2017

Drugs workbook

France

2017 National report (2016 data) to the EMCDDA by the French Reitox National Focal Point

Supervision: Christophe Palle

Contribution to the workbooks

1.1 *Drug Policy*: Cristina Díaz-Gómez
1.2 *Legal Framework*: Caroline Protais, Cristina Díaz-Gómez
2 *Drugs*: Olivier Le Nézet, Agnès Cadet-Taïrou, Magali Martinez, Eric Janssen
3.1 *Prevention*: Carine Mutatayi, Caroline Protais
3.2 *Treatment*: Christophe Palle, Anne-Claire Brisacier, Caroline Protais
3.3 *Best Practice*: Carine Mutatayi
3.4 *Harms and Harm Reduction*: Anne-Claire Brisacier, Cristina Díaz-Gómez, Maitena Milhet, Thomas Néfau
4 *Drug Market and Crime*: Michel Gandilhon, Magali Martinez, Thomas Néfau, Caroline Protais, Cristina Díaz-Gómez
5.1 *Prison*: Caroline Protais
5.2 *Research*: Isabelle Michot, Maitena Milhet

Proofreading (French version): Julie-Émilie Adès, Ivana Obradovic (OFDT); Nicolas Prisse, president of the Interministerial Mission for Combating Drugs and Addictive Behaviours, and the project managers of the MILDECA
Proofreading (English version): Julien Morel d'Arleux, Anne de l'Eprevier
Bibliographic references: Isabelle Michot
Legal references: Anne de l'Eprevier

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T0. Summary

T0.1 Summary of the Drugs workbook

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

Please structure your answers around the following questions.

T0.1.1 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.)

Drug use and the main illicit drugs

According to the latest available data (2016), 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 (42% of 18 to 64 year-olds). In 2014 (latest available data) the overall proportion of recent users (in the last month) is 6.3%, and regular use (at least 10 times per month) is 3.1%.

Among last year users aged 18 to 64 years, according to the 2014 Health Barometer Survey of *Santé publique France*[1], the proportion of those at high risk of problem cannabis use (according to the Cannabis Abuse Screening Test, CAST – see details in T1.2.3 of workbook 2016) 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 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, it was extremely rare among 11 year-olds, it was found in 5.6% of 13 year-olds and 28.3% among 15 year-olds (data from the 2014 HBSC survey). These proportions are stable when compared to 2010. According to the latest ESPAD survey, in 2015, 32% of the students aged 16 have used cannabis at least once during their lifetime (29% of girls and 24% of boys). This represents a decrease compared with the previous 2011 ESPAD survey (39% of the students).

Cannabis use rose between 2010 and 2014 and has since remained at high levels, 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 (see workbook Drug Market and Crime).

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, either in terms of lifetime use or use in the past year. 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), as had the proportion of cocaine users within the year between 2000 (0.3%) and 2014 (1.1%). 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. Among 18-25 year olds, the use of this product exceeds that of cocaine.

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[2] (0.2% of those surveyed).

The latest ENa-CAARUD survey, conducted at the end of 2015 in support centres for the reduction of drug-related harms (CAARUDs), validated the qualitative findings of the TREND system on the changes in this problem drug user population: the most disadvantaged users turning to less expensive substances, medications and crack when available (Cadet-Taïrou *et al.* 2014; Lermenier-Jeannet *et al.* 2017).

Overall, substance use in the past 30 days before the survey did not show any major changes in terms of structure. Nevertheless, certain changes can be observed since 2008. As regards opioids, in compliance with qualitative findings, the use of buprenorphine has declined steadily (since 2010) (40% *vs.* 35%), in favour of methadone (24% in 2008 *vs.* 34% in 2015), which is more widely prescribed, and morphine sulphate, which is more frequently misused (15% in 2010, 19% in 2015). The use of substances containing codeine has been gradually increasing since 2010, when this was measured for the first time (5% *vs.* 10%), whereas the use of other opioid medications (for instance, fentanyl), studied for the first time, reached 8%.

As regards stimulants, the proportion of CAARUD clients having taken freebase cocaine (crack or freebase) continued to increase steadily (22% in 2008, 32% in 2015). Only 5% of users took diverted methylphenidate, although this situation was highly concentrated geographically. No changes were observed for hallucinogens exclusively used by a subgroup of this population (15%).

However, benzodiazepine use rose sharply between 2012 and 2015 (30.5% *vs*. 40%).

[1] *Santé publique France* is a new entity created in 2016 which brings together the Institute for public health surveillance (InVS), the institution for preparing and responding to health emergencies (EPRUS) and the National institute for prevention and health education (INPES).

[2] General population surveys have the advantage of measuring prevalence in terms of use; however, the observation of rare behaviours (heroin use for example) or certain specific or difficult to reach sub-populations calls for additional methodologies and measuring instruments, such as the OFDT TREND scheme.

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

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

In the *Santé publique France* Health Barometer (adult population), like in the OFDT ESCAPAD survey (17 year-olds), polydrug use is discussed through regular use (at least 10 uses in the month, and daily tobacco) 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 men and 0.3% of women 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%), 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 3 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 (87% 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) (Obradovic 2015). About 10% of these "cannabis outpatients" are regular drinkers. Almost a quarter (22%) declared at least three heavy episodic drinking (HED) in the last month (Protais *et al.* 2016).

As regards clients attending CAARUDs in 2015, refer to T0.1.1 for medication use.

