France

France Country Drug Report 2019

This report presents the top-level overview of the drug phenomenon in France, covering drug supply, use and public health problems as well as drug policy and responses. The statistical data reported relate to 2017 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

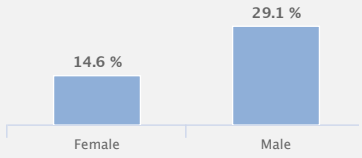
THE DRUG PROBLEM IN FRANCE AT A GLANCE

Drug use

in young adults (18-34 years) in the last year

Cannabis

21.8 %



Other drugs

MDMA	1.3 %
Amphetamines	0.6 %
Cocaine	3.2 %

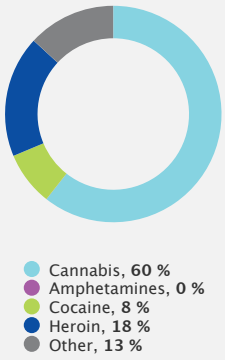
High-risk opioid users

210 000

(180 000 - 240 000)

All treatment entrants

by primary drug



Opioid substitution treatment clients

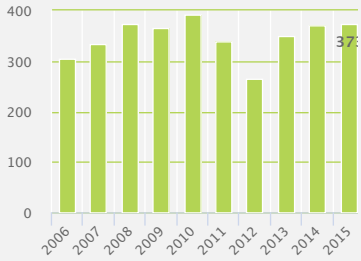
178 665

Syringes distributed

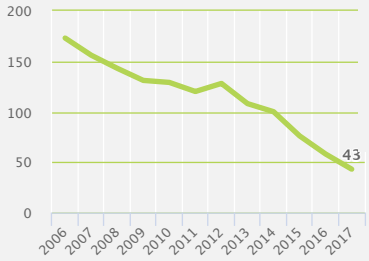
through specialised programmes

11 907 416

Overdose deaths



New HIV diagnoses attributed to injecting



Source: ECDC

Drug law offences

223 509

Top 5 drugs seized

ranked according to quantities meas
kilograms

1. Cannabis resin
2. Herbal cannabis
3. Cocaine
4. Heroin
5. Amphetamine

Population

(15-64 years)

41 739 037

Source: Eurostat Extracted on: 18/03/2019

NB: Data presented here are either national estimates (prevalence of use, opioid drug users) or numbers reported through the EMCDDA indicators (treatment clients, syringes, deaths and HIV diagnoses, drug law offences and seizures). Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the EMCDDA Statistical Bulletin.

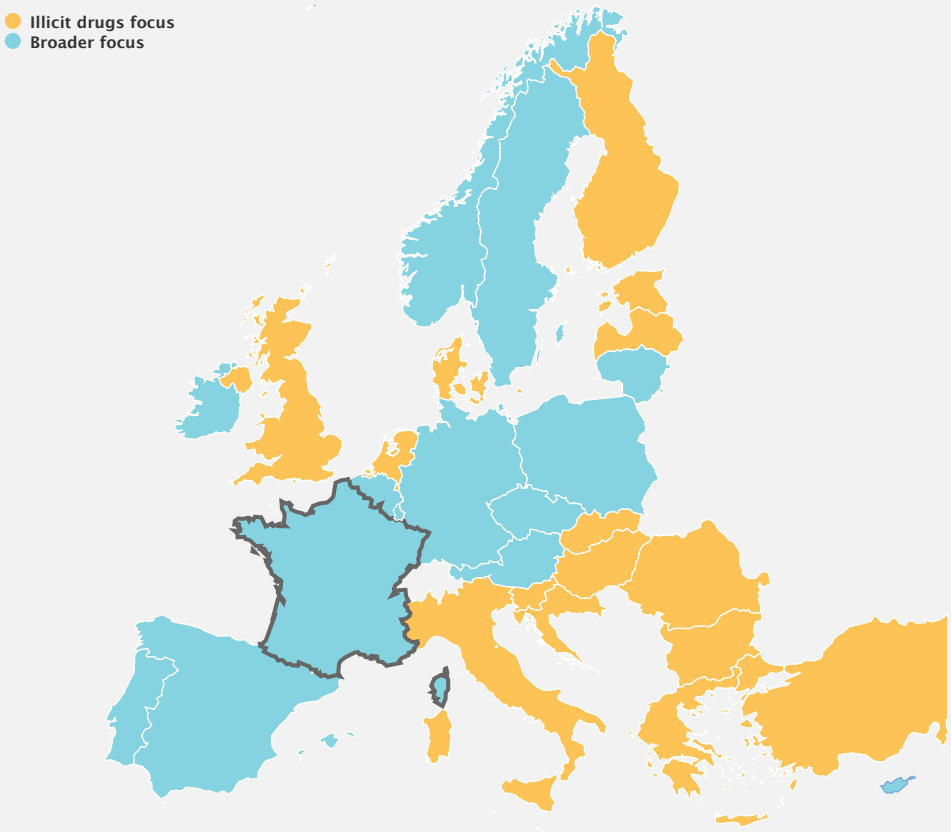
National drug strategy and coordination

National drug strategy

France's National Action Plan on Addictions 2018-22 was adopted in December 2018. Like its predecessors, the Action Plan takes a broad approach to psychoactive substances and addictive behaviours. It addresses alcohol, tobacco and illicit drugs, as well as doping, gambling and screen-based addictions. Six key challenges are addressed in the document: (i) protecting the young; (ii) offering better solutions for the consequences of addiction; (iii) combating trafficking more effectively; (iv) increasing knowledge and promoting knowledge-sharing; (v) strengthening international cooperation; and (vi) creating the conditions for effective public action throughout the country. The Action Plan responds to these challenges through the six axes of prevention, treatment, supply reduction, research, monitoring, and international cooperation. Nineteen priorities are defined and elaborated through a series of objectives across the five axes. The scope of the individual measures varies, some applying to specific populations and some to general populations, and some applying to some and others to all substances and addictions covered by the plan. Supporting nationwide implementation, prefecture departments are responsible for developing territorial strategy based on four local-level priorities for addressing addiction: the party scene and measures to avoid disturbance of the peace; protection of minors; neighbourhood security; and criminality prevention. Under the plan, community-level support for projects will be delivered through the provision of financial and methodological support for local authorities to enhance the use of scientific knowledge and effective responses.

A series of key indicators, accompanied by baselines, have been defined to monitor progress against objectives in the National Action Plan on Addictions (2018-22). In 2018, an intervention-based external evaluation of four priority areas (two per action plan) of the Government Plan for Combating Drugs and Addictive Behaviours (2013-17) was published. It examines the relevance of new experimental approaches (e.g. peer-led prevention, community action against drug trafficking). This external evaluation was complemented by an internal indicator-driven evaluation examining the effectiveness of the Government Plan in achieving the stated objectives.

Focus of national drug strategy documents: illicit drugs or broader



NB: Data from 2017. Strategies with a broader focus may include, for example, licit substances and other addictions.

National coordination mechanisms

France's drug policy is coordinated at the national level by the Interministerial Mission for Combating Drugs and Addictive

Behaviours (MILDECA), which prepares all government decisions on drug issues. MILDECA reports to the prime minister and is tasked with the organisation and coordination of France's policies against drugs and addictive behaviours. Its mandate covers the use of illicit and licit substances and non-substance-related addictive behaviours. Throughout France and its territories, MILDECA territorial representatives (chefs de projet) are responsible for coordinating drug policy at territorial level.

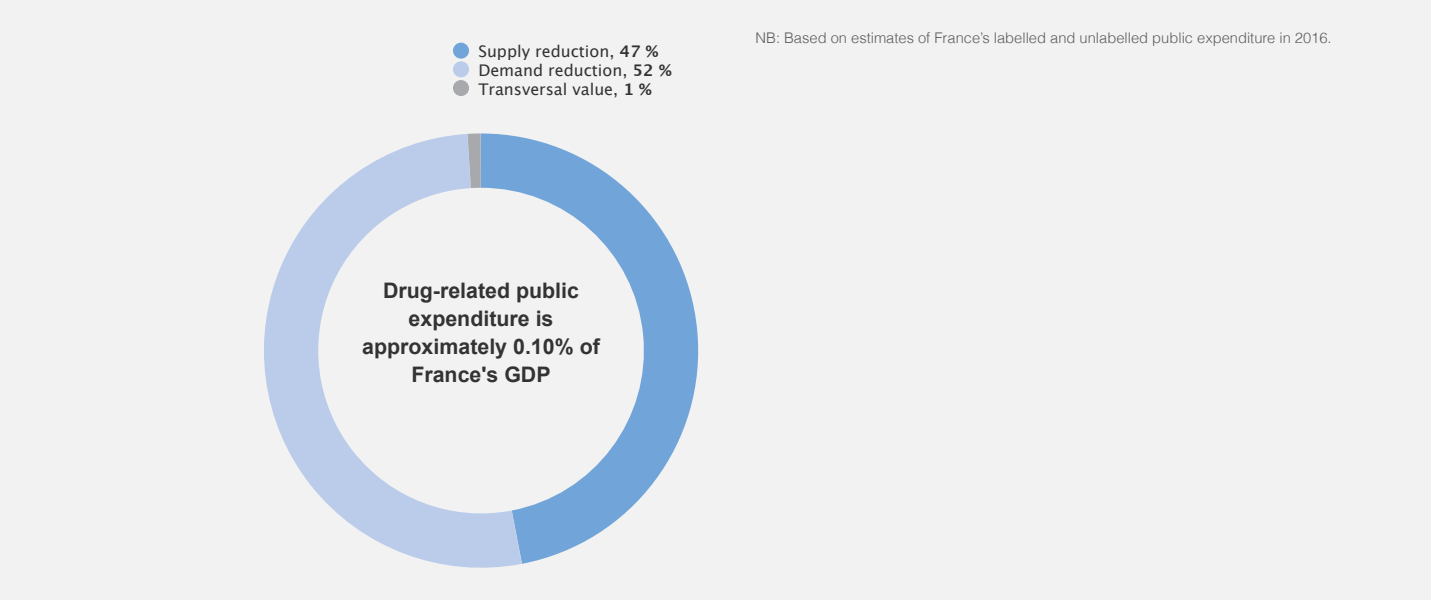
Public expenditure

Understanding the costs of drug-related actions is an important aspect of drug policy. Some of the funds allocated by governments for expenditure on tasks related to drugs are identified as such in the budget ('labelled'). Often, however, most drug-related expenditure is not identified ('unlabelled') and must be estimated using modelling approaches.

An assessment of the social costs of drugs, alcohol and tobacco, published in 2015, estimated the social costs of illicit drugs at EUR 8 700 million in 2010, less than the amount estimated for alcohol (EUR 118 000 million) or tobacco (EUR 122 000 million). While the previous French action plan on drugs and addictive behaviours (2013-17) had a budget specifying the public funding foreseen to implement the design actions, the National Action Plan on Addictions 2018-22 does not provide a budget.

The total drug-related expenditure of the central government is submitted annually to the French Parliament. In 2016, total drug-related expenditure was estimated at EUR 2.23 billion, which accounted for 0.1 % of gross domestic product (GDP). Funds were spent on demand reduction initiatives (52 %), supply reduction activities (47 %), and cross-disciplinary activities, coordination and international cooperation (1 %). In the latest estimate for 2016, total drug expenditure increased by 9 % in nominal terms compared with the previous year.

