use and their wide variety and very dynamic supply market, does not necessarily translate into the observed levels of use. Among the 607 individuals taking part in the I-TREND online survey, 61% claimed to have already used one or more NPS, and 11% stated that the last substance used was a cathinone. Over the last 12 months, 20% claimed to have taken 4-MMC, 17% methylone, 12% 4-MEC, 9% 3-MMC and 6% MDPV.

The research carried out in the context of the I-TREND project shows that out of the 902 Internet discussions monitored, 106 focus on cathinones by name. As far as generating discussion is concerned, this category ranks number 2 after phenethylamines. These are split between 16 substances. 3-MMC is by far the most widely discussed and, in particular, the most viewed molecule (750 views per day on average). In contrast to other countries, activity surrounding mephedrone is very low (50 views per day on average). The 3 most frequently monitored cathinones other than 3-MMC are 4-MEC, Bk-2C-B and MDPV (60 to 115 views per day on average). MDPV is primarily discussed concerning its negative effects, but still has a high audience.

In 2014, the number of health reports and data collection continued to increase, with greater visibility, as it was the case for synthetic cannabinoids.

Out of the 21 analyses performed as part of the SINTES scheme in 2014, ten involved 3-MMC (one of which was sold under the brand name "Topaz"), four concerned 4-MEC (one of which was mixed with pentedrone under the name "*la Bleue*" or "4-P"), three pertained to molecules similar to pyrovalerone (1 alpha-PBP and 2 alpha-PVP) and two involved methylone (including one hospital admission). In 2015, only four data collection campaigns were analysed.

Seven reports were notified to the OFDT in 2014 and early 2015 (including 3 deaths): five concerned 4-MEC (in combination with several other substances), one identified 4-MMC (detected during a road accident), and the last involved Bk-2C-B.

Regarding the consumption of cathinones, two specific at risk-subgroups (polydrug NSP users and prescription drug users) were identified. Today, within these specific populations,

new users are discovering cathinones reflecting the gradual spread of these substances in these subgroups:

- People partaking in sexual practices related to substance use. Known as a "slammer" for those who inject, this user profile has been identified several years ago (see national reports for previous years); however, several deaths related to this practice were reported to the OFDT by the police departments in 2014-2015. This increase might be linked to the diffusion of cathinones in a sexual context and/or to a poor harm reduction culture among this population.

- Polydrug users receiving medicinal treatment, possibly indicating a psychiatric problem. This profile corresponds to a relatively well-integrated population (in the sense that these individuals do not live on the street and benefit from a stable environment). They do not necessarily attend healthcare facilities, but have access to primary care. This trend is also observed in reports related to synthetic cannabinoid and NPS users in general. However it is impossible to quantify these subgroups.

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.

Please structure your answers around the following question.

T3.1 Please report on any notable new developments observed in stimulant use and related problems in your country since your last report.

New developments in the use of stimulants

Levels of lifetime use of stimulants are continuously growing among the adult population due to a stock phenomenon and to the diffusion of these substances outside of specific populations. Although last year use for cocaine remained stable between 2010 and 2014, it tripled for MDMA/ecstasy over the same period, from 0.3% to 0.9% (Beck *et al.* 2015a). It is its highest level among 18-25 year olds (3.8%).

This new cycle of widespread MDMA/ecstasy use is seen less among older generations of party goers and more among new party going generations. In younger users it is very frequently accompanied by a total underestimation of the risks related to use. MDMA/ecstasy almost never has the image of a drug. This is cause for worry in a context where the number of potential lifetime users is widening due to the distribution of the techno party scene (Cadet-Tairou *et al.* 2014c).

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.

Please structure your answers around the following questions.

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.)

T5. Notes and queries

The purpose of this section is to highlight areas of specific interest for possible future elaboration. Detailed answers are not required.

Please structure your answers around the following questions.

No current question.

T6. Sources and methodology

The purpose of this section is to collect sources for the information provided above, including brief descriptions of studies and their methodology where appropriate.

Please structure your answers around the following questions.

T.6.1 Please list notable sources for the information provided above.

Sources

2010 and 2014 INPES Health Barometer Survey (adults)
2011 and 2014 ESCAPAD surveys (young people)
2007 and 2011 ESPAD surveys
2006 and 2010 HBSC surveys
TREND scheme: Emerging Trends and New Drugs
SINTES scheme: National Detection System of Drugs and Toxic Substances
I-TREND project/Forum monitoring scheme (TREND)
ENa-CAARUD survey

T.6.2 Where studies or surveys have been used please list them and where appropriate describe the methodology?