Alcohol use also appears to be predominant: while 69% of CAARUD clients reported last-month alcohol use, 33%, i.e. nearly half of recent alcohol users, claimed to have drank the equivalent of at least 6 glasses on a single occasion, every day or nearly every day in the past year (Lermenier-Jeannet *et al.* 2017).

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 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.)

The herbal cannabis market in France is extremely dynamic, as shown by the level of seizures, which reached a historical record in 2016 (71 tonnes of cannabis seized including 18 tonnes of herbal cannabis). Plant seizures are on the decline but still at high levels (126,400 plants seized in 2016, 154,000 in 2015).

The French market is continuing to swing towards herbal cannabis, to such an extent that the latter seems to be more readily available than the resin form at certain sites, such as Lille and Bordeaux. In 2015, herbal cannabis, in strong demand, accounts for 22% of the volume of cannabis seizures (not including the number of plants pulled up), compared to only 6% in 2013 (OCRTIS 2017 data). Home-grown or commercially grown cannabis (the latter specifically destined for sale) in France is still on the rise with an increase in the size of commercial plantations reported in Aquitaine and Brittany (up to 4,500 plants in a villa).

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

Cannabis is still by far the most widely used illicit substance in France. In 2016, 42% of adults aged 18 to 64 years are estimated to have tried it during their lifetime (Beck *et al.* 2017). This lifetime use is observed more in men than women (51% *vs.* 34% in 2016, similar to the findings observed in 2014: 49% *vs.* 33%). Last-year use concerned 11% of 18-64 year-olds in 2016, like in 2014 (15% men and 7% women).

Lifetime cannabis use peaks between age 26 and 34 years (58%), in men (67%) and women (49%). Current cannabis use mainly affects younger age groups (28% for 18 to 25 year-olds, 35% of boys and 21% of girls), and then decreases with age to only 2% of 55 to 64 year-olds. 19% and 13% of boys and girls, 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 2016, more markedly prolonging the rise 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% in 2014), this being observed for all age groups. Among women, this rise is mainly driven by the population aged under 40 years, whereas, among man, it distinctly remains between 35- and 55-year-olds.

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

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 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 2014 HBSC survey, it was extremely rare among 11 year-olds. It was found in 5.6% of 13 year-olds and 28.3% among 15 year-olds. These proportions are stable when compared to 2010 (Spilka *et al.* 2015a).

In 2015, 32% of the students born in 1999 (aged 16) have used cannabis at least once during their lifetime (29% of girls and 24% of boys). This represents a decrease compared with the last 2011 ESPAD survey (39% of the students) (The ESPAD Group 2016).

Reported use of cannabis over the last 30 days has proved to be marginal among adolescents under the age of 15. Cannabis use is fairly stable among 15 year-olds (14.2% *vs.* 12.5%, in 2010, non-significant change). Cannabis is used by 17% of 16 year-olds representing a significant decrease compared with 2011 (24%).

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).*
(Suggested title: Patterns of Cannabis Use.)

Recent surveys/studies on cannabis use

The vast majority of the public received in Youth Addiction Outpatient Clinics (CJC) came for psychoactive use (93%) and for 75% of the outpatients, the substance motivating attendance was cannabis alone (Protais *et al.* 2016).

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) (Obradovic 2015).

T 1.2.2 Treatment. Please comment on the treatment and help seeking of cannabis 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 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)*
(Suggested title: Reducing the Demand for Cannabis.)

Traitement et demandes de soins
See workbook « Treatment ».

*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.)

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; Protais *et al.* 2016), 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.

*T1.2.4 **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

In the general adult population, in the 2014 *Santé publique France* Health Barometer Survey, 1.7% of 18-64 year-olds claimed to have already used a synthetic cannabinoid. It represents 4% of lifetime cannabis users and 17% of current cannabis users. This level of lifetime 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). Nearly half (47%) reported having tried a synthetic cannabinoid without ever having experienced another illicit product or just cannabis. Thus, 53% have already experimented with at least one illegal substance other than cannabis and one in three (34%) have used at least two (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.* 2015b).

As for the other New Psychoactive Substances (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 (a survey without sampling, which therefore cannot be extrapolated to a population broader than the respondents), 59% 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 (11%) and arylcyclohexylamines (10%), and considerably below phenethylamines (28%). Furthermore, 84% of NPS users also used cannabis in the last 30 days (Cadet-Taïrou 2016).

The 2015 ESPAD survey enabled data collection on the lifetime use of synthetic cannabinoids among 16 year-olds. 5% claimed to have already used these substances, and 6% were unsure as to whether they had actually tried these substances. The latter figures clearly show that it is difficult to ask the general public these questions and that the answers may be biased. The figures obtained rank the lifetime use of these substances ahead of cocaine, MDMA/ecstasy, and hallucinogenic mushrooms in this age group (Spilka *et al.* 2016).

The findings of the TREND network and surveillance of Internet user forums in 2016 revealed the gradual diffusion of synthetic cannabinoids, in the form of resin among young users and e-liquid among older users.

This finding calls for two comments:

- The market for these two substances is not developing in France through street trafficking, except in a few extremely sporadic local situations (see WB Drug Market, T1.1.5). These purchases are made by isolated individuals or persons belonging to groups in which the substances are then shared.
- User choices tend to be influenced less by the illicit nature of the substance in itself than the possibility of being stopped and searched, depending on their situation. Hence, the TREND sites in Metz and Lyon have reported that users in their CJC populations are turning to synthetic cannabinoids so as to avoid testing positive in urine screens for cannabis.