Public expenditure related to illicit drugs in France



Drug laws and drug law offences

National drug laws

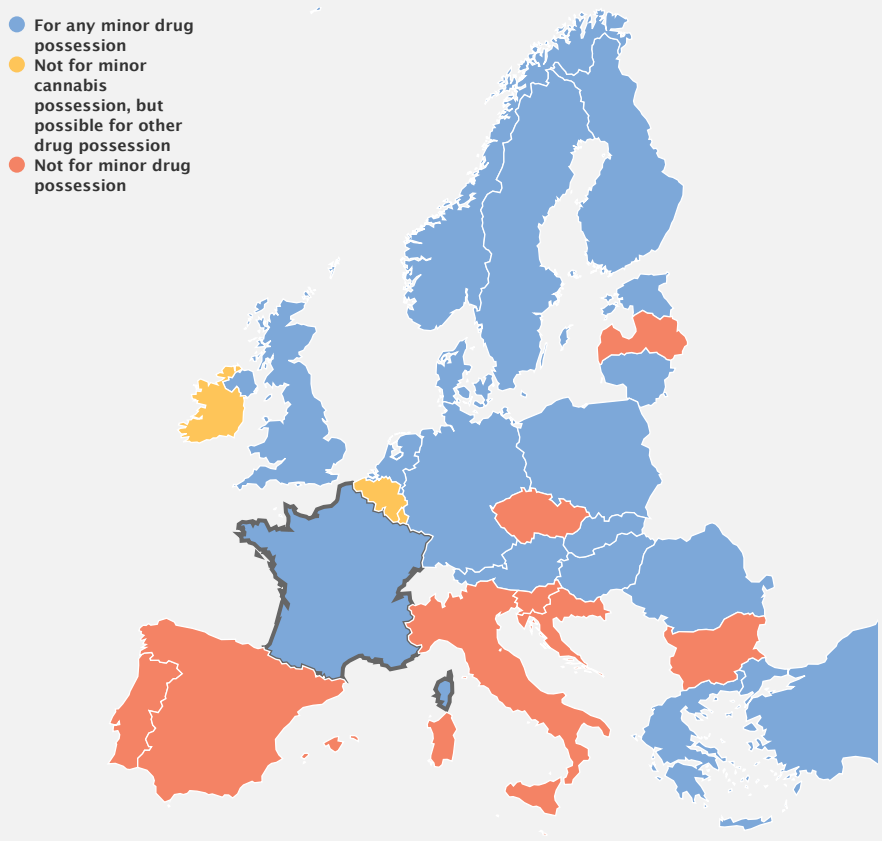
The use and possession of illicit drugs are criminal offences in France. The law itself does not distinguish between possession for personal use or for trafficking, or by type of substance. However, the prosecutor will opt for a charge relating to use or trafficking based on the quantity of the drug found and the context of the case. An offender charged with personal use faces a maximum prison sentence of 1 year and a fine, although in minor cases prosecution may be waived or simplified. The maximum sentence increases if the offender endangered users of transport or if the offence was committed by a public servant while on duty. As with many crimes, sentences may be doubled in the event of a subsequent offence within a 5-year period.

A directive of 9 May 2008 defined a 'rapid and graduated' policy. In simple cases, drug users may receive a caution, but for all offenders aged over 13 years this should usually be accompanied by a requirement to attend a compulsory drug awareness course, introduced in March 2007, for which an offender may have to pay. Drug-dependent individuals would continue to receive the therapeutic injunction directing them to treatment. If there are aggravating circumstances, such as recidivism, imprisonment may be imposed. In 2012, a directive establishing a criminal policy strategy for drug-related crimes reiterated that, when sentencing, courts should take into account simple drug use or drug dependence. The application of educational and health measures is prioritised for both simple drug law crimes and minors.

Drug supply is punishable with imprisonment of up to 5 years and a fine, or 10 years in specified aggravating circumstances. Sentences of up to life in prison and a fine of up to EUR 7.5 million is possible for criminal groups engaged in drug trafficking.

In France, new psychoactive substances are controlled under the Criminal Code, which lists them as drugs based on a decision of the Ministry of Social Affairs and Health. Since 2012, generic classifications of chemical groups have also been introduced, with a ban on most cathinones having been implemented that year, followed by synthetic cannabinoids and 25x-NBOMe (phenethylamine) derivatives in 2015, and fentanils and more cathinones in 2017.

Legal penalties: the possibility of incarceration for possession of drugs for personal use (minor offence)



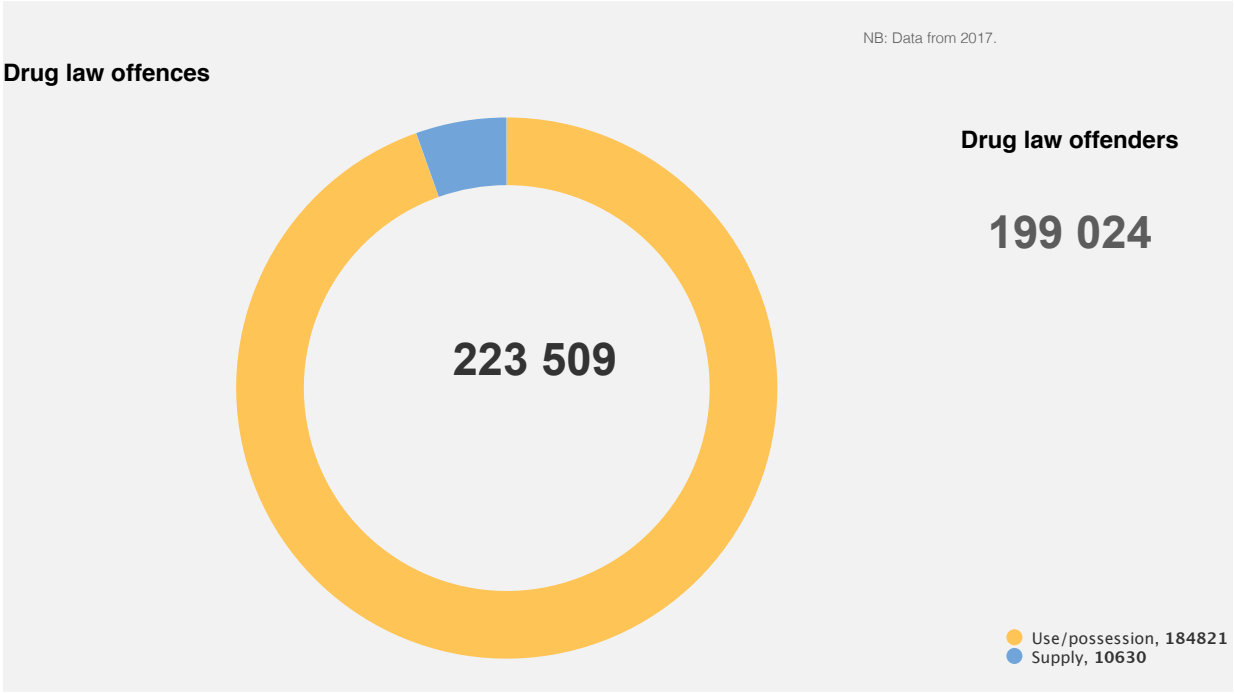
NB: Data from 2017.

Drug law offences

Drug law offence (DLO) data are the foundation for monitoring drug-related crime and are also a measure of law enforcement activity and drug market dynamics; they may be used to inform policies on the implementation of drug laws and to improve strategies.

In France, the most recent data on drug law offenders are obtained from the database of the Ministry of the Interior (ETAT 4001). In 2017, a total of 199 024 drug law offenders were reported in France. However, this database does not provide details of the drugs involved.