Methodology

Health Barometer

French National Institute for Prevention and Health Education (INPES)

See T6.2 in Cannabis section

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

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

See T6.2 in Cannabis section

ESPAD: European School Survey Project on Alcohol and Other Drugs

French Monitoring Centre for Drugs and Drug Addiction (OFDT) / Ministry of Youth, National Education and Research / General secretariat of Catholic Education / INSERM U669 / INPES

See T6.2 in Cannabis section

HBSC: Health Behaviour in School-aged Children survey

University of Edinburgh (CAHRU) for the HBSC network / Medical department of the Toulouse school district - INSERM U1027 for the survey in France / French Monitoring Centre for Drugs and Drug Addiction (OFDT) / French National Institute for Prevention and Health Education (INPES)

See T6.2 in Cannabis section

TREND scheme: Emerging Trends and New Drugs

French Monitoring Centre for Drugs and Drug Addiction (OFDT)

See T6.2 in Cannabis section

SINTES: National Detection System of Drugs and Toxic Substances

French Monitoring Centre for Drugs and Drug Addiction (OFDT)

See T6.2 in Cannabis section

I-TREND Project

French Monitoring Centre for Drugs and Drug Addiction (OFDT)

See T6.2 in Cannabis section

ENa-CAARUD: National survey of low-threshold structures (CAARUDs)

French Monitoring Centre for Drugs and Drug Addiction (OFDT)

Conducted every two 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 in the structure. The questions asked are on use (frequency, age of experimentation, administration route, equipment-sharing), screening (HIV, HBV and HCV) and social situation (social coverage, housing, level of education, support from friends and family).

The 2012 survey was conducted from 26 November to 7 December: 4,241 completed or "non-responder" questionnaires were conducted in 142 CAARUDs. After eliminating duplicates (299) and "non-responders" (1,037), 2,905 individuals (in 139 CAARUDs) were included in the analysis.

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.

Please structure your answers around the following questions.

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 as opposed to other opioids within your country.

The relative importance of different opioid drugs

In 2014, among the general population aged 18 to 64, heroin use was relatively limited, with 1.5% lifetime use and 0.1% last year use, stable between 2010 and 2014. Young adults aged 15-34 more frequently tend to be users, with 0.3% last year users. No difference is observed between men and women (Beck *et al.* 2015a).

Heroin is more available than in the beginning of the 2010s and its average purity tends to increase.

Regarding opiate medications, the majority of patients used buprenorphine for therapeutic purposes, although a small proportion misused it for their own use or dealt it like an illicit drug. The methadone syrup form has been misused as an occasional “spare supply” between users helping each other out. The capsule form is also used for these purposes.

Also, the fairly low or even non-existent average purity of heroin circulating in France, from 2011 through part of 2013, clearly stimulated misuse of morphine sulphate (Cadet-Taïrou and Gandilhon 2014a).

T1.1.2 Indirect estimates. 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). Where possible, comment on any important demographic information (e.g. age, gender). Include any contextual information important in interpreting trends.

Estimates of opioid use

In 2013, it was estimated that the number of problem users reached 279,000 individuals – (95% CI: 201,000-400,000), i.e. a prevalence of 0.69% of 15-64 year-olds (0.49%-0.98%). This estimate is higher than that obtained by the police multiplier method using police data in 2011 (222,000 individuals) and lower than the estimate based on treatment data (299,000). Most of problem users were opioid users, i.e. 220,000 individuals (95% CI: 185,000-320,000), with a prevalence of 0.54% (0.45%-0.79%), including 130,000 heroin users (95% CI: 90,000-196,000), i.e. a prevalence of 0.33 (0.22%-0.49%). The large confidence intervals indicate the uncertainty inherent in the data collection instruments together with the statistical methods applied.

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 2011, 160,000 people were reimbursed for OST. 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 **Optional.** Looking across the information available on heroin and other opioids in your country, please provide an overall commentary on the data, focusing on the consistency of trends between data sources.*

(Suggested title: Commentary on Opioid Use.)

