

# Drugs Workbook

## 2020

*France*

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## **2020 National report (2019 data) to the EMCDDA by the French Reitox National Focal Point**

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## T0. Summary

The purpose of this section is to

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

T0.1. Please comment on the following:

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

Guidance:

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

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

Please do not comment on survey methodology here, but rather in T6 at the end. It is suggested to base trends analysis on Last Year Prevalence among 15-34 year olds. Describe findings from available national studies. Provide an overview on drug use among school children on the basis of available school surveys. For the school population it is suggested that lifetime prevalence be used, and trends and gender difference be mentioned. Identify high risk groups for drug use and provide an overview of prevalence and trends among the general population. (Suggested title: Drug Use and the Main Illicit Drugs)

### **Drug use, polydrug use and the main illicit drugs**

According to the latest available data (2017), cannabis is still by far the most widely used illicit substance, both among teenagers and the adult population (45% of 18 to 64-year-olds), with overall 18 million people having already tried it. The overall proportion of recent users (in the last month) is 6.4% among adults.

Among last year users aged 18 to 64 years (11%), according to the 2017 Health Barometer Survey of *Santé publique France*, 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 25%, i.e. 2.3% 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, 1.3% of adults aged 18 to 64 state that they have already used such substances. Their use levels are similar to heroin or amphetamines.

Cannabis use among adults aged 18 to 64 stabilised between 2014 and 2017 (after the substantial rise observed between 2011 and 2014), at a high level, irrespective of age groups and frequency of use: this trend is part of the dynamic context of supply in France, particularly with the local production of herbal cannabis (industrial plantations but also personal cultivation), alongside the innovation and diversification of the resin market (see the Market & Crime workbook).

Cannabis is also the illicit substance most widely used between the ages of 11 and 16 years, particularly among boys. In terms of lifetime use, in 2018, cannabis use accounted for 6.7% of middle school students (average age 13.5) (ENCLASS 2018 data), a lower percentage compared to in 2014 (9.8%). In 2018, a third of high school students (average age 17.1), had already tried cannabis (33.1%), representing 30.0% of girls and 36.3% of boys. In addition, 17.3% used it in the month preceding the survey. These levels are lower than they were in the previous survey in 2015 (44.0% and 22.6% respectively). This downward trend is also evident

in the 2017 ESCAPAD survey among 17-year-olds, where 21% reported to have used cannabis over the past month, compared to 25% in 2014.

In the survey on representations, opinions and perceptions regarding psychoactive drugs (EROPP) conducted at the end of 2018 among people aged 18 to 75, nearly 9 out of 10 respondents (88%) spontaneously reported cannabis as a "drug" they know, even if only by name. Just under half of respondents (48%) considered it to be dangerous to use from the first time.

The spread of cocaine, the second most widely consumed illegal substance, is considerably lower: almost ten times fewer people had already tried it. However, the proportion of 18-64-year-olds with lifetime cocaine use has increased four-fold in two decades (from 1.2% in 1995 to 5.6% in 2017, a stable level compared to 2014). The proportion of last-year users also increased substantially, from 0.3% in 2000 to 1.1% in 2014, then 1.6% in 2017. For the past few years the consumption of this substance once limited to the more well-off, has affected all levels of society, although to varying degrees. The levels of lifetime use for synthetic drugs such as MDMA/ecstasy and amphetamines are 5.0% and 2.2%, respectively among 18-64-year-olds. The proportion of current MDMA/ecstasy users remained stable between 2010 and 2017 (1.0%). Among 18-25-year-olds, the use of this product equals that of cocaine.

Lastly, the prevalence of lifetime use of heroin is 1.3% in the entire 18 to 64-year-old population and current use seems very rare (0.2% of those surveyed).

77% of 18-75-year-olds surveyed in EROPP at the end of 2018 considered cocaine to be dangerous from its first use and 84% thought the same for heroin.