Reported drug law offences and offenders in France



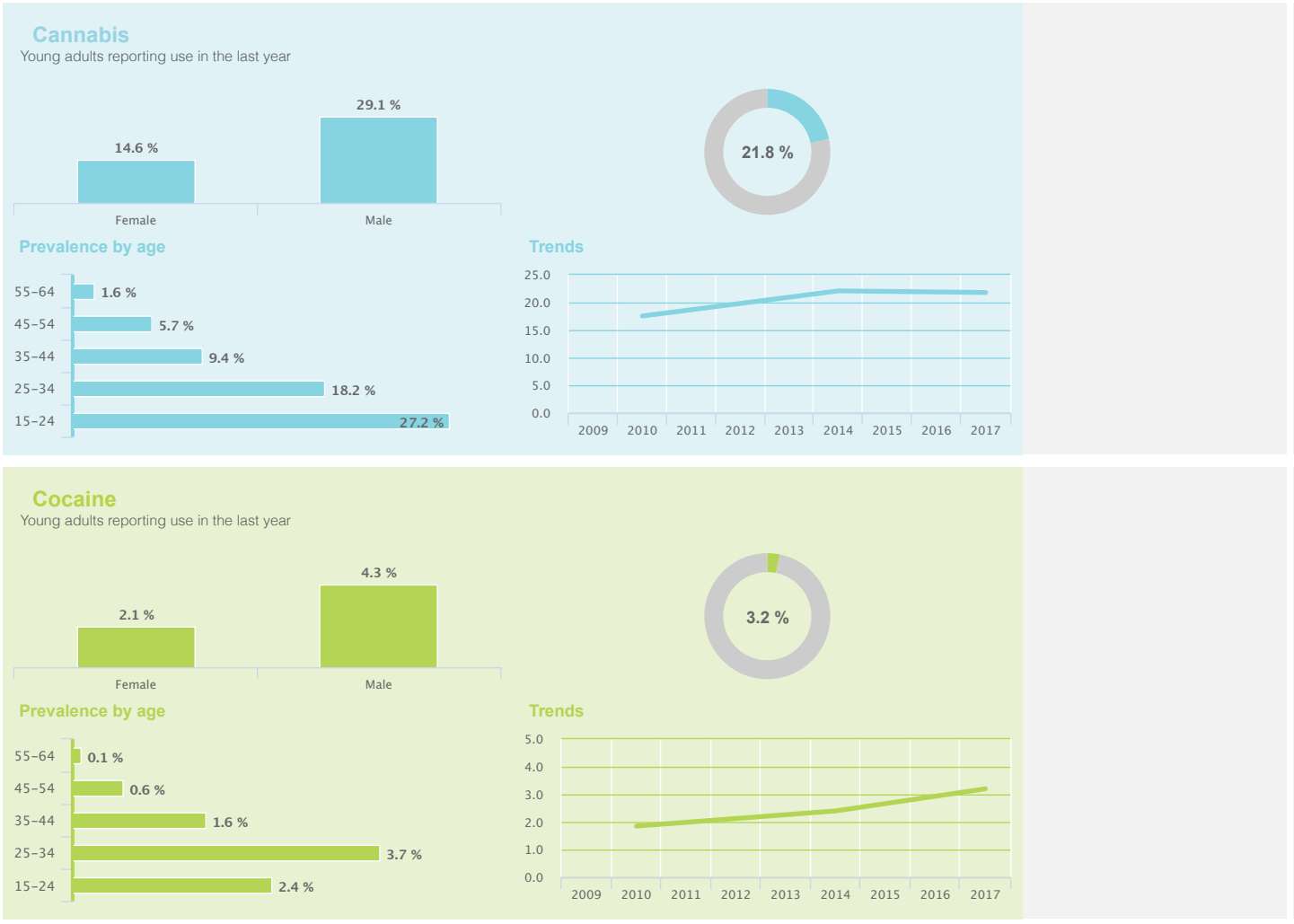
Drug use

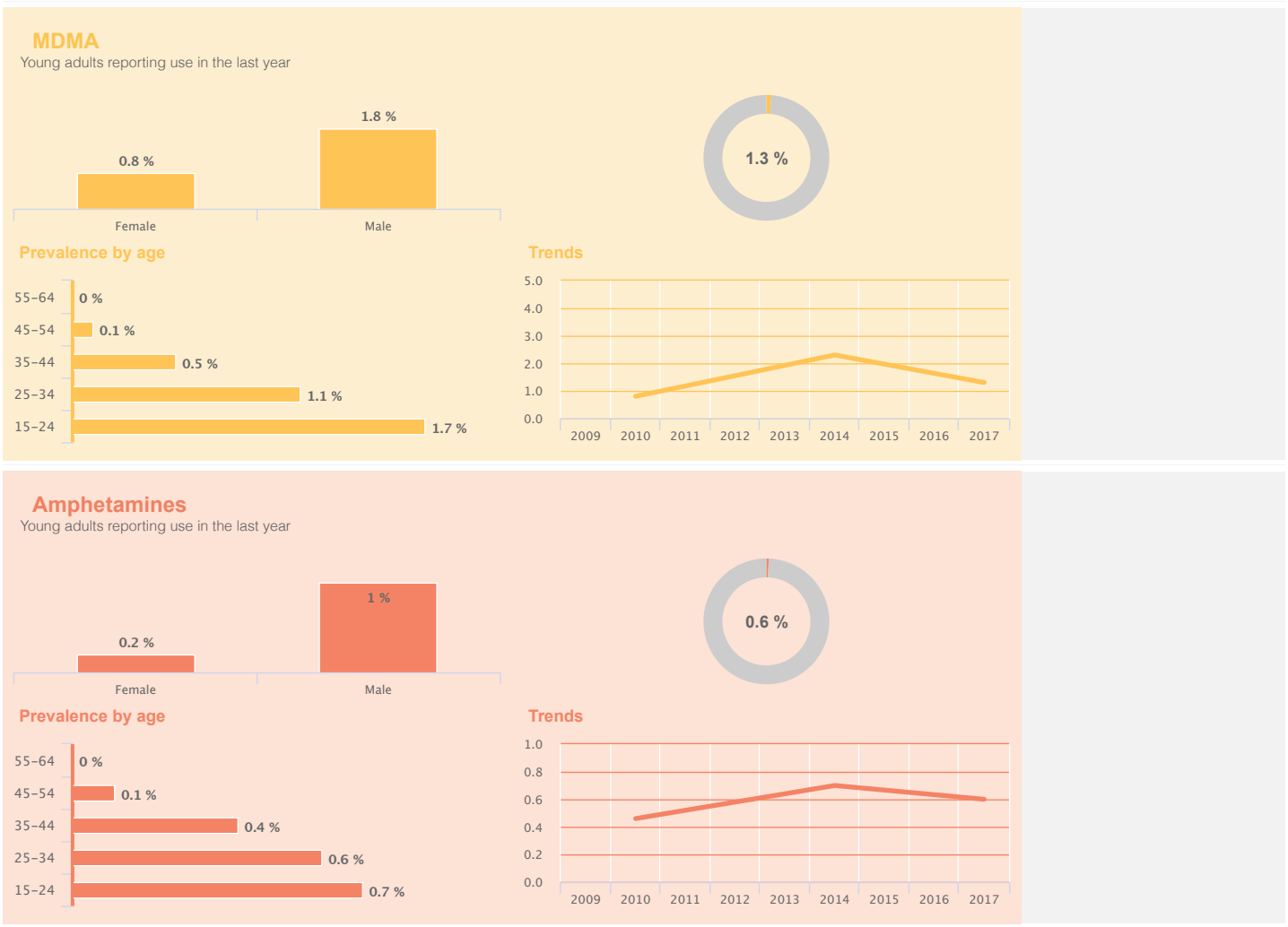
Prevalence and trends

Cannabis is the most widely used illicit substance in France, followed by cocaine, although at much lower levels. Cannabis and cocaine use have increased in the last two decades, while the last year prevalence of MDMA/ecstasy use peaked in 2014. Lifetime prevalence of synthetic cannabinoid use is 1.3 % among 18- to 64-year-olds.

Paris and Bordeaux participate in the Europe-wide annual wastewater campaigns undertaken by the Sewage Analysis Core Group Europe (SCORE). This study provides data on drug use at a municipal level, based on the levels of illicit drugs and their metabolites found in wastewater. The results from Paris suggest a decreasing trend in MDMA levels between 2012 and 2016, with an increase in 2017 and a subsequent decrease in 2018. The data for Bordeaux suggest that there has been an increasing trend since 2016. Levels of cocaine use remained relatively stable until 2016, but an increase was recorded in 2017 and 2018. Levels of amphetamine and methamphetamine were very low, indicating limited use of these substances in Paris and Bordeaux.

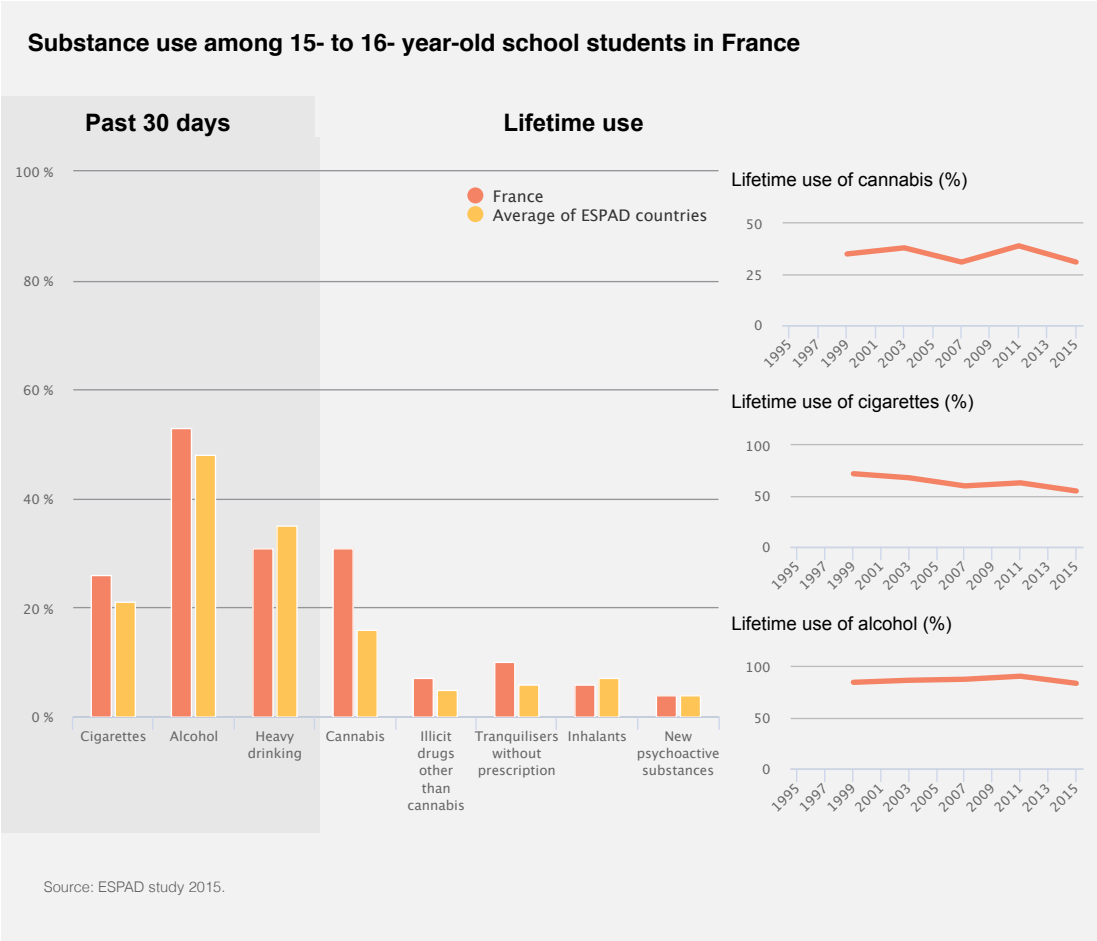
Estimates of last-year drug use among young adults (18-34 years) in France





NB: Estimated last year prevalence of drug use in 2017. Since 2017 prevalence is estimated among young adults aged 18-34 years, therefore caution is required when interpreting trends. Data under the label 15-24 years corresponds to 18-24 years.

Data on drug use among students are reported by the 2015 European School Survey Project on Alcohol and Other Drugs (ESPAD). This survey has been conducted in France every 4 years since 1999 and collects data on substance use among 15- to 16-year-old students. Lifetime use of cannabis reported by French students was about twice as high as the average (of 35 countries), while lifetime use of new psychoactive substances (NPS) was close to the average, as was heavy episodic drinking in the past 30 days.



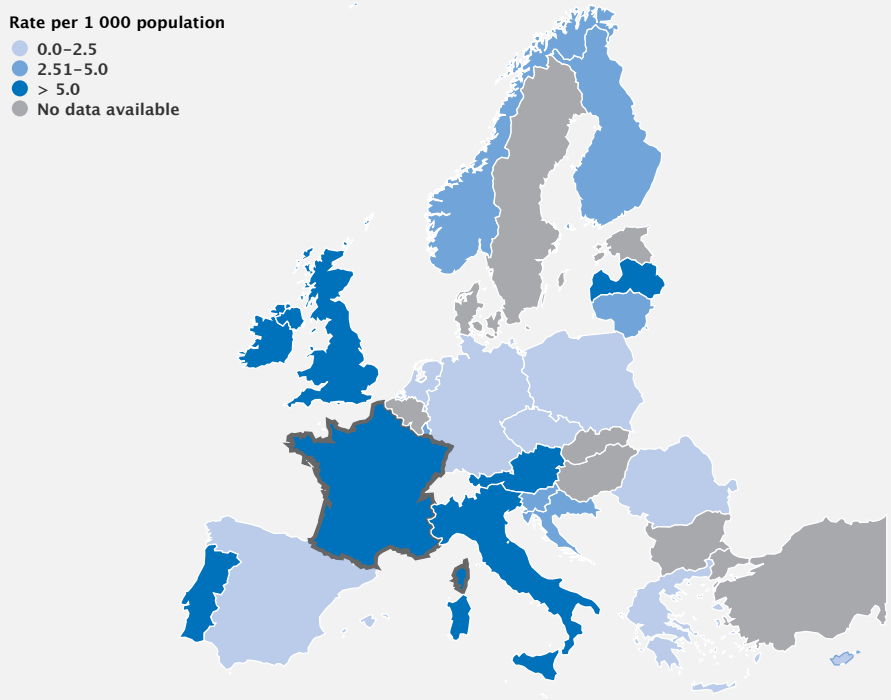
High-risk drug use and trends

Studies reporting estimates of high-risk drug use can help to identify the extent of the more entrenched drug use problems, while data on first-time entrants to specialised drug treatment centres, when considered alongside other indicators, can inform an understanding of the nature of and trends in high-risk drug use.

In France, the estimated high-risk opioid use rate is around 5 per 1 000 of the adult population. Heroin and other opioids, such as illicitly used methadone, buprenorphine and morphine sulphate, tend to be injected, although it is becoming increasingly common to smoke or inhale heroin. In 2017, the estimated number of people who inject drugs was 117 000 (2.89 per 1 000 of the adult population). According to data from low-threshold facilities, a notable proportion injected cocaine.

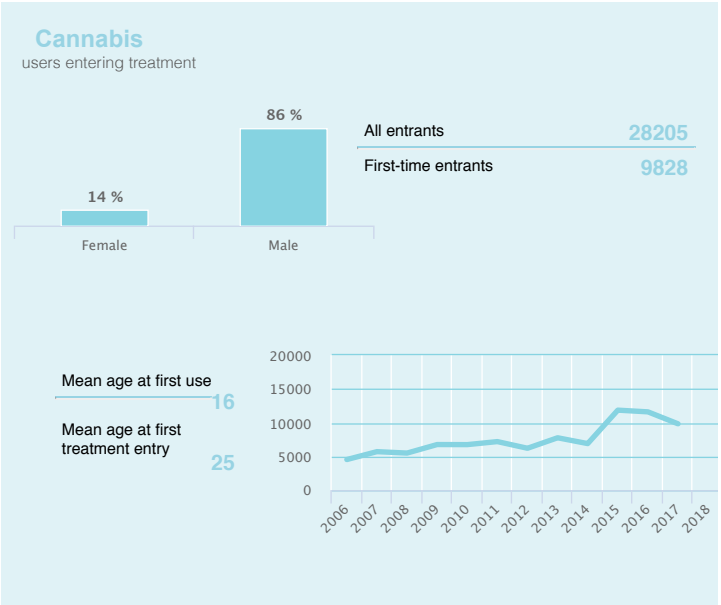
Data from the 2014 Health Barometer suggest that 2.2 % of adults (18- to 64-year-olds) exhibit high-risk cannabis use behaviour and the level of high-risk cannabis use has remained more or less stable over the years, despite the reported increase in the prevalence of cannabis use in recent years. Data from addiction treatment and prevention centres indicate that cannabis was the most commonly reported primary substance for first-time clients entering treatment in 2017, followed by opioids (mainly heroin) and cocaine. Approximately one out of five treatment clients is female; however, the proportion of females receiving treatment varies by primary drug and the type of programme. Since 2014, a noticeable increase in the number of first-time treatment entrants for primary cocaine use has been reported. However, data and trend interpretation is difficult because of the limited participation of specialised drug treatment centres in the treatment reporting system.