Users have shown considerable interest in the e-liquid presentation as it can be used more subtly both visually and in terms of smell, and is less identifiable compared to joints. Furthermore, it should be noted that one in five most widely viewed threads on forums concern the possibility of masking the smell of cannabis.

Resin form

The substances found in mainland France had until now usually consisted of herbal debris (only 1 paste form in 2013). In late 2015-2016, the use of artificial fruit flavourings was observed in these presentations for the first time, along with more samples in "resin" form.

This was observed in two seizures from young people in different geographical locations. Purchases came from the same retail site, on the surface web, technically located in the Netherlands and promoting natural substances.

The chemical analyses of these resins differ from the usual findings for the herbal forms collected by SINTES. While the latter usually contain JWH-xxx, cannabinoids not widely known by their chemical name and not sought out by users (except for JWH-018), the resins contained atypical blends, particularly UR-144 which informed users tend to perceive as an uninteresting or, indeed, toxic substance. Furthermore, one of the substances also contained traces of cannabis (seizures reported via EWS in 2015, but documented in 2016).

- Seizure 1 = MAM-2201 + AB-FUBINACA + UR-144 (resin): the user, aged approximately 20, regularly using cannabis, experienced a violent episode of aggressiveness, mainly against herself.
- Seizure 2 = resin samples:
    a. MAM-2201 + AB-FUBINACA + UR-144 + AKB-48 + THC (< 1%) + CBD + CBN.
    b. UR-144 + AKB-48: the user (aged approximately 30) had been a long-term user for the past 10 years, and was being treated by a psychiatrist and addiction specialist. One of his reasons for purchasing the substance was its potent effects.

E-liquid form

Diffusion of the e-liquid form is mainly observed via data from French-speaking forums. Only the TREND site in Bordeaux reported of a person using powdered AMB-CHMICA to prepare a liquid solution, vaped using an e-cigarette.

On forums, all of the discussion threads on synthetic cannabinoids with the most views concern e-liquids. In 2013, this interest focused on the availability of one substance in particular, 5F-AKB-48, sold under a brand name. In 2016, a variety of topics and substances available in this form were observed.

In addition to 5F-AKB-48, it is worth noting that TREND/SINTES findings as well as forums, show that the use of e-liquids automatically centres on recent molecules (e.g.: 5F-MDMB-PINACA), and that no commercial forms are found to imitate the resin or herbal appearance.

Although synthetic cannabinoids play a major role, the most recent threads created on e-liquids highlight the interest among users in home-made presentations and attempts to transform natural cannabinoids into e-liquids. Furthermore, the SINTES site in Paris collected an e-liquid with a low THC concentration, sold unofficially in an e-cigarette retail store.

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.)

New developments in the use of cannabis

In terms of lifetime cannabis use, in 2014, it was extremely rare among 11 year-olds. It was found in 5.6% of 13 year-olds and 28.3% among 15 year-olds. These proportions are stable when compared to 2010 (Spilka *et al.* 2015a).

In 2015, 32% of the students born in 1999 (aged 16) have used cannabis at least once during their lifetime (29% of girls and 24% of boys. This represents a decrease compared with the last 2011 ESPAD survey (39%) (The ESPAD Group 2016).

Reported use of cannabis over the last 30 days has proved to be fairly stable among 15 year-olds (14.2% *vs.* 12.5%, in 2010, non-significant change). Cannabis is used by 17% of 16 year-olds representing a significant decrease compared with 2011 (24%).

In 2016, lifetime use of cannabis concerned 8.1% of 65-75 year-olds (9.0% among men and 7.4% among women), with marginal current use (0.2% among both men and women). The proportion of lifetime users appears to be slightly lower compared to proportion measured ten years previously among 55-65 year-olds (Beck *et al.* 2017).

The higher potency of Δ9-THC in resins, already observed in 2014 and 2015, continued in 2016 increasing substantially, from 22% in 2015 to 30% in 2016.

Qualitative TREND scheme data
In addition to the growing proportion of herbal cannabis relative to cannabis resin on the French market, a growing dichotomy is emerging between resin users (young people, the most precarious, heavy smokers) and herbal cannabis users (often aged over 30 and more socially integrated (Cadet-Taïrou *et al.* 2016).

In 2015 and 2016, the small-scale production of cannabis-derived substances in France, already reported the previous year, is more apparent: resin wax (oil), honey, etc. This emerging trend, limited for the time being to a few sites (Bordeaux, Marseille, Lille, Toulouse), is part of the wider and rapidly growing "do it yourself" movement. This is manifested by the interest among certain users in discussions on home-production methods and for long-standing "recipes". The growing range of substances containing cannabis, described in certain American states such as Colorado, having legalised cannabis use, has played a promotional role. These practices are emerging at national level, thanks to French-speaking sites directly presenting the different production techniques (Pollinator[1], Ice-o-Lator[2]) for haschish or oil (Butane Hasch Oil) (Cadet-Taïrou *et al.* 2016).

Vaping is still gaining interest among cannabis users at certain sites with different practices (Lyon, Bordeaux, Marseille, Lille), although the cost of temperature-controlled electronic cigarettes is a genuine limiting factor. Users are attempting to prevent damage related to combustion, but also to tobacco use, or attempting to control and thus reduce their cannabis use.

1. Production of haschish from the leaves and small heads. The term "Pollinator" describes both the machine used for extraction and the dry extraction technique. The machine can be purchased on the Internet for EUR 600 or can be home made.