The latest ENa-CAARUD survey, conducted at the end of 2015 in support centres for the reduction of drug-related harms (CAARUD)<sup>1</sup> validated the qualitative findings of the TREND system about the most disadvantaged users turning to less expensive substances, medications and crack cocaine when available.

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, the use of buprenorphine (whether prescribed or misused) has declined steadily (40% vs. 32%), in favour of methadone (24% in 2008 vs. 31% in 2015). The use of heroin stayed stable (30%).

As regards stimulants, the proportion of CAARUD clients having taken freebase cocaine (crack or freebase) continued to increase steadily (22% in 2008, 33% in 2015). No changes were observed for hallucinogens exclusively used by a subgroup of this population (15%).

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<sup>1</sup> 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.

- T0.2. **Optional.** Please comment on the use, problem/high risk use, notable changes in patterns of use, and any interaction or association with the use of controlled substances (illicit drug use) for the following substances:
- a) Alcohol
  - b) Tobacco
  - c) Misuse of prescription drugs
- (Suggested title: *The use of Illicit Drugs with Alcohol, Tobacco and Prescription Drugs*)

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

In both the French Public Health Agency's health barometer (adult population) and the OFDT's ESCAPAD survey (17-year-olds), polydrug use is defined as using at least two of the three following substances over the period of a month: alcohol, tobacco and cannabis. These are not necessarily concurrent uses. In 2014 (latest available data), polydrug use 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 2017, regular polydrug use of alcohol, tobacco or cannabis concerns 9.3% of 17-year old teenagers. Cumulative regular tobacco and cannabis use is more widespread (4.4%), ahead of cumulative regular tobacco and alcohol use (2.8%). Cumulative regular use of the three substances concerns 1.9% of 17-year-olds.

Between 2014 and 2017, regular polydrug use decreased by more than 3 points, returning to the level observed in 2011.

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. 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).

Alcohol use also appears to be predominant among CAARUD clients (active drug users who are not undergoing active treatment or have withdrawn from the care system, vulnerable from a socioeconomic perspective) : 71% reported last-month alcohol use, and among them nearly half claimed to have drunk the equivalent of at least 6 glasses on a single occasion, every day or nearly every day in the past year. As regards medications, in compliance with qualitative findings, the use of buprenorphine (whether prescribed or misused) has declined steadily (40% vs. 32%), in favour of methadone (24% in 2008 vs. 31% in 2015), which is more widely prescribed, and morphine sulphate, which is more frequently misused (15% in 2010, 17% in 2012 and 2015). The use of substances containing codeine has been gradually increasing since 2010, when this was measured for the first time (5% vs. 9%), whereas the use of other opioid medications (for instance, fentanyl), studied for the first time in 2015, reached 7%. Only 4% of users took diverted methylphenidate, although this situation was highly concentrated geographically. However, benzodiazepine use rose sharply between 2012 and 2015 (30.5% vs 36%) (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

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 2018 (115 tonnes of cannabis seized including about 30 tonnes of herbal cannabis). Plant seizures are on the decline when compared with 2014-15 but are still at high levels (138 561 plants seized in 2018). 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 Bordeaux, Lille, Metz and Toulouse. In 2018, herbal cannabis, in strong demand, accounts for a little more than a quarter of the weight of cannabis seizures (not including the number of plants pulled up), compared to only 6% in 2013 (2019 OCRTIS data). Aside from herbal cannabis imports from the Netherlands, Belgium and Spain, domestic production has continued to grow. It is sustained by three sources. In addition to small growers (in 2017, some 7% of users in the month tended to grow herbal cannabis occasionally), there are structured criminal networks in charge of cannabis factories that can grow thousands of plants and there are also growers, who are sometimes organised in cooperatives and who are becoming more professional (Gandilhon *et al.* 2019). These trends are accompanied by the adapting resin supply with increasingly diverse substances with a higher THC content. Synthetic cannabinoids make up a marginal percentage of the market, probably due to the strong demand and supply of herbal cannabis (Gandilhon *et al.* 2019).