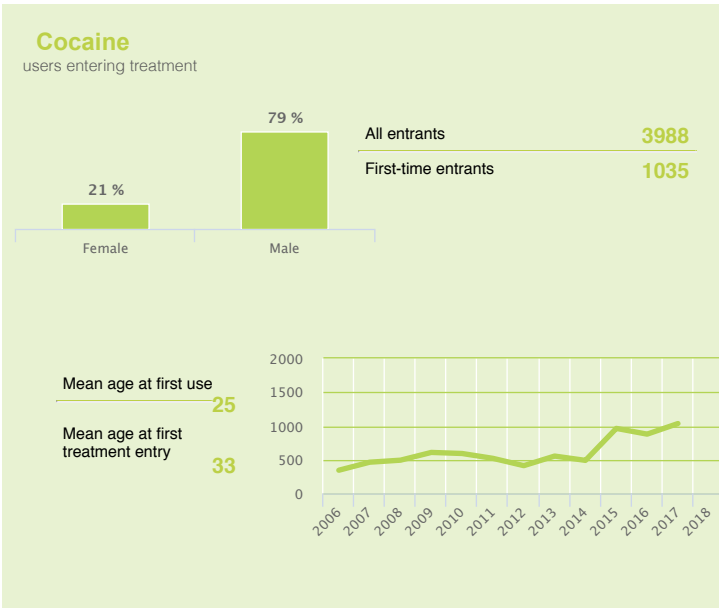
National estimates of last year prevalence of high-risk opioid use

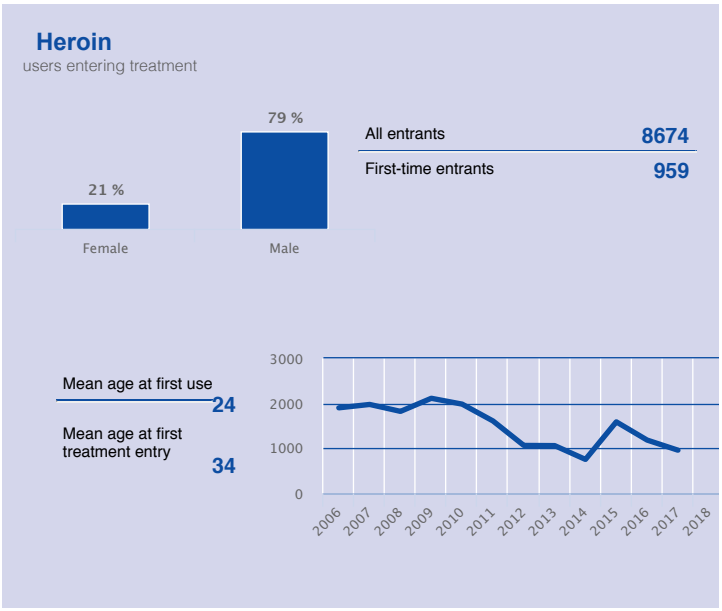


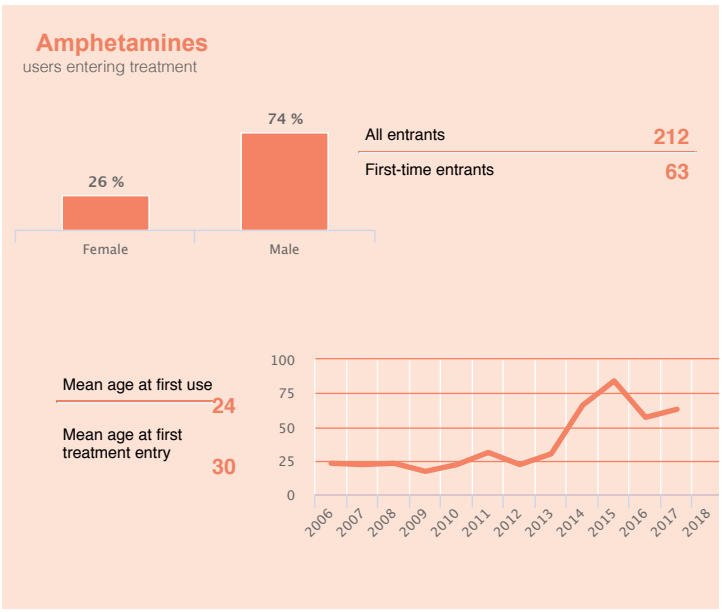
NB: Data from 2017, or the most recent year for which data are available.

Characteristics and trends of drug users entering specialised drug treatment in France









NB: Data from 2017. Data are for first-time entrants, except for the data on gender, which are for all treatment entrants. Numbers of all entrants and first-time entrants are underestimated as a result of non-exhaustive coverage of specialised drug treatment centres and a large percentage of unknown treatment status. Because of methodological changes, caution is needed when interpreting trends particularly between 2014 and 2015.

Drug-related infectious diseases

In France, data on drug-related infectious diseases are collected from the national human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) monitoring database, coordinated by the French Public Health Agency, and from self-reported or biological testing data from clients attending addiction treatment and prevention centres (CSAPAs) or harm reduction facilities (CAARUDs). Studies on HIV and hepatitis C virus (HCV) prevalence among people who inject drugs (PWID) were carried out in 2004 and 2011 (the Coquelicot study). The 2011 study indicated that HIV prevalence was 13 % among PWID, while nearly 64 % of PWID tested positive for HCV.

Prevalence of HIV and HCV antibodies among people who inject drugs in France (%)

	Region	HCV	HIV
	National	:	4.7
	Sub-national	63.8	:

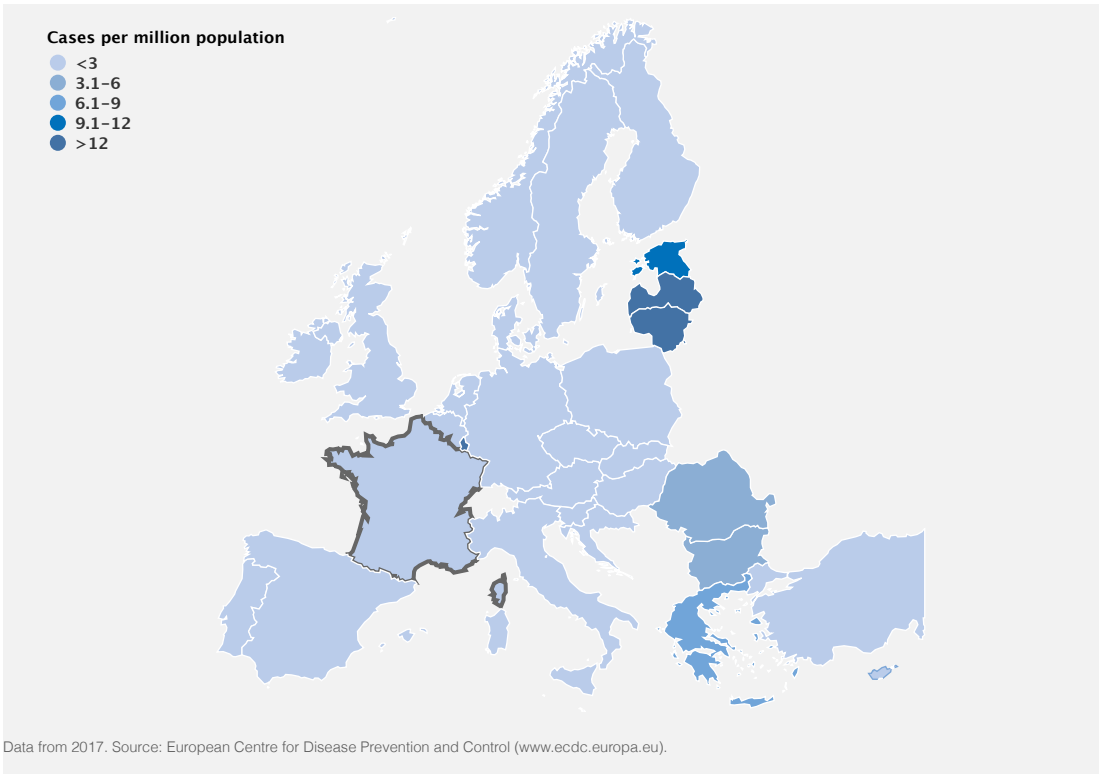
Data from 2015 (HIV) (based on self-reports) and from 2011 (HCV).

Despite the introduction of compulsory notification for symptomatic acute hepatitis B virus (HBV) infection in 2003, it is estimated that only a small proportion of HBV-positive individuals are reported. HCV infection is not on the list of notifiable diseases in France.

In 2017, 43 cases of newly diagnosed HIV infections were related to injecting drug use, which constituted less than 2 % of all new HIV diagnoses during that year. The number of HIV seropositive diagnoses associated with drug use has been declining in recent years.

Additional data on the prevalence of drug-related infectious diseases are based on self-reporting by PWID attending CSAPAs and CAARUDs; however, the reported prevalence may be underestimated, as many drug users do not know their status. In a 2015 study, 4.65 % of 1 764 PWID reported being HIV positive, which was in line with figures from 2012, while self-reported prevalence of HCV among injecting drug users remained stable during the same period.

Newly diagnosed HIV cases attributed to injecting drug use



Data from 2017. Source: European Centre for Disease Prevention and Control (www.ecdc.europa.eu).

Drug-related emergencies

More than 11 500 hospital emergency presentations related to drug use were reported in France in 2015 through the Oscour network, which covers around 9 out of 10 hospital emergency presentations. More than a quarter of presentations were related to cannabis use and one quarter to opioid use, whereas cocaine, other stimulants and hallucinogens were implicated in a smaller proportion of cases. More than a third of the cases were due to use of multiple or unspecified substances. Four

out of every 10 clients who sought emergency care were admitted to hospital, while the remaining clients were discharged home. The mean age of clients was 34 years. The proportions of younger individuals (under 24 years) and older individuals (over 45 years) have increased in recent years.

The emergency department from Hospital Lariboisière in Paris participates in the European Drug Emergencies Network (Euro-DEN Plus) project, which was established in 2013 to monitor acute drug toxicity in sentinel centres across Europe.

Drug-induced deaths and mortality

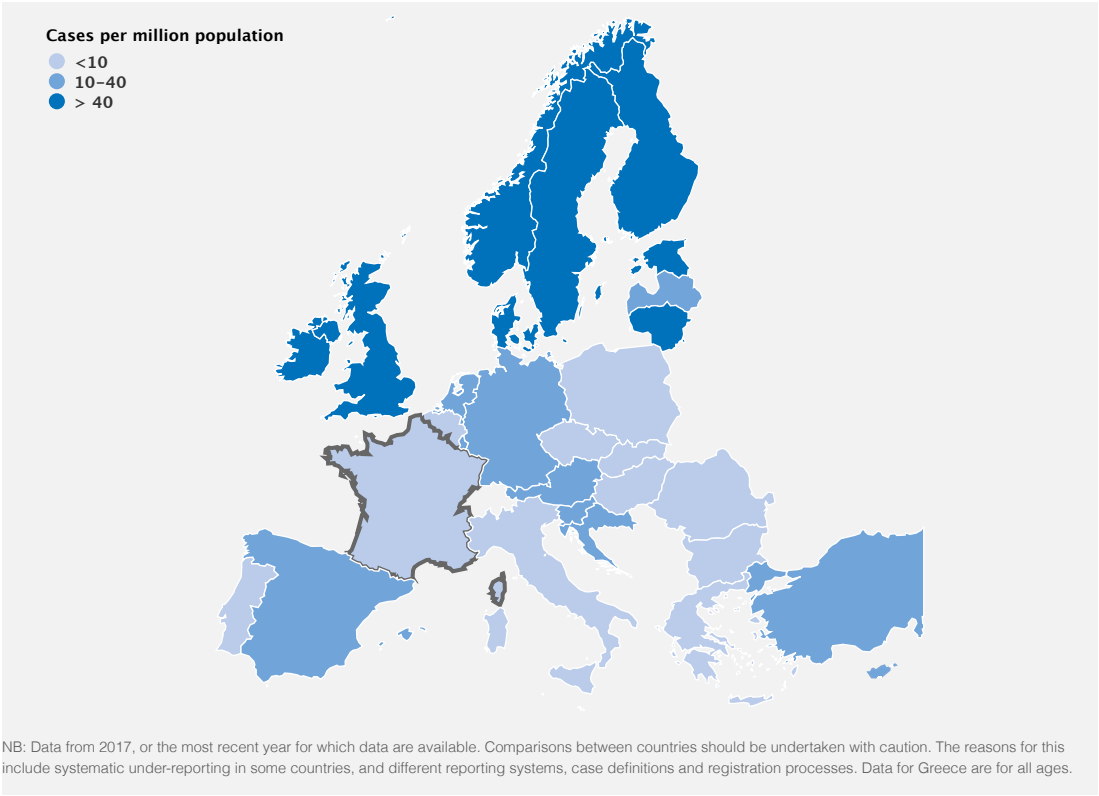
Drug-induced deaths are deaths directly attributed to the use of illicit drugs (i.e. poisonings and overdoses).