2. Ice-o-Lators are very simple meshes used to extract haschish with water and ice. Haschish is obtained by cooling the cannabis resin glands, known as trichomes, which harden and run in cold water, while the plant waste matter floats on the water.

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.)

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)
(Suggested title: The Relative Importance of Different Stimulant Drugs.)

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 still 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. (Suggested title: Stimulant Use in the General Population.)

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 1.1% of the population for cocaine, 0.9% for MDMA/ecstasy and 0.3% for amphetamines (Beck *et al.* 2015b).

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, before diminishing among 35 year-olds, with 2.4% last year use for cocaine, 2.3% for MDMA/ecstasy and 0.7% for amphetamines. Among 18-25 year-olds, MDMA/ecstasy is the most commonly used stimulant (3.8%) followed by cocaine use (3.1%). 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.* 2015b).

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.)

Stimulant use in sub-populations

Users and the workplace

A 2014 Health Barometer analysis according to profession and social category shows that certain branches of industry are more affected by the use of illegal substances, particularly stimulants; this is the case for the art and performance arts sector along with the hotel and catering sector with the highest prevalence, and, to a lesser extent, among individuals working in the Information Technology and Public Relation industry (Beck *et al.* 2016; Palle 2015).

Precarious users

ENa-CAARUD data

In 2015, 57% of CAARUD (low-threshold structures) clients[1] reported stimulants use in the month prior to the survey and 43% reported cocaine use. Among them, more than 7 out of 10 use also or only cocaine in base form (crack or freebase). Freebase cocaine use increased since the 2012 survey.

In this population, recent MDMA/ecstasy use reached 15% (a significant increase, although moderate) while amphetamine use remained stable at 17%. Methylphenidate used by 5% of CAARUD clients is used by 22% among those surveyed on the eastern Mediterranean coast (Provence-Alpes-Côte d'Azur region and Corsica) (Lermenier-Jeannet *et al.* 2017).

Findings of the TREND scheme

- Crack

In 2015 and 2016, in Ile-de-France (Paris region, the only region in mainland France where a genuine freebase cocaine market is established), the TREND system observed the continued sociological diversification among users.
In recent years, while the TREND scheme evidenced the presence of a socially integrated user clientele, the Paris site particularly highlights the greater visibility of users among Eastern European migrants who notably inject crack. This increase in demand appears to correspond to a dramatic rise in the distribution of "crack kits" by associations (23,000 in 2015 for the Gaïa association, i.e. double compared to 2012) (Cadet-Taïrou *et al.* 2016).

- Cocaine

While cocaine use is still on the rise in France, particularly owing to growing availability and accessibility (Cadet-Taïrou *et al.* 2015a), several signs appear to suggest that the audience for the substance has been expanding over the 2016-2017 period. This phenomenon is observed among socially integrated populations, but also among long-standing drug users. Following a period (2010-2011) in which cocaine gradually came to be generally perceived as a hazardous substance, user perceptions now solely focus on its image as a recreational substance, in the same way as champagne. This situation is to be considered in relation to the increase in its availability but also in the average purity of the substance sold to users (OFDT information notice in press).

1. Persons visiting the CAARUD, predominantly vulnerable from a socioeconomic perspective, are active drug users who are not undergoing active treatment or have withdrawn from the care system.

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

Please structure your answers around the following question.

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.)

Findings of the 2015-2016 TREND scheme

- MDMA/ecstasy

Negative effects related to excessively regular use have appeared, particularly among Lycée students. At the TREND sites in Bordeaux, Marseille, Rennes and Toulouse, physicians at Youth Addiction Outpatient Clinics (CJC), workers in the school setting or even former users report depressive and anxiety disorders, together with a decline in school results related to weekly or, indeed, more frequent use: *"Even so, you feel so depressed every Wednesday, and even when you're depressed, it wears you out, you're completely physically shattered…"* (testimony of a substance user from Toulouse). The absence (or rare nature) of addiction, particularly based on the opioid model with daily use, is said to have delayed awareness of the problem. (Cadet-Taïrou *et al.* 2016).

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.)

*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 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 (including 350 asserted NPS users), 59% 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 (Cadet-Taïrou 2016).

The slow but gradual diffusion of cathinones, and more specifically 3-MMC and 4-MEC, appears to be continuing. Their visibility among the homosexual community is still particularly notable, causing several organisations to mobilise on the *chemsex* issue (Milhet *et al.* 2017c). Slightly less than a dozen or so health signals related to these substances have been recorded.

Alpha-PVP still also has a very strong presence. It is distributed via drug dealers in person, in contrast to the distribution method used for the above two cathinones, which tend to be purchased on the Internet. Two signals related to this substance and psychological decompensation were reported to the OFDT in 2016.

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.)

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.* 2015b).

As regards cocaine, the TREND scheme reports an increasing number of semi-integrated users in a vulnerable economic situation switching from snorting to injecting. The powder or crystal form of MDMA/ecstasy is still more widely available than the tablet form. Ecstasy (tablets) is mainly swallowed. Crystal or powder MDMA is predominantly sold in parachute forms (approximately 100 mg wrapped in rolling paper) and swallowed whole. It is less commonly available in capsule form. Another common way of taking it, particularly in bars or clubs, is to dilute it in a glass of alcohol or soda to cover the bitter taste of the substance. It can also be diluted in a small bottle of water which is then shared.