The TREND scheme acknowledged the marked expansion of morphine sulphate demand and use, outside of the strict therapeutic setting. Primarily in the centre and south of France, this trend seems to be a "response" by active drug users to the degradation in the quality of heroin observed until 2013 (Cadet-Taïrou *et al.* 2014c).

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

Please structure your answers around the following question.

T1.2.1 Injecting. Please comment on rates and trends in injecting among heroin and other opioid users (cross-reference with Harms and Harm reduction workbook).

Injecting and other routes of administration

Among CAARUD clients having used heroin in the month prior to the 2012 ENa-CAARUD survey, 51% reported injection. The proportion of those having injected was 84% among recent sulphate morphine users and 54% among buprenorphine users (Cadet-Taïrou *et al.* 2015). Recent methadone and codeine users predominantly (more than 95%) favoured the oral route.

T1.2.2 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.)

Infectious Diseases

See T1.3.1 in Harms and harm reduction workbook.

*T1.2.3 **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 Use.)

T 1.2.4 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.)

Treatment and help seeking

See T1.3 and T2 in Treatment workbook

Availability of specific treatment or harm-reduction programmes targeting heroin and other opioid users

Apart from buprenorphine and methadone prescription treatments, there are no national "programmes" exclusively or specifically targeting opioid users in France. However, in France, national treatment and prevention centres for addiction (CSAPA) and harm reduction centres (CAARUD) are mainly structured around the problems inherent in treating heroin and opioid users who originally represented the vast majority of users seeking assistance at these centres.

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.

Please structure your answers around the following question.

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.)

No new developments.

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.

Please structure your answers around the following questions.

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.)

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.)

T5. Notes and queries

The purpose of this section is to highlight areas of specific interest for possible future elaboration. Detailed answers are not required.

Please structure your answers around the following questions.

No current question

T6. Sources and methodology

The purpose of this section is to collect sources for the information provided above, including brief descriptions of studies and their methodology where appropriate.

Please structure your answers around the following questions.

T6.1 Please list notable sources for the information provided above.

Sources

2010 and 2014 INPES Health Barometer Survey
ENa-CAARUD survey
TREND scheme: Emerging Trends and New Drugs
Estimate of the number of problem drug users

T6.2 Where studies or surveys have been used please list them and where appropriate describe the methodology?

Methodology

Health Barometer

French National Institute for Prevention and Health Education (INPES)
See T6.2 in Cannabis section.

ENa-CAARUD: National survey of low-threshold structures (CAARUDs)

French Monitoring Centre for Drugs and Drug Addiction (OFDT)

See T6.2 in Stimulants section.

TREND scheme: Emerging Trends and New Drugs

French Monitoring Centre for Drugs and Drug Addiction (OFDT)

See T6.2 in Cannabis section

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.

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.

*T1.1.1 **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.*

Prevalence and trends in NPS use

According to the TREND scheme, ketamine is increasingly visible on both the alternative party scene and in urban settings (marginalised users), due to the improved image of a substance that elicits less and less fear. All substances similar to ketamine (such as methoxetamine), continue to show signs of diffusion. It may be a substance sold as "substitute" or a NPS sold under its real name (Cadet-Taïrou *et al.* 2014c).

An increasingly significant proportion of type 25-x-NBOMe phenethylamines is observed and other substances with psychedelic effects (indolalkylamines and arylalkylamines) are extending too. Several reports (including one death) related to these latter types of substances were recorded in 2013-2014.

In French Polynesia, the seizure of several arylalkylamines (5 and 6 APB and MAPB) lead to their classification as poisonous substances [[Arrêté n°428 CM du 16 avril 2015 portant modification de l'arrêté n°626 CM du 14 avril 2014 fixant la liste des substances vénéneuses destinées à la médecine et les listes des exonérations au classement des substances vénéneuses en médecine humaine et vétérinaire](#)], a provision which is not applicable in mainland France. The availability of these substances is increasing on the drug market and especially among groups attending alternative party scene events.

Ethylphenidate, discussed in specialist forums since late 2011, has only become visible more recently via other monitoring sources. The National Narcotics and Psychotropic Substances Commission stated that "*four spontaneous reports were recorded in France in 2013 and 2014, including one case of death. [...] Ethylphenidate was present in three cases [...]*", leading to classification thereof by the decree of 17 March 2015 [[Arrêté modifiant l'arrêté du 22 février 1990 fixant la liste des substances classées comme stupéfiants](#)] (ANSM 2014).