Data on drug-induced deaths in France are collected from the General Mortality Registry (INSERM CépiDc) and the forensic Special Mortality Register (DRAMES, ANSM). The latest available data from the INSERM CépiDc refer to 2015 and indicate a stable trend. Nevertheless, it is estimated that the numbers of deaths may have been underestimated as a result of misclassification.

Toxicological data available from the Special Mortality Register indicate that opioid substitution treatment medications were involved in more than 4 out of 10 deaths recorded in 2016. Heroin was involved in a quarter of the deaths and cocaine in one in five deaths. Fourteen deaths were directly attributed to new psychoactive substances (NPS). Additional data are available through the national health alert scheme related to psychoactive substance use. In 2017, a total of eight deaths, six of which were related to NPS use, were recorded under this scheme.

The estimated drug-induced mortality rate among adults (aged 15-64 years) was 7 deaths per million in 2015.

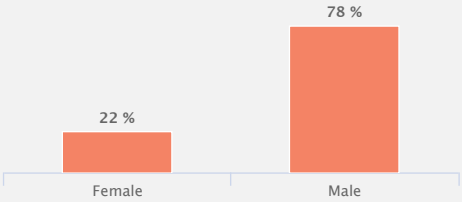
Drug-induced mortality rates among adults (15-64 years)



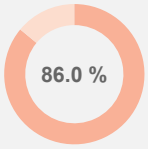
NB: Data from 2017, or the most recent year for which data are available. Comparisons between countries should be undertaken with caution. The reasons for this include systematic under-reporting in some countries, and different reporting systems, case definitions and registration processes. Data for Greece are for all ages.

Characteristics of and trends in drug-induced deaths in France

Gender distribution

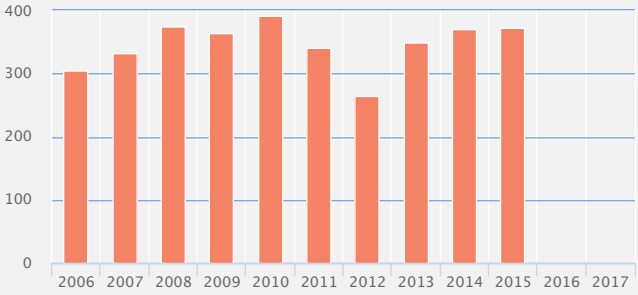


Toxicology

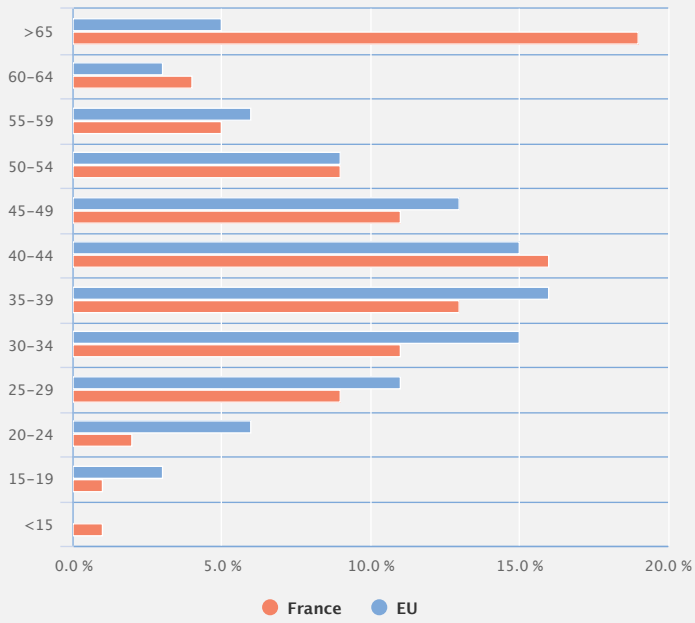


Deaths with opioids present among deaths with known toxicology

Trends in the number of drug-induced deaths



Age distribution of deaths in 2015



NB: Year of data 2015

Prevention

Drug use prevention policy in France is coordinated at the central level by the Interministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA). A partnership between MILDECA and the Interministerial Committee on Crime and Radicalisation Prevention co-finances a number of programmes supporting those in the criminal justice system and drug trafficking prevention. The first national prevention plan, Priority Prevention: a lifetime of good health , was adopted in 2018; it aims to reduce licit and illicit substance use, with a focus on preventing use during pregnancy and strengthening the partnership between middle and high schools and Youth Addiction Outpatient Clinics (CJCs).

MILDECA provides funding to implement the national prevention priorities at the local level, at which activities are coordinated by MILDECA territorial representatives. Decentralised credits for prevention activities are allocated by MILDECA territorial representatives or by regional health authorities, while the French national health insurance system also provides funding for prevention. At the local level, prevention activities are implemented by a large number of professionals, such as those working in school communities or non-governmental organisations as well as police/gendarmerie officers. Since 2016, prevention has also officially fallen under the remit of specialised drug treatment and prevention centres (CSAPAs).

Prevention interventions

Prevention interventions encompass a wide range of approaches, which are complementary. Environmental and universal strategies target entire populations, selective prevention targets vulnerable groups that may be at greater risk of developing substance use problems and indicated prevention focuses on at-risk individuals.

In France, environmental strategies mostly focus on alcohol and tobacco. In 2017, guidelines for alcohol consumption were revised, with new benchmarks for its consumption.

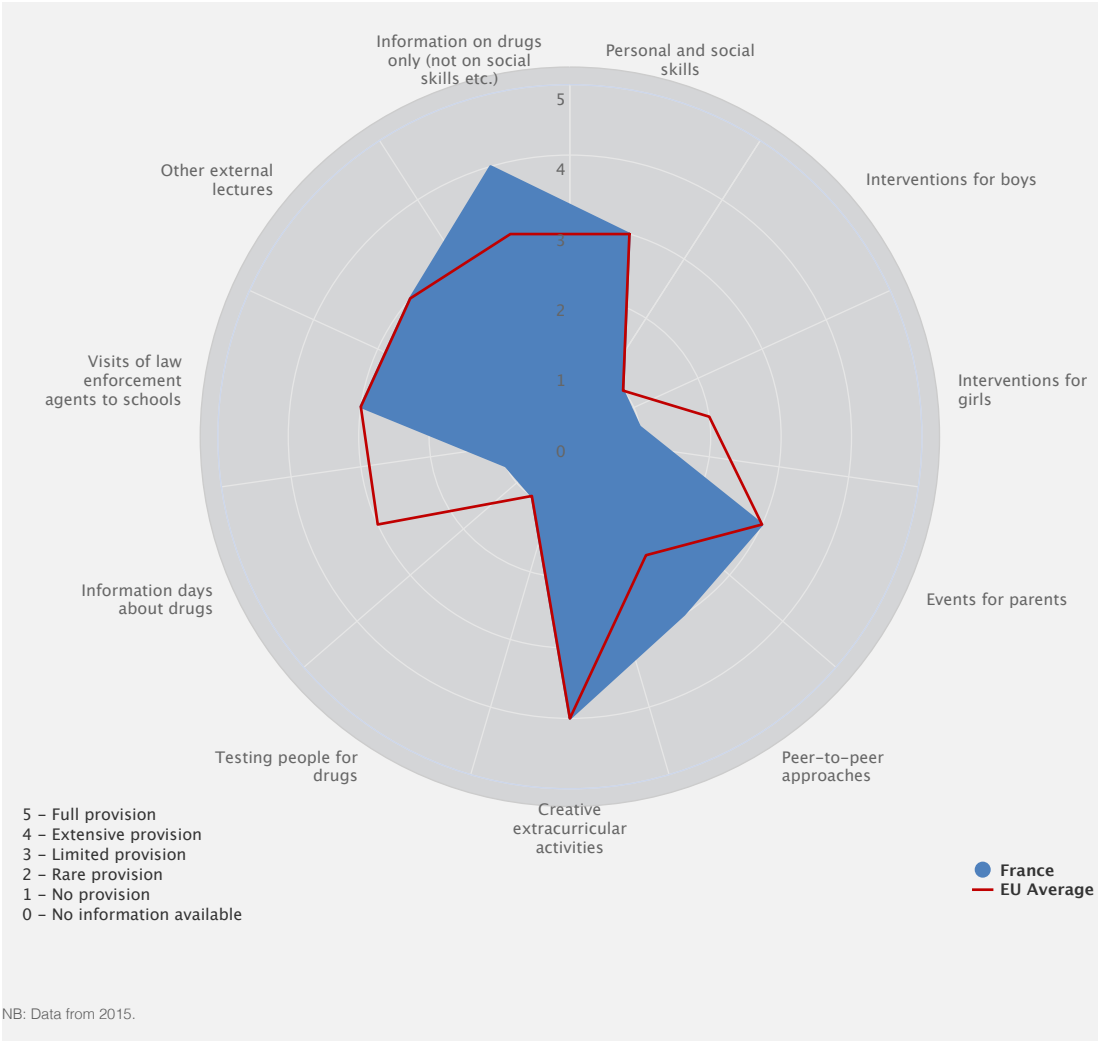
Universal prevention is the predominant type of drug use prevention in France, mostly carried out in secondary schools, with the school community involved in the coordination and implementation of prevention activities and external stakeholders contributing as required. Under the new strategy, the framework for interventions in schools should be a part of the planning for students' health and defined annually by each school. Best practice guidelines for addressing health and risky behaviours in school settings exist. Their use is encouraged, but is not compulsory. The new National Action Plan on Addictions 2018-22 aims to roll out programmes for developing psychosocial skills, contributing to a healthy school environment and the prevention of at-risk behaviour, including addictive behaviours.

The prevention of licit and illicit substance use in the workplace, incorporating, although uncommonly, the use of screening for substance use, has been the remit of occupational physicians since 2012. The new National Action Plan on Addictions 2018-22 seeks to ensure that managers and staff representatives are better informed and trained in the management of addictive behaviours in the workplace, notably by introducing a module relating to the prevention of addictive behaviours in management courses.

Selective prevention mainly takes place in at-risk neighbourhoods for illicit drugs or in urban recreational settings for alcohol. These actions are mostly carried out by specialist associations. The new National Action Plan on Addictions 2018-22 aims to focus on children within the child welfare service and the judicial youth protection service. It also charges MILDECA with organising guidance in the party scene. An early parenting support programme aiming to build early attachment and reinforce behaviours promoting health among young parents, called PANJO, is being introduced and evaluated in three departments.

The CJCs, supported by public authorities, are the main indicated prevention system in France.

Provision of interventions in schools in France (expert ratings)



NB: Data from 2015.

Harm reduction

In France, one of the objectives of the Government Plan for Combating Drugs and Addictive Behaviours 2013-17 was to reduce risk among vulnerable populations that use drugs. In accordance with the provisions of the public health law of 2004 and the law on health system reform of 2016, harm reduction policies aim not only to protect drug users from injecting-related infections but also to prevent them from dying as a result of a drug overdose. Moreover, the law defines further public health priorities, such as providing referral to the care system, contributing to improving the health of people who use drugs and facilitating their social reintegration. The National Action Plan on Addictions 2018-22 makes provision for the creation of facilities designed to reduce risk and harm to complement the work of specialised drug treatment centres and the network of harm reduction facilities (CAARUDs). They are, for the most part, funded directly by the social security system.