The most widely used strategy for all these cases is the repeated intake of small doses throughout the evening (every hour or every two hours). Other, more marginal, practices are described which mainly concern users in the alternative scene or problem users encountered in the CAARUD: snorting, said to be painful, "chasing the dragon" (inhalation of heated MDMA fumes), a growing trend, and injection which is still rare (Cadet-Taïrou *et al.* 2015a).

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.

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.
(Suggested title: New Developments in the Use of Stimulants.)

The TREND scheme reports continued diffusion of MDMA/ecstasy use irrespective of the form (tablets, powder, crystal) substantially outside the alternative techno setting where they were used in the '00s, linked to its availability at all kinds of parties.

The TREND scheme reports two new patterns of use. For ecstasy, the majority of users (particularly young people) now split the tablets (in 2, 3 or 4), in response to harm reduction campaigns following the circulation of extremely strong tablets (see Drug Market and Crime workbook). A new pattern of use for crystal or powder forms has been described by the Lille TREND site (on the northern border of France), "dabbing", which entails "dipping one's finger into crushed crystals, licking it, then having a drink" (Cadet-Taïrou *et al.* 2015b).

The analyses of cocaine collected or seized in 2016 evidenced potencies which were more frequently higher than in the past. The average potency in samples collected as part of the SINTES scheme reached 68% in 2016, compared to 47% in 2015. Although to a lesser extent, an increase in average potency is also observed in police seizures, which has risen from 53% to 57% when taking all seizures into account, and from 46% to 51% for street seizures only (< 10 grams).
The potency of the samples collected was greater than 50% in 86% of cases, over 70% in 57% of cases, and over 80% in nearly 30% of cases.

A third of the samples did not contain any of the usual cutting agents (against 20 % in the past years). If the analysis is reduced to samples that do not contain levamisole (the most common cutting product), this difference is even more marked (60% vs. 40% in the past years). As the levamisole is usually added in the producer country, it would appear that cocaine is no longer always cut when arriving in the country.

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.)

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.

The relative importance of different opioid drugs

In 2014, among the general population aged 18 to 64, heroin use was limited, with 1.5% lifetime users and 0.1% last year users, 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.* 2015b).

Since substitution treatments were first introduced in France 20 years ago, non-therapeutic uses of buprenorphine, methadone and also morphine sulphate have appeared. This process was intensified by the heroin shortages since 2010, particularly in the south of France where its scarcity corresponded to a rise in the diversion of opioid medications. Since 2013, heroin saw an increase in its availability (as shown by the sudden rise in seizures) and a return to a high average potency (Cadet-Taïrou *et al.* 2015a).

Skenan (morphine sulphate), diverted from its medical use, is becoming increasingly popular among opioid users, specifically in regions with difficult access to heroin with a good purity/price ratio. In short, users turn more to Skenan the further they are from the North and East borders, the access points for heroin (TREND data).

Lastly, the use of codeine medications, primarily for recreational purposes (with or without antihistamines sometimes blended with fizzy drinks) was increasingly observed among adolescents and young adults.

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.

Estimates of opioid use in the general population

In 2013, it was estimated that the number of problem users reached 280,000 individuals (95% CI: 200,000 - 400,000), i.e. a prevalence of 6.9‰ of 15-64 year-olds (4.9‰ - 9.8‰). This estimate is higher than that obtained by the police multiplier method using police data for the same year (220,000 individuals) and lower than the estimate based on treatment data (300,000). Most of problem users were opioid users, i.e. 220,000 individuals (95% CI: 185,000 - 320,000), with a prevalence of 5.4‰ (3.8‰ - 7.2‰), including 110,000 heroin users (95% CI: 80,000 - 124,000), i.e. a prevalence of 2.6‰ (2.1‰ - 3.1‰). 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 2013, 170,000 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 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

The number of heroin 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 2009, this figure was estimated at 79,000, (95% CI 68,000 - 85,000), with a prevalence of 1.9‰, (95% CI 1.7 - 2.1), including 59,000 males (53,000 - 56,000), i.e. a prevalence of 2.9‰ (2.6 - 3.3), and 16,000 females (15,000 - 18,000), i.e. a prevalence of 0.8‰ (0.7 - 0.9). This then rose steadily to 107,000 users (95% CI 85,000 - 124,000) in 2015, i.e. a prevalence of 2.7‰ (2.1 - 3.1), including 86,000 males (71,000 - 102,000), i.e. a prevalence of 4.3‰ (3.5 - 5.1) and 21,000 females (16,000 - 27,000), i.e. a prevalence of 1.0‰ (0.8 - 1.3). These levels are consistent with the average observed in Europe (EMCDDA 2015).

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

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 Heroin/Opioid 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.)

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.)

Synthetic opioids

The emergence of synthetic opioids, which barely began in late 2015, appeared to become established in 2016. There are still relatively few signals, although synthetic opioids are experiencing greater visibility compared to previous years.
Between 3 and 4 health signals reported to the OFDT were related to synthetic opioids (two deaths and two cases of acute intoxication). The information sources were SINTES, TREND, ANSM and OCLAEPS. For the time being, this type of use is still not very widespread in the areas monitored by the TREND network. It is still connected with isolated individuals, whose profiles sometimes stand out from the better identified and known user profiles.

Six samples of synthetic opioids originating from the darknet were collected by the SINTES scheme. Four of these contained furanylfentanyl, one of which was thought to be U47-700. Furthermore, two substances presented as being promotional samples of butyrfentanyl actually contained W-15 in one case and metafluorofentanyl in the other. Lastly, in September 2016, heroin was collected in the Rhône-Alpes region and the analyses showed that it was, in fact, fentanyl. Moreover, fentanyl was identified in another sample originating from the darknet, although this was indeed intended to contain fentanyl.