T1.1.2 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).

Harms related to NPS use

Toxicovigilance and pharmacovigilance are gradually intensifying; however, the findings described below should still be interpreted with caution.

In 2013, 20 health reports relating to NPS other than synthetic cannabinoids or cathinones were reported to the OFDT. The DRAMES (Drug and Substance Abuse-related Deaths) survey established 11 direct deaths involving NPS. Only one of these strictly concerned a new psychoactive substance, methoxetamine, which had caused more than a dozen acute intoxications in previous years. The other 10 cases were related to products long known to be the subject of misuse and/or medications (GHB, tramadol, venlafaxine, alprazolam, zopiclone, pregabalin), usually in combination with other substances. The health network also reported two indirect deaths respectively related to 25C-NBOMe and ketamine, and intoxication involving diphenidine.

Two health reports, including one case of acute intoxication, concern a type x-NBOMe molecule. The remainder are split between arylalkylamines (6-APB, 6-APDB), a phenethylamine (5-MEO-DALT) and 2-CT-4 (Ferec *et al.* 2014).

In 2014, 12 reports relating to NPS other than synthetic cannabinoids or cathinones were submitted to the OFDT. Four originated from forensic professionals (2 road accidents respectively related to methoxetamine and 4-MMC, and 2 acute intoxications respectively involving phenethylamine and DOC). The ANSM¹ toxicovigilance network reported a death involving an x-APB. The scientific literature instanced 6 cases related to diverse NPS and 2 intentional intoxications with diclazepam and pregabalin respectively (Bretaudéau Deguigne *et al.* 2015; Dumestre-Toulet *et al.* 2015; Ferec *et al.* 2015; Langrand *et al.* 2015; El Balkhi *et al.* 2015; Grossenbacher *et al.* 2015).

As already mentioned above, those experiencing acute intoxication appear to be polydrug users or individuals receiving medicinal treatment, probably in a context of psychiatric care.

¹. National Agency for Medicines and Health Products Safety

T1.1.3 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.)

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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.

Please structure your answers around the following question.

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.

New developments in the use of NPS and other drugs

The visibility of "commercial" substances, i.e. presented in highly marketed packaging or in a non-powder form (resin, herbal cannabis, e-liquid, etc.) is one of the most striking features of 2014, regardless of the substances. This could reflect an increasing availability and a wider audience, with users who are less informed in terms of NPS.

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.

Please structure your answers around the following question.

*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.)

T5. Notes and queries

The purpose of this section is to highlight areas of specific interest for possible future elaboration. Detailed answers are not required.

Please structure your answers around the following questions.

No current question

T6. Sources and methodology

The purpose of this section is to collect sources for the information provided above, including brief descriptions of studies and their methodology where appropriate.

Please structure your answers around the following questions.

T.6.1 Please list notable sources for the information provided above.

Sources

SINTES scheme: National Detection System of Drugs and Toxic Substances
I-TREND project / Forum monitoring scheme (TREND)
Seizures and checks performed on postal freight or during police cases
DRAMÉS Survey

T.6.2 Where studies or surveys have been used please list them and where appropriate describe the methodology?

Methodology

SINTES: National Detection System of Drugs and Toxic Substances

French Monitoring Centre for Drugs and Drug Addiction (OFDT)

See T6.2 in Cannabis section

I-TREND Project

French Monitoring Centre for Drugs and Drug Addiction (OFDT)

See T6.2 in Cannabis section

Seizures and checks performed on postal freight or during police cases

French Monitoring Centre for Drugs and Drug Addiction (OFDT)

See T6.2 in Cannabis section

DRAMÉS: Drug and Substance Abuse-related Deaths

French National Agency for Medicines and Health Products Safety (ANSM)

Implemented in 2002, this survey uses a continuous method for collecting data in mainland France and was set up in order to obtain the most exhaustive data possible on deaths occurring from use of psychoactive substances in the context of drug abuse or addiction. The survey also aims to describe the circumstances under which the body was discovered, the level of abuse at the moment of death and the results of the autopsy, as well as to identify and quantify the substances involved, through blood testing.

Thirty-two experts performed toxicological analyses within a forensic scope in the 2013 edition of the survey. DRAMES includes drug-related deaths (the definition of which is similar to that of the European Monitoring Centre for Drugs and Drug Addiction) for which toxicological analyses were performed by experts who took part in the study.

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