Harm reduction interventions

Harm reduction services provided in CAARUDs include needle and syringe programmes (NSPs), advice on safer drug use, and general health promotion activities, such as condom distribution. A state-subsidised kit containing sterile syringes and other paraphernalia is also available from pharmacies for a small fee or from dispensing machines for free. A recent estimate indicates that, annually, approximately 12 million syringes are distributed or sold to people who use drugs in France. Harm reduction measures have been expanded and diversified in recent years, following new drug use trends. Specific ‘sniff and base kits’ as well as foil are also increasingly made available to drug users at harm reduction sites. Following the adoption of the 2016 law on health system reform, the first two experimental drug consumption rooms were opened in Paris and Strasbourg in 2016. These facilities are expected to operate for a 6-year trial period, after which an evaluation of their impact on public health will be carried out.

A naloxone product for nasal use has been available through hospital-based take-home programmes since July 2016. In January 2018, the naloxone distribution programme was extended to all CAARUDs. Newly released inmates and those who have undergone opioid withdrawal treatment are defined as priority clients for the programme.

Screening for human immunodeficiency virus (HIV), hepatitis B virus and hepatitis C virus (HCV) infections and sexually transmitted diseases is provided on an anonymous basis and free of charge at specialised information, screening and diagnosis centres and specialised drug treatment centres. Since June 2016, the treatment of HCV infection with direct-acting antiviral medication has been fully reimbursable by the National Health Insurance Fund to high risk drug users, and, in 2017, treatment access was extended to all adults with chronic hepatitis C, irrespective of fibrosis stage. Data on the provision of new treatments with direct-acting antivirals show that, since their introduction in 2014 (and until March 2018), about 60 000 patients have been successfully treated.

Availablity of selected harm reduction responses in Europe

Country	Needle and syringe programmes	Take-home naloxone programmes	Drug consumption rooms	Heroin-assisted treatment
Austria	Yes	No	No	No
Belgium	Yes	No	Yes	No
Bulgaria	Yes	No	No	No
Croatia	Yes	No	No	No
Cyprus	Yes	No	No	No
Czechia	Yes	No	No	No
Denmark	Yes	Yes	Yes	Yes
Estonia	Yes	Yes	No	No
Finland	Yes	No	No	No
France	Yes	Yes	Yes	No
Germany	Yes	Yes	Yes	Yes
Greece	Yes	No	No	No
Hungary	Yes	No	No	No
Ireland	Yes	Yes	No	No
Italy	Yes	Yes	No	No
Latvia	Yes	No	No	No
Lithuania	Yes	Yes	No	No
Luxembourg	Yes	No	Yes	Yes
Malta	Yes	No	No	No
Netherlands	Yes	No	Yes	Yes
Norway	Yes	Yes	Yes	No
Poland	Yes	No	No	No
Portugal	Yes	No	No	No
Romania	Yes	No	No	No
Slovakia	Yes	No	No	No
Slovenia	Yes	No	No	No
Spain	Yes	Yes	Yes	No
Sweden	Yes	No	No	No
Turkey	No	No	No	No
United Kingdom	Yes	Yes	No	Yes

Treatment

The treatment system

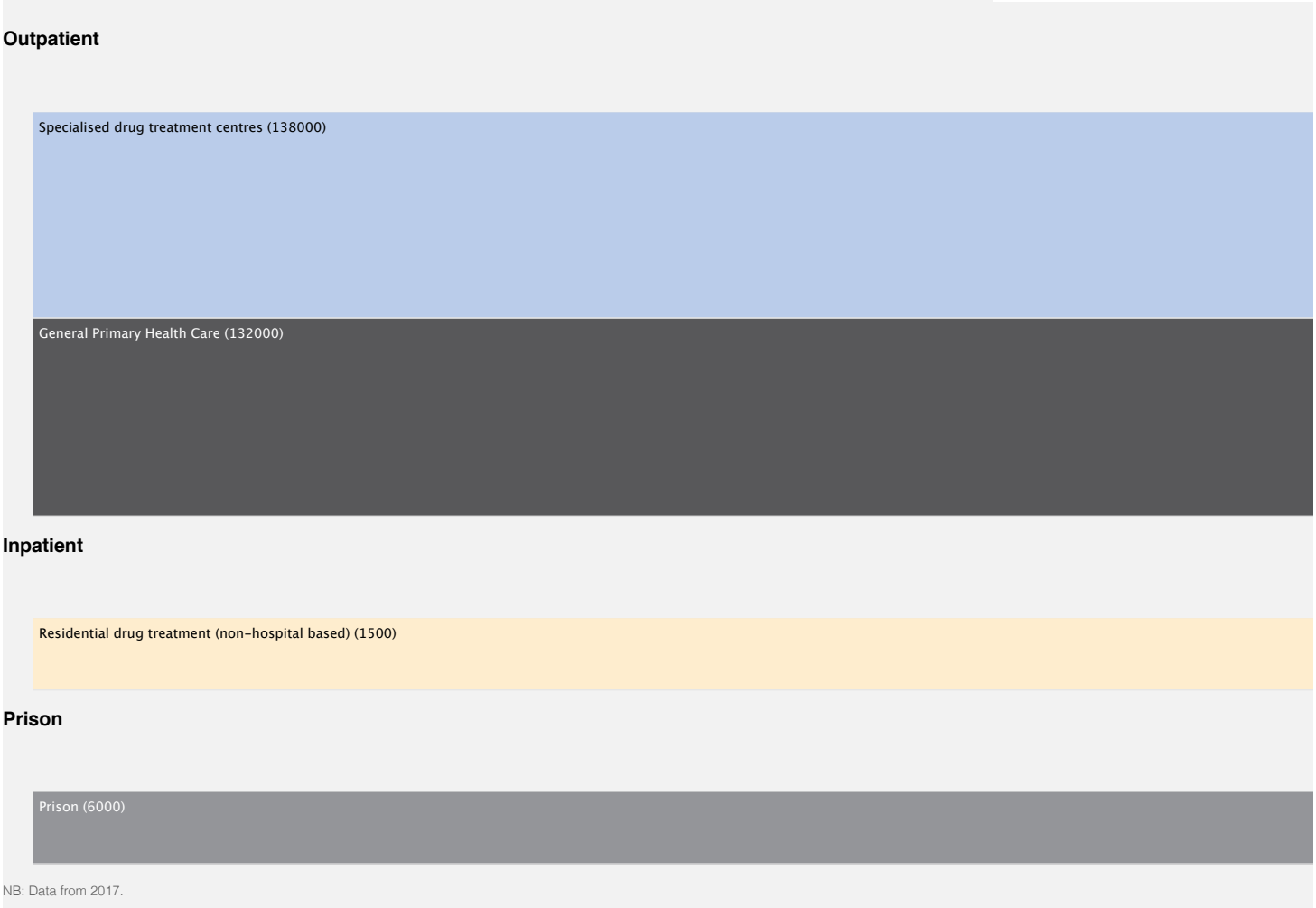
In France, the provision of drug treatment is the responsibility of the regional and local authorities. Since 2003, it has been financed by the social security system. Two systems are involved in drug treatment: a specialised treatment system and the general healthcare system comprising hospitals and general practitioners (GPs). Some care is also provided through the harm reduction facilities of the low-threshold network. Drug treatment for prisoners is mostly provided through hospitals.

Almost all of the 100 sub-regional administrative areas have at least one specialised drug treatment and prevention centre (CSAPA). These centres, managed mainly by non-governmental organisations, provide both outpatient and inpatient care as well as care for prison inmates. Care in CSAPAs is anonymous and free. Both pharmacologically assisted and psychosocial treatments are provided in the same centres. There are also nine 'drug-free' therapeutic communities and about 540 services for young drug users, which provide early intervention and psychological care on an outpatient basis.

The general addiction care system through hospitals is organised across three levels. First-level care manages withdrawal and organises consultations; the second level includes the provision of more complex residential care; and the third level expands the services to research, training and regional coordination.

Since 1995, opioid substitution treatment (OST) has been the main form of treatment for opioid users and has been integrated into a total therapeutic strategy for drug dependence, including for drug users in prison. Methadone and high-dose buprenorphine are used for OST, although in rare cases morphine sulphate is used for substitution treatment. Several directives regulate the dose, place of delivery and prescription of OST, which is mainly prescribed in a primary care setting by GPs and is usually dispensed in community pharmacies. Methadone treatment can be started only in specialised centres, hospitals or specialised units in prison.

Drug treatment in France: settings and number treated



NB: Data from 2017.

Treatment provision

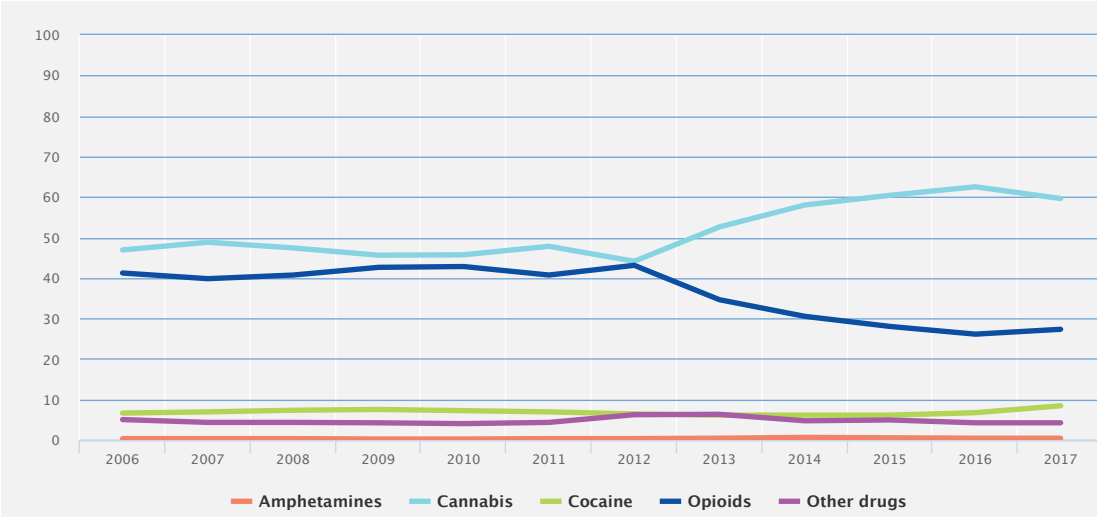
In France, four out of five first-time clients in 2017 entered treatment for cannabis use-related problems, while two thirds of all clients entered treatment because of cannabis use. The second most reported substances are opioids, mainly heroin. The increasing trend in the proportion of first-time clients requesting treatment for cannabis use and the decreasing trend in the number of first-time opioid users seemed to stabilise in 2017.

The high number and proportion of cannabis users among treatment clients in France may be attributed to several factors, including an increased number of people with problems related to cannabis use; the existence of specialised consultation centres for young users, mainly cannabis users; and a large number of referrals for treatment from the criminal justice system.

Many drug users, particularly opioid users, are treated in the general healthcare system at hospitals and by GPs, rather than in CSAPAs, and are therefore not covered by the French system for data collection on dependencies and treatments.

The number of OST clients steadily increased between 1995 and 2013, although, since then, it has remained rather stable. Buprenorphine, introduced in 1996, is still the most widely prescribed substance for OST, although the proportion of clients receiving methadone for OST is increasing.

Trends in percentage of clients entering specialised drug treatment, by primary drug, in France

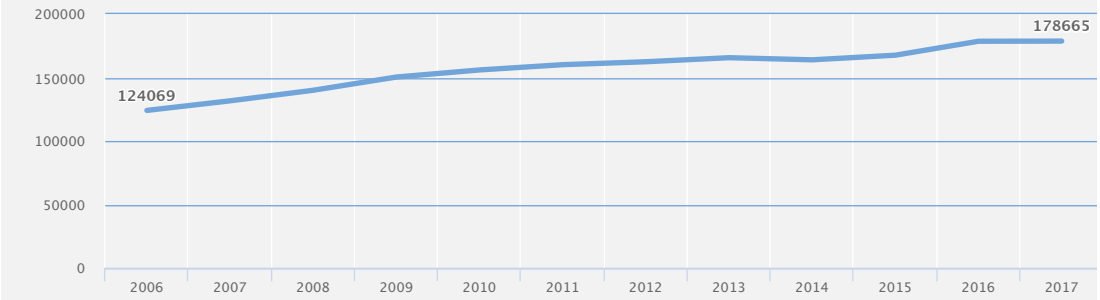


NB: Variation in the number of clients may result from differences in the methodology, the number of participating centres, the percentage of patients known to use a particular substance or the information supplied on the treatment status of the client. Caution is required when interpreting recent trends.