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).
(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 2014, this amounted to 104,000 individuals in the past year (95% CI: 85,000 - 130,000), i.e. a prevalence of 2.6 ‰ (2.1 ‰ - 3.2 ‰), and 86,000 (95% CI: 69,000 - 110,000) in the past month, i.e. a prevalence of 2.1 ‰ (1.7 ‰ - 2.7 ‰). Among these 86,000 individuals, 65,000 are male (95% CI: 50,000 - 90,000) and 21,000 female (12,000 - 32,000) (Janssen 2017). 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 buprénorphine (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®)).

T1.2.2 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.)

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.)

Heroin obtained from morphine (SINTES data)

Very high potency heroin (61%, 76% and 96%) was collected via the SINTES scheme. These samples had the distinctive feature of being produced by chemical synthesis from Skenan capsules. The morphine was first extracted from the microgranules in these capsules, then double acetylation yielded heroin.

Increased diversion of opioids and codeine products by non-drug users (TREND data)

An increase in diversion practices concerning codeine medications (Neo-codion, CoDoliprane, etc.), strong opioids (fentanyl, oxycodone, etc.) or weaker opioids (tramadol) among individuals who are a priori not drug users (except for cannabis which may be observed) and have never used heroin or opioid substitute medications, has been observed over the past few years. This primarily concerns individuals who have become addicted following analgesic treatments at therapeutic doses, for chronic painful conditions or further to surgery. While these situations have always existed, the new aspect is the proliferation of cases referred to specialised drug treatment centres for opioid substitute treatment. These individuals do not fit a unique profile, but are often adults aged 30 to 70, with a higher proportion of women compared to drug users attending these counselling facilities. They go to multiple pharmacies to avoid notice, or obtain multiple prescriptions. As for polydrug users, physicians regularly face difficulties when treating pain among patients already used to high doses of opioids, and management of their addiction comes up against persistent complaints related to pain. Overdose, sometimes fatal, are reported, particularly by the Centres for Evaluation and Information on Pharmacodependence (CEIP). However, this phenomenon is incommensurable with the situation observed in the United States in recent years with the use of opioid medications.

Pharmacists are reporting unusual purchases by adolescents or students (Rennes, Bordeaux), these mainly correspond to the recreational use of codeine products, potentially replaced by dextromethorphan, in a recreational context or simply in the street. Sometimes combined with antihistamines, these are diluted in a soda to create a drink known as *purple drank* for which the long-standing recipe has been re-distributed via the Internet. While first cases occurred in 2013, reports concerning frequent sales or sales in large quantities dramatically increased in 2015 and 2016, particularly (but not only) around westerns TREND sites which also indicate emergency admissions These practices have also been reported by Youth Addiction Outpatient Clinics (CJC) (Cadet-Taïrou *et al.* 2016).

This cocktail is now usually referred to as "la lean" by younger users. Substance use among the younger population has also extended to codeine medications not blended in a cocktail (Cadet-Taïrou and Milhet 2017).

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.)

Buprenorphine

- Diverted use

Improper use of buprenorphine, observed for many years, still persists, particularly among extremely vulnerable users, following a stable or, indeed, decreasing trend, particularly owing to "competition" from morphine sulphate in certain regions. The persistence of injecting practices is also observed among users receiving treatment with buprenorphine, who are unable to refrain from this type of use, despite being prescribed products which are not theoretically for injection. These behaviours do not necessarily contradict healthcare goals, and a continuum is observed in situations between use patterns for buprenorphine which are "fully compliant" or "completely outside the medical context", which highlights the individual and dynamic nature of use pathways (Milhet *et al.* 2017a).

Further to National Health Insurance Fund measures, most users now appear to avoid the trafficking approach, and the few remaining user-dealers focus more on "small deals" which involve smaller quantities. Several signals thus show that local trafficking of buprenorphine has more than likely decreased. Insofar as users still claim that this medication is widely available in the streets, this could suggest that supply has adapted to reduced demand, or that some users taking buprenorphine outside a treatment context have switched to other substances.

However, it should be noted that genuine trafficking of buprenorphine (in some cases destined for foreign markets), driven by non-user dealers, is developing intermittently at local level, until the few sources supplying the network can be identified and dismantled.

- International trafficking concerns (Trend scheme)

Organised trafficking networks, from the Paris region destined to Georgia, the Baltic States and Scandinavia, and from Lorraine to Germany have been reported since at least 2006 (Bailly *et al.* 2016; Cadet-Taïrou *et al.* 2010). The past two years have been marked by the increase in the number of TREND sites affected by this type of trafficking. The so-called Bulgarian channels are thus particularly active in the Bordeaux urban area, and clearly visible to the French national health insurance, owing to its impact on the quantities reimbursed. The same technique as for “mules” is used: prescriptions within the limits of doses liable to trigger checks are drawn up in the name of non-users, sometimes all members of a given family. These are replaced by others, in approximately four-month cycles, thus maintaining the number of individuals “having a prescription” at approximately two hundred. As in all major trafficking cases, this is only possible if one or more physicians

and pharmacists agree to prescribe or dispense the medications (Lazès-Charmetant and Delile 2016). The Brittany site reported trafficking of opioid substitute medications, mainly buprenorphine, targeting the Channel Islands, for the first time in 2015 (Pavic 2016). In the Nord and Île-de-France regions, more individual practices are also observed, with foreigners dealing buprenorphine in their own countries (Lancial *et al.* 2016; Pfau and Péquart 2016). Lastly, the investigations conducted by the Bordeaux site on the dark web confirmed the purchase of "French pharmacy certified" buprenorphine, describing France as a reference supplier of this medicinal product (Lazès-Charmetant *et al.* 2016). Furthermore, although access to Subutex appears to be limited in the Lorraine region, its prescribing restrictions in Germany have led some citizens of this bordering country to seek prescriptions in France. This is not trafficking in this case, although the Lorraine site nonetheless reports that these prescriptions also supply black markets on the borders (Cadet-Taïrou *et al.* 2016).