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 2017, 44.8% of adults aged 18 to 64 years are estimated to have tried it during their lifetime. This lifetime use is observed more in men than women (52.7% vs. 37.2%). Last-year use concerned 11% of 18-64-year-olds in 2017, like in 2014 (15.1% men and 7.1% women).

Lifetime cannabis use peaks between age 26 and 34 years (62.1%). Current cannabis use mainly affects younger age groups (29.6% for 18 to 25-year-olds), and then decreases with age to only 1.6% of 55 to 64-year-olds.

Out of all 18 to 64-year-olds, lifetime cannabis use increased from 42.0% to 44.8% between 2014 and 2017, prolonging the rise observed since the 1990s. However, this rise is mainly driven by a stock effect. Current use and recent use (which had increased from 2011 to 2014) are stable compared to 2014, this being observed for all age groups.

In 2017, 39.1% of 17-year olds have tried cannabis (Spilka *et al.* 2018a), with a large decrease over the 2014-2017 period, as for recent use. Boys appear to use more cannabis than girls. They are 24.2% to report use in the last 30 days compared to 17.5% of girls.

Qualitative data from the TREND scheme show that, in addition to the growing proportion of herbal cannabis on the French market, a growing dichotomy is emerging between resin users (the most precarious, heavy smokers) and herbal cannabis users (often aged over 30 and more socially integrated) seems to have emerged (Cadet-Tairou *et al.* 2016).

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 ENCLASS survey (the union of the HBSC and ESPAD surveys, both conducted in school settings) are consistent with the ESCAPAD survey in terms of the particular use of cannabis among young people in France. 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 use, in 2018, 6.7% of middle school students used cannabis (lower percentage compared to 2014 (Spilka *et al.* 2015)).

Lifetime use among high school students increased, concerning 33.1% of students in 2018 (30.0% of girls and 36.3% of boys).

While reports of cannabis use over the past 30 days is marginal among middle school students, it is higher among high school students, despite levels decreasing overall between 2015 and 2018 (respectively 22.6% and 17.3%)

Among drug users frequenting CAARUDs, cannabis plays a predominant role in substance use: according to the 2015 survey, three-quarters claimed to be last-month users, with half reporting daily use and 31% weekly use (Lermenier-Jeannet *et al.* 2017).



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

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

### Recent surveys/studies on cannabis use

The ARAMIS qualitative survey, based on interviews with 200 adolescents aged 13 to 18, sheds more light on the motives inciting young people to experiment with and use psychoactive substances, especially cannabis. Accounts of first cannabis use often gives rise to positive impressions, particularly as far as herbal cannabis (weed) is concerned. The taste and effects of cannabis are spontaneously compared with those of tobacco, and are largely preferred to the latter.

"Pleasant" from the first use and "sociable", cannabis benefits from a positive and "played down" image (despite its illegal status, rarely mentioned in the interviews), even more normalised when widely diffused. Furthermore, it is considered to be "more pleasant tasting" and involving a more reasonable investment (procuring the expected effect for a lower price). Above all, young people seem to ignore the risks of cannabis use, believing that the product is less addictive and "dangerous" compared to nicotine. This less negative image is accentuated by the "natural" properties attributed to marijuana, which appears to be the main form of cannabis used among this generation. Herbal cannabis is perceived as tasting better than resin, with more pleasant effects (gradual and more "trippy"), but also "purer" (not cut), or even "organic". In a context where herbal cannabis is increasingly available, cannabis appears to have gained the image of a "green", "non-chemical" product. Cannabis is therefore perceived as a substance "*which does no harm*", as confirmed by its therapeutic use (which appears to be very well known among minors).

The motives behind substance use vary depending on the contexts, and many reasons are reported for cannabis use: relaxation, calming properties, recreational activity, to aid sleep, self-medication, etc., along with stimulant properties to face up to obligations and problems. Cannabis thus lends itself to numerous regulatory factors, all the more sophisticated when used regularly, like the discussions describing the composition of different joints throughout the day and their precise function (Obradovic 2017).