Opioid substitution treatment in France: proportions of clients in OST by medication and trends of the total number of clients

Methadone, 41 %
Buprenorphine, 59 %

Trends in the number of clients in OST



NB: Data from 2017. Data coverage changed between 2015 and 2016.

Drug use and responses in prison

The French prison directorate administers almost 200 prison establishments.

In studies conducted since 2010, just under half of prison inmates in France have taken illegal drugs in the 12 months before imprisonment and more than one fifth have used them regularly. The drugs most frequently used have been cannabis, cocaine and crack cocaine, as well as opioids and diverted medicines. Recently, studies on the analysis of illicit drug metabolites in the wastewater outlets of three French prisons indicate that cannabis appears to be the most widely consumed illicit drug in prison; other substances detected in smaller quantities are cocaine, MDMA/ecstasy, morphine (marker for either morphine or heroin), EDDP (a marker for methadone) and buprenorphine.

In general, prison inmates in France have higher rates of drug-related infectious diseases than the general population, although a declining trend has been noted in the last decade. The Ministry of Health is responsible for health in French prisons, and the treatment of drug dependency in prison settings is based on a three-tier system: (i) prison-based hospital healthcare units, which are responsible for monitoring the physical health of inmates; (ii) 26 regional medico-psychological hospital services, which handle the mental health aspects of drug users in prisons in the absence of ; and (iii) 202 CSAPAs located in 162 prisons. Overall CSAPAs cover almost half of the incarcerated population. A reference CSAPA is appointed to each prison to offer support to inmates with drug dependency problems and ensure the continuity of care after their release.

A plan defining the health strategy for inmates was published in 2017, aiming both at increasing screening for human immunodeficiency virus (HIV), hepatitis B virus and hepatitis C virus by using rapid diagnostic tests and at improving measures to identify addictive behaviours by introducing a health assessment on prison entry.

The National Action Plan on Addictions 2018-22 includes several specific measures targeting prison populations, such as the implementation of the following: routine screening and health assessments, equivalence of and access to addiction care, prevention programmes for tobacco and cannabis use, harm reduction measures, actions to tackle diversion and misuse of medications, peer interventions, increasing infectious diseases screening and vaccinations, treatment access and provision inside prisons.

Opioid substitution treatment is available and can be initiated in prison. The main substance prescribed is buprenorphine, although methadone is also provided.

Quality assurance

The new National Action Plan on Addictions 2018-22 reaffirms the government's willingness to reinforce quality in public responses on the basis of observation, research, evaluation and training strategy, with a special impetus on prevention. This Action Plan defines quality assurance objectives with regard to the promotion and implementation of evidence-based knowledge, evaluation and skill-raising through training and scientific mediation.

In France, quality assurance in drug demand reduction (prevention, risk reduction, treatment and rehabilitation) builds on specific advocacy, guidelines or training from professional organisations or public health institutions, but it is not institutionally structured or imposed. Professional federations are also engaged in developing quality and professional support; the new portal on addictions for health professionals is one example.

The French Public Health Agency has a scientific and expertise remit in the health field. Developing health promotion, prevention and health education as well as reducing health-related risks are some of its duties. It sustains the dissemination of knowledge on science-based prevention methods or the experimental transfer and adaptation of evidence-based programmes. A growing, although still limited, number of prevention organisations are involved in adopting and implementing international evidence-based programmes. Within the framework of the Interministerial Commission for the Prevention of Addictive Behaviours, the ASPIRE toolkit and a quality assurance tool inspired by the European Drug Prevention Quality Standards, were issued in January 2017.

The specialised drug treatment and prevention centres (CSAPAs) and the low-threshold facilities (CAARUDs) are only marginally affected by the existing accreditation and certification processes for health establishments under the French National Authority for Health (HAS). However, HAS assumes quality control activities related to the functioning of CSAPAs and CAARUDs.

The National Institute for the Training of the National Police provides initial and continuing education for police and gendarmerie drug prevention officers. Over the last 5 years, several initiatives have been developed to increase knowledge and competence on dependencies through medical curricula and continued training for health professionals, prevention or treatment practitioners. Since September 2018, the implementation of the health-promoting service (le service sanitaire) implies the inclusion of a module on how to design and conduct health promotion actions in all health curricula (medicine, nursing, pharmacology, and so on).

Drug-related research

In France, the Ministry of National Education, Higher Education and Research (MENESR) designs, coordinates and implements national policy on research and innovation, covering areas including neuroscience, public health and clinical research applied to social sciences through academic organisations such as the National Centre for Scientific Research and the National Institute of Health and Medical Research. The Interministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA) is the central structure, reporting to the prime minister, for coordinating governmental action in the drugs field, as well as for promoting and funding drug-related research. The national priorities for research in the field of addiction are defined in the MILDECA governmental plan. The new National Action Plan on Addictions 2018-22 defines five priority lines of research: (i) drug use; (ii) prevention; (iii) harm reduction measures and treatment; (iv) penal measures; and (v) supply reduction.

The French national focal point, the Observatoire français des drogues et des toxicomanies (OFDT), is the main body involved in drug-related data collection, studies and network development. It collaborates extensively with national and European drug-related research teams. Its mandate also includes the dissemination of data and research results, together with publishing results in national and international scientific journals and promoting the use of research findings in practice and policymaking.

Additionally, non-governmental organisations and foundations representing practitioners and users also regularly fund surveys and research projects in this area. Alternatively, funding may be provided by companies (alcohol suppliers, the tobacco industry and pharmaceutical laboratories), although this implies a need for greater transparency. Currently, research on drugs and addictive behaviours is also among the strategic priorities of national thematic research alliances.

A large number of research studies have been published recently, particularly studies in the field of basic research, population-based epidemiological studies, studies on demand reduction and studies on drug markets. Between 2010 and 2016, the number of French scientific publications on drug-related research increased by 30 % and public expenditure on research into addictive behaviours increased from EUR 13.5 million to EUR 17 million.

Drug markets

The cannabis market in France has undergone changes in the last few years. Seizure data indicate that the cannabis resin market remains larger than the herbal cannabis market. In France, herbal cannabis is produced mainly by individuals on small-scale cultivation sites, although, in recent years, the increasing involvement of criminal groups has been noted, with some large-scale operations dismantled. Cross-border trafficking of herbal cannabis, mainly from the Netherlands but also from Spain and Albania, has also been reported. Cannabis resin originates from Morocco and predominantly enters France through Spain. There is evidence that the potency of cannabis products has increased in recent years. In addition, some of the traditional cannabis resin trafficking organisations have been refocusing their work on more profitable operations, such as cocaine trafficking.

The cocaine market accounts for the second largest share of the French illicit drug market. Cocaine is mainly trafficked from South America, with French overseas departments and territories in the Americas playing an important role.

Heroin, originating from Afghanistan, is mainly trafficked using the Balkan route. It enters the country primarily via the Netherlands and is intended for domestic use or further transit to the Iberian Peninsula, Italy or Switzerland. The heroin market has shown some signs of revival in the last few years in certain parts of France, where user-dealer networks play an important role in maintaining its availability. The presence of Albanian criminal networks specialising in heroin distribution has been reported in the east of France. In parallel, there is a sizeable market for opioid-containing medicines.

Synthetic drugs are imported from the Netherlands and Belgium for use in France, which is also a transit country for these drugs en route to the United Kingdom and Spain. Since 2009, the MDMA/ecstasy market has experienced renewed dynamism: there has been a diversification in products and the MDMA content of tablets is reported to have risen in the last few years. New psychoactive substances (NPS) are bought and sold online and are mainly produced in China and India. Seizures of NPS indicate that cathinone-type substances dominate the market, followed by arylcyclohexylamines (ketamine) and synthetic cannabinoids. In 2017, a total of 153 different substances were seized in France, mainly through postal packages.

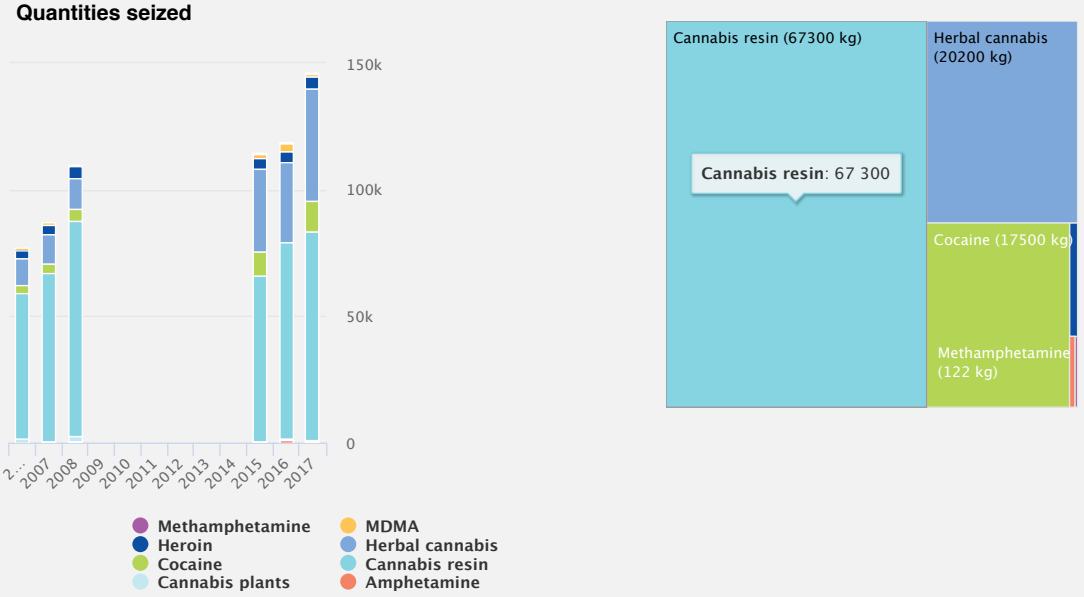
Tackling cannabis and cocaine trafficking in the Mediterranean and Caribbean remains the main priority of law enforcement.

Data on the retail price and purity of the main illicit substances seized are shown in the ‘Key statistics’ section.

Drug seizures in France: trends in number of seizures (left) and quantities seized (right)

Number of seizures

Quantities seized



NB: Data from 2017. The 2009-14 data are not available because of changes in the French reporting system. From 2015 onwards, data are not comparable with years 2006-08 as they are underestimated (data from the Gendarmerie are not available).