T.4.2 ***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.

T1.1 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.*
(Suggested title: Prevalence and Trends in NPS Use.)

Prevalence and trends in New Psychoactive Substances (NPS) use

No surveys are available in France that would shed light on the prevalence of NPS use among the general population. Only synthetic cannabinoids were the subject of a question in the last Health Barometer survey conducted in 2014 by *Santé publique France* (see footnote 1 in the T0.1.1 section of the Summary about *Santé publique France*). Hence, 1.7% of 18-64 year-olds claim to have already smoked a synthetic cannabinoid, which matches the lifetime use of heroin and amphetamines.

NPS users having responded to the I-TREND online survey (the results of which cannot be extrapolated to the whole population) are primarily "conventional" drug users. Only 3% of respondents claimed to have never tried illegal drugs or opioid substitution medications. The prevalence of last year use proved high, not only for cannabis (84%), but also for stimulants (MDMA/ecstasy and/or amphetamine: 65%) and hallucinogens, other than NPS (53%). Among the respondents, 62% mention last year NPS use and 33% last month use.

NPS users are predominantly urban young adults (half are under 25 years of age), with a somewhat high level of education (French *baccalauréat* and above). According to those responding to the survey, while most use occurs in a private setting (at home), 40% of recent use occurred in a recreational setting. The fairly conventional motives for drug use include seeking an experience, exploration ("change in perception", cited by 60% of users, is the main motive cited), curiosity and "getting high" (47%).

The substances most widely used in the last 12 months by users able to name them or describe the type (i.e. 7 out of 10 individuals) belong to the 2C-x series (38%), methoxetamine (34%), and the 25x-NBOMe series (18%). Stimulants are also among the most widely used substances: 4-MMC (mephedrone, 20%), methylone (17%), the x-FA series (13%), 4-MEC, etc. Synthetic cannabinoids, which might have been assumed to be among the most widely used NPS, only account for a tenth of substances claimed to have been used last.

The methods of use predominantly featuring during last use, for all NPS combined, correspond to ingestion (48%) and snorting (39%). Slightly over 4 out of 10 users experienced adverse effects following last use. Recourse to a health professional, reported by less than 4% of the users concerned, remains low (Cadet-Taïrou 2016).

Furthermore, hallucinogenic, psychedelic or dissociative NPS are particularly visible according to several information sources (see Drug Market and Crime workbook). Molecules such as DMT are re-emerging and recognised by users as being safer substances than 25I-NBOMe for instance (Martinez *et al.* 2017). Ketamine, in plentiful supply this year (see Drug Market and Crime workbook), was observed in the commercial dance-event setting by the TREND sites.

So-called commercial products usually concern experimentation (e.g.: the synthetic cannabinoid brand Dutch Orange among younger people). However, it should be noted that when users become familiar with the molecules in these commercial products, they sometimes try to source them directly, avoiding commercial forms. This is the case for 5F-AKB-48 (Budha Blue) or, even more recently ethylphenidate (Natrium, Bongbastic brand). Although experimentation with more "functional" stimulants, sold as brand names (e.g. Synthacaine and methiopropamine), was observed in the urban setting, sales of ethylphenidate were observed in the commercial dance-event setting by two sites.

An atypical phenomenon was observed via the online sale of stamps containing benzodiazepines (SINTES collection and EWS reporting form). The Customs department believes that this format could lead to even finer fragmentation of doses, hence allow users to manage the doses consumed more effectively. During the European I-TREND project, it was observed on English-speaking forums, which appeared to be visited predominantly by British members, that benzodiazepines with or without Marketing Authorisation were among the 3 types of substances discussed in threads with the most views. The availability of this type of substance on the market and this presentation may be connected to the situation in this country.

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).*
(Suggested title: Harms Related to NPS Use.)

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.)

Lifetime use of LSD among the general population is very low. In 2014, only 2.6% of 18-64 year-olds reported lifetime use of the substance. Lifetime use is more common in the younger generations, particularly among 26-34 year-olds (3.9%) (Beck *et al.* 2015a). Among the 17 year-olds interviewed in 2014, less than 2% of adolescents claimed that they had already tried this substance, with more lifetime users among boys than girls (Spilka *et al.* 2015a).

Lifetime use was shown to be higher in 2014 relative to 2010, indicating a slight diffusion of the substance among younger people. Indeed, among 18-25 year-olds, the frequency of lifetime use increased from 2.1% to 3.3% over this period. Although the continuous diffusion of LSD among 17 year-olds has also been observed since 2003, as lifetime use at this age practically doubled between 2003 and 2014 (1.6% at this time *vs.* 0.9% in 2003), the proportion of those continuing beyond the initiation stage is very minimal. Less than 1% of 17 year-olds claimed to have used LSD more than 5 times in their lives (Spilka *et al.* 2015a).

Current use (in the past year) only concerns 0.3% of 18-64 year-olds, including 1% of 18-25 year-olds, the age group with the highest levels of use (i.e. less than one in three lifetime users) (Beck *et al.* 2015a). Among 26-34 year-olds, only one in ten lifetime users took LSD in the past year, indicating limited recurrent use with age, or occasional or, indeed, rare use.

Lifetime use or use of LSD mainly concerns younger populations in the recreational dance scene, and the alternative setting in particular. To have an idea of the scale, recent (past-month) LSD use concerns approximately 10% of persons frequenting the recreational dance scene and nearly a quarter of those in the alternative setting (Reynaud-Maurupt *et al.* 2007).

In 2014-2015, LSD use outside these traditional alternative cultural contexts was observed: events after work, concerts in bars in the recreational setting in town centres, private student parties. LSD used in this context was sometimes supplied in the course of the evening by a person frequenting free parties. Although rare, LSD use during nights out in the town, in certain bars, clubs or in a private setting, is not a completely new phenomenon. However, it still seems to be very limited as the substance is only generally accessible in a limited circle of acquaintances. The potential wider diffusion of LSD outside the context of normal use should be confirmed (Milhet *et al.* 2017b).

The price of the substance is consistent throughout the country, with LSD drops or blotters being sold for EUR 10 on average. In recreational settings, it is thus perceived as the most "profitable" drug in terms of the price/altered consciousness ratio. Users have also given it a reputation as a non-addictive drug. Combined with the desire for psychedelic effects, these two aspects are strong incentives for use (Sudérie 2015).

LSD has proven to be widely available at all sites, in the alternative recreational setting in particular. The substance is observed much more rarely in the urban setting.

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.
(Suggested title: New Developments in the Use of NPS and Other Drugs.)

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.)

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.)

Sources

2016 and 2014 Health Barometer Survey from *Santé publique France*
2011 and 2014 ESCAPAD surveys
2011 and 2015 ESPAD surveys
2010 and 2014 HBSC surveys
2014 and 2015 CJC surveys: survey in Youth Addiction Outpatient Clinics
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I-TREND project / Forum monitoring scheme (TREND)
TREND scheme
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Cadet-Taïrou, A. and Milhet, M. (2017). Les usages détournés de médicaments codéinés par les jeunes. Les observations récentes du dispositif TREND. Note 2017-03. OFDT, Saint-Denis. Available: https://www.ofdt.fr/BDD/publications/docs/eisxacx7v2.pdf [accessed 27/10/2017].

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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.)

Methodology

Health Barometer

Santé publique France (ex-National Institute for Prevention and Health Education, INPES)

The health barometer is a telephone health survey of a representative random sample of the population of mainland France: 15,216 individuals aged 15 to 75 years took part in the 2016 edition. Conducted from January 2016 to August 2016, 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 questioned the use of tobacco and cannabis in 2016 and all the other psychoactive substances the previous years.

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

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 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 2015 survey was conducted from 14 to 27 September: 3,129 individuals completed the questionnaire and were included in the analysis. Out of the 167 CAARUDs registered in France, 143 took part in the survey (i.e. 86%). The data collection rate (proportion of users for whom the questionnaire was completed relative to all users encountered during the survey in the CAARUDs having taken part in the survey) was 64% in 2015.
Persons visiting the CAARUD, predominantly vulnerable from a socioeconomic perspective, are active drug users who are not undergoing active treatment or have withdrawn from the care system.

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. This is an exhaustive sample.
In 2014, all national armed services centres in mainland France and in overseas French departments were mobilized for a week in April. A total of 26,351 individuals were surveyed and 22,023 questionnaires were analysed. These teenagers, mostly aged 17, have the French nationality and are mostly still in school or apprenticeship. 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) / Santé publique France

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.

Under the auspices of the EMCDDA, the 2015 survey took place in 35 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 2,750 students born in 1999, 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. A total of 2,714 questionnaires were analysed.

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) / Santé publique France

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 2014, 10,434 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.

CJC survey: Survey in Youth Addiction Outpatient Clinics

French Monitoring Centre for Drugs and Drug Addiction (OFDT)

2015 is the fourth year (after 2005, 2007 and 2014) 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 2015 survey is based on the responses by professionals having seen the patients or their families between 20 Avril and 20 June 2015. It covers mainland France and French overseas departments. Out of 260 facilities managing a CJC activity in mainland France and the DOM recorded in 2015, 199 responded to the survey, i.e., a response rate of 77%.

A year after a first survey in 2014, this second one reveals the evolution of the population attending the clinics following a communication campaign. In total, 3,747 questionnaires were collected during the 9-week inclusion period in 2015 (*vs.* 5,421 during the 14-week survey period in 2014), ensuring a stable base of facilities participating in both surveys: 86% of facilities responding in 2015 took part in both surveys.

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.

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 de modernisation du système de santé du 26 janvier 2016] 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.

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.

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 eight local coordinating sites (Bordeaux, Lille, Lyon, Marseille, Metz, Paris, Rennes and Toulouse) 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.

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.

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 2016, approximately 173,000 patients seen in 251 outpatient CSAPAs, 10 residential treatment centres and 5 prison based CSAPAs for an addiction-related issue (alcohol, illicit drugs, psychoactive medicines, behavioural addiction) were included in the survey.