Key statistics

Most recent estimates and data reported

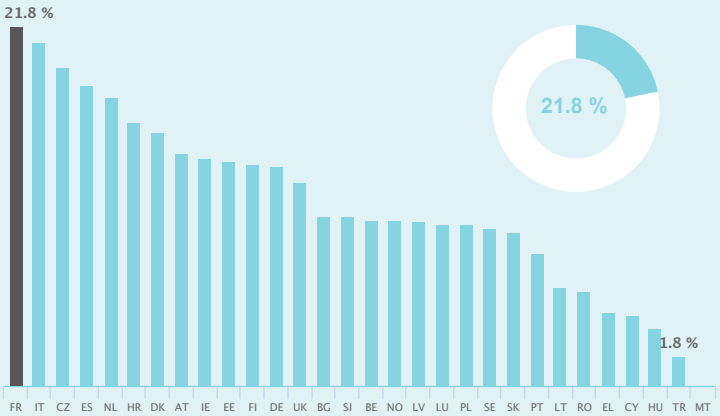
	Year	Country data	EU range Min.	EU range Max.
Cannabis				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	31.48	6.51	36.79
Last year prevalence of use — young adults (%)	2017	21.8	1.8	21.8
Last year prevalence of drug use — all adults (%)	2017	11	0.9	11
All treatment entrants (%)	2017	59.6	1.03	62.98
First-time treatment entrants (%)	2017	74.4	2.3	74.36
Quantity of herbal cannabis seized (kg)	2017	20 200	11.98	94 378.74
Number of herbal cannabis seizures	2017	44 301	57	151 968
Quantity of cannabis resin seized (kg)	2017	67 300	0.16	334 919
Number of cannabis resin seizures	2017	82 797	8	157 346
Potency — herbal (% THC) (minimum and maximum values registered)	2017	0 - 38	0	65.6
Potency — resin (% THC) (minimum and maximum values registered)	2017	0 - 43	0	55
Price per gram — herbal (EUR) (minimum and maximum values registered)	2017	8 - 15	0.58	64.52
Price per gram — resin (EUR) (minimum and maximum values registered)	2017	5 - 7.5	0.15	35
Cocaine				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	4.01	0.85	4.85
Last year prevalence of use — young adults (%)	2017	3.2	0.1	4.7
Last year prevalence of drug use — all adults (%)	2017	1.6	0.1	2.7
All treatment entrants (%)	2017	8.4	0.14	39.2
First-time treatment entrants (%)	2017	7.8	0	41.81
Quantity of cocaine seized (kg)	2017	17 500	0.32	44 751.85
Number of cocaine seizures	2017	12 214	9	42 206
Purity (%) (minimum and maximum values registered)	2017	0 - 91	0	100
Price per gram (EUR) (minimum and maximum values registered)	2017	60 - 105	2.11	350
Amphetamines				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	2.38	0.84	6.46
Last year prevalence of use — young adults (%)	2017	0.6	0	3.9
Last year prevalence of drug use — all adults (%)	2017	0.3	0	1.8
All treatment entrants (%)	2017	0.4	0	49.61
First-time treatment entrants (%)	2017	0.5	0	52.83
Quantity of amphetamine seized (kg)	2017	283	0	1 669.42
Number of amphetamine seizures	2017	411	1	5 391
Purity — amphetamine (%) (minimum and maximum values registered)	n.a.	n.a.	0.07	100
Price per gram — amphetamine (EUR) (minimum and maximum values registered)	2017	10 - 20	3	156.25
MDMA				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	2.27	0.54	5.17
Last year prevalence of use — young adults (%)	2017	1.3	0.2	7.1
Last year prevalence of drug use — all adults (%)	2017	0.6	0.1	3.3
All treatment entrants (%)	2017	0.4	0	2.31
First-time treatment entrants (%)	2017	0.4	0	2.85
Quantity of MDMA seized (tablets)	n.a.	1 130 839	159	8 606 765
Number of MDMA seizures	2017	1 073	13	6 663
Purity (MDMA mg per tablet) (minimum and maximum values registered)	2017	0 - 62.23	0	410
Purity (MDMA % per tablet) (minimum and maximum values registered)	n.a.	n.a.	2.14	87
Price per tablet (EUR) (minimum and maximum values registered)	2017	10 - 10	1	40
Opioids				
High-risk opioid use (rate/1 000)	2017	5.19	0.48	8.42
All treatment entrants (%)	2017	27.3	3.99	93.45
First-time treatment entrants (%)	2017	13.7	1.8	87.36
Quantity of heroin seized (kg)	2017	658	0.01	17 385.18
Number of heroin seizures	2017	4 544	2	12 932
Purity — heroin (%) (minimum and maximum values registered)	2017	0 - 72	0	91
Price per gram — heroin (EUR) (minimum and maximum values registered)	2017	20 - 70	5	200
Drug-related infectious diseases/injecting/death				
Newly diagnosed HIV cases related to injecting drug use (cases/million population, Source: ECDC)	2017	0.6	0	47.8
HIV prevalence among PWID* (%)	2015	4.7	0	31.1
HCV prevalence among PWID* (%)	2011	n.a.	14.7	81.5
Injecting drug use (cases rate/1 000 population)	2017	2.89	0.08	10.02
Drug-induced deaths — all adults (cases/million population)	2015	7.14	2.44	129.79
Health and social responses				
Syringes distributed through specialised programmes	2015	11 907 416	245	11 907 416

Clients in substitution treatment	2017	178 665	209	178 665
Treatment demand				
All entrants	2017	58 077	179	118 342
First-time entrants	2017	15 010	48	37 577
All clients in treatment	2017	254 000	1 294	254 000
Drug law offences				
Number of reports of offences	2017	223 509	739	389 229
Offences for use/possession	2017	184 821	130	376 282

EU Dashboard

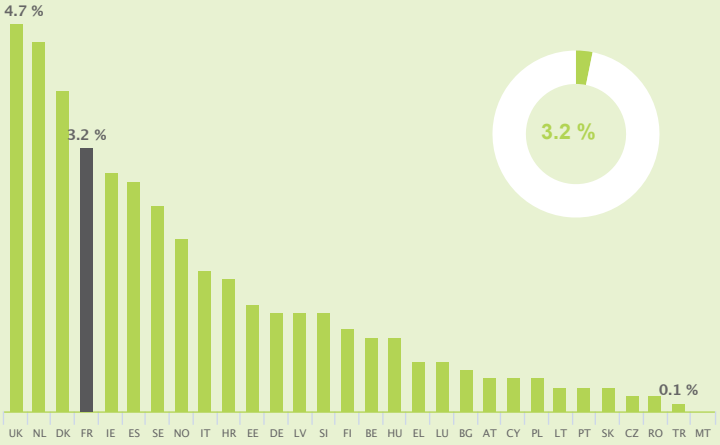
Cannabis

Last year prevalence among young adults (15-34 years)



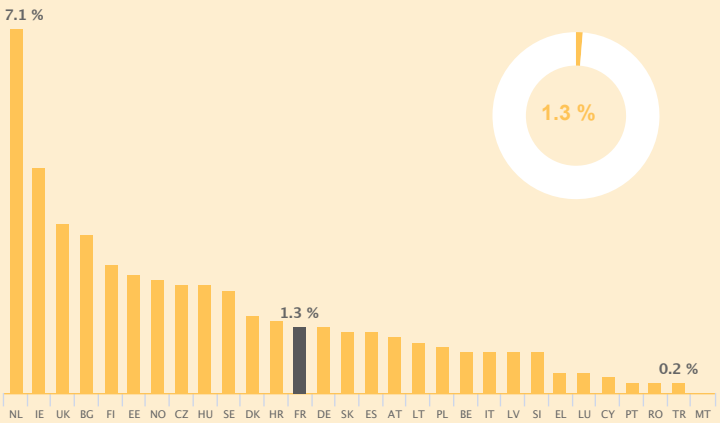
Cocaine

Last year prevalence among young adults (15-34 years)



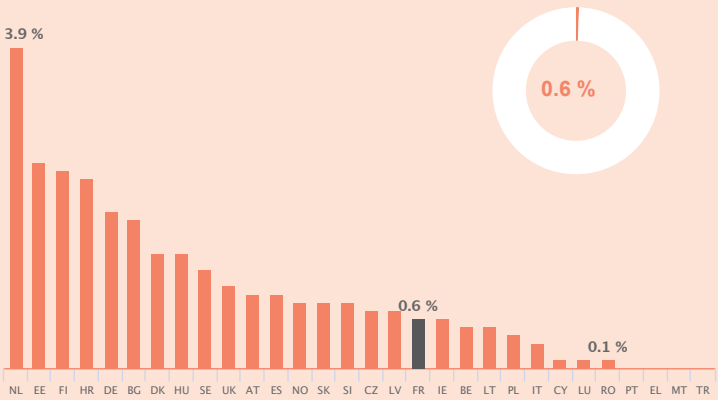
MDMA

Last year prevalence among young adults (15-34 years)



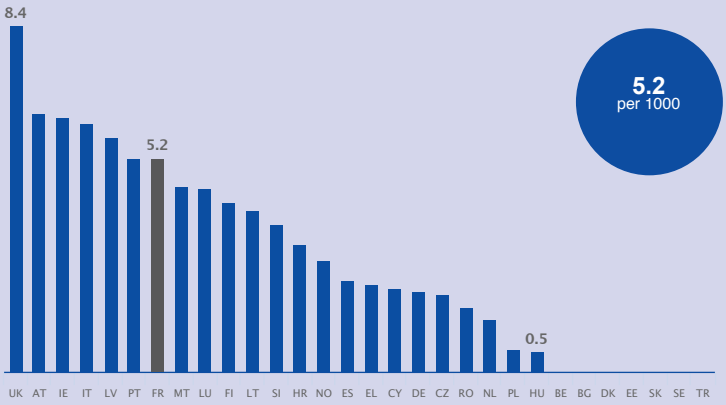
Amphetamines

Last year prevalence among young adults (15-34 years)



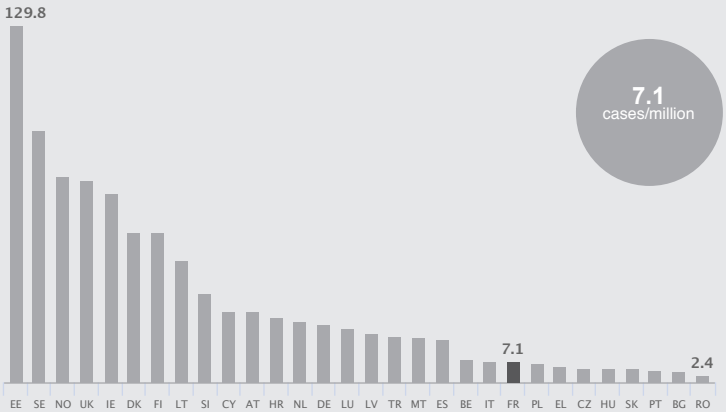
Opioids

High-risk opioid use (rate/1 000)



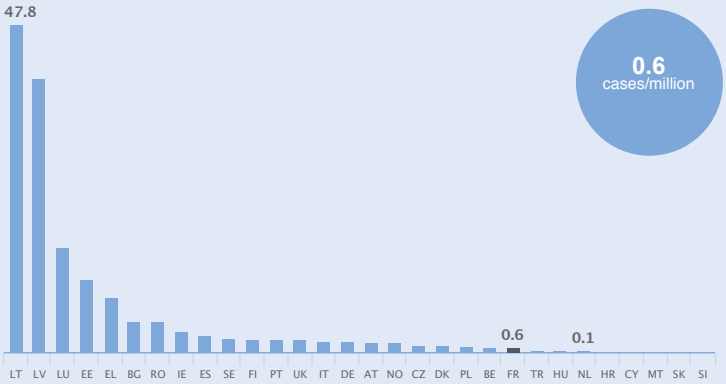
Drug-induced mortality rates

National estimates among adults (15-64 years)



HIV infections

Newly diagnosed cases attributed to injecting drug use



NB: Caution is required in interpreting data when countries are compared using any single measure, as, for example, differences may be due to reporting practices. Detailed information on methodology, qualifcations on analysis and comments on the limitations of the information available can be found in the EMCDDA Statistical Bulletin. Last year prevalence estimated among young adults aged 16-34 years in Denmark, Norway and the United Kingdom; 17-34 in Sweden; and 18-34 in France, Germany, Greece and Hungary. Drug-induced mortality rate for Greece are for all ages.

About our partner in France

Since 1996, the French Monitoring Centre for Drugs and Drug Addiction (Observatoire français des drogues et des toxicomanies, OFDT) has been entrusted, as an independent body, with the coordination of all drug- monitoring activities in France, and has acted as the national focal point. The OFDT is also responsible for the evaluation of drug policies in France. Since 1999, its areas of activity have included licit substances (alcohol, tobacco and medicines) in addition to illicit drugs and addictive behaviours. The OFDT is mainly funded by the Inter-ministerial Mission for Combating Drugs and Addictive Behaviours (Mission interministérielle de lutte contre les drogues et les conduites addictives, MILDECA), an inter-departmental body composed of representatives of different ministries, which is responsible for the overall coordination of activities against drugs and drug dependency in France.

Click here to learn more about our partner in France .

French national focal point

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Fax. +33 1 41 62 77 00

Head of national focal point: Mr Julien Morel d'Arleux

Methodological note: Analysis of trends is based only on those countries providing sufficient data to describe changes over the period specified. The reader should also be aware that monitoring patterns and trends in a hidden and stigmatised behaviour like drug use is both practically and methodologically challenging. For this reason, multiple sources of data are used for the purposes of analysis in this report. Caution is therefore required in interpretation, in particular when countries are compared on any single measure. Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the EMCDDA Statistical Bulletin .