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

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

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

### Treatment and help seeking

See section T1.4.1 in the 2018 « Treatment » workbook

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

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.

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

Information relevant to this answer includes:

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

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

See the 2018 Harms and harm reduction workbook: section T1.2.2 for drug-related acute emergencies and section T1.4.1 for harms related to cannabis use.

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

### **Synthetic cannabinoids**

The latest data available for the general population dates back to 2017 and shows a rate of 1.3% of experimentation among 18-64 year olds (Data from the 2017 French Public Health Barometer), a level similar to that of heroin, although one must also consider the uncertainty that can sometimes surround definitions related to these products and the understanding of the question asked by respondents.

Among 17-year-olds, interviewed as part of the 2017 ESCAPAD survey, 3.8% claimed to have already used a substance which "imitates the effects of a drug, such as synthetic cannabis, mephedrone, methoxetamine or another substance", a higher proportion than in 2014 (1.7%). But only 0.4% specified the substance involved (vs 0.7% in 2014), mainly a synthetic cannabinoid, usually referring to a brand name rather than the name of a molecule (Spilka *et al.* 2018a).

The only known data for the specific audience of consumers using the forums date back to 2016 and show a significant poly drug use, both of NPS and of more traditional products, notably cannabis (Cadet-Taïrou 2016).

In 2019, the cross observations of the French EWS, TREND, SINTES networks and forums were similar to those seen in 2018. However, the phenomenon observed in the Brittany region of the sale of synthetic cannabinoids in e-liquid has been amplified and now concerns the western-eastern crescent of France (from Brittany to Burgundy-Franche-Comté). The facts are repeated in various localities, showing an installation of the resale of synthetic cannabinoids in refills, sold on the outskirts of secondary schools. They are presented as containing CBD, alone or in combination with known drugs (cocaine, MDMA, etc.), or under fancy names, such as "PTC" for "Pête ton crâne" [Crack your skull]. The clinical pictures are often not very serious, so the health professionals or those supervising the young people concerned do not report the facts. Several studies have been set up to monitor the phenomenon, some of which have also been motivated by the management of so-called "EVALI" clinical cases in the United States (see Workbook "Harms and Harm Reduction" 2020 on e-cigarette or vaping, product use associated lung injury).

The issue of the consumption of these products in e-liquid form has emerged since 2014 (Cadet-Taïrou *et al.* 2015) and this point has been a topical issue in all EWS information sources since then. Compared to 2018, the visibility of 5F-AKB-48 and the use of its trade name *Mad Hatter* has declined sharply and is now only a name sometimes used in the local media. In 2019, 5F-MDMB-PINACA/5F-ADB remains one of the main synthetic cannabinoids observed in seizures and SINTES collections, but there is however a strong diversification of molecules found in e-liquids (e.g., MDMB-4en-PINACA, 4F-MDMB-BINACA, etc.). The number of synthetic cannabinoids identified during the year remains stable compared to 2018 (19 different synthetic cannabinoids).

UR-144 continues to be present, either in combination with 5F-AKB-48 or 5F-ADB, or unexpectedly in combination with cocaine. Its so-called "degrading" version is also analysed in association with Ocfentanil and Yangonine (Kava).

## 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**

Out of all 18 to 64-year-olds, lifetime cannabis use increased from 41% to 45% between 2014 and 2017, prolonging the rise observed since the 1990s. Current use and recent use (which had increased from 2011 to 2014) are stable compared to 2014.

In 2017, 39% of 17-year olds have tried cannabis, with a large decrease over the 2014-2017 period, as for recent use.

In 2018, the increase in  $\Delta$ 9-THC potency in resins, observed since 2010, appeared to stabilise around 27% for samples collected as part of the OFDT SINTES scheme, and 26% for samples seized by the police.

#### *Qualitative TREND scheme data*

The trend in the artisanal production of products derived from cannabis (wax (oil), resin, honey, etc.), already reported in previous years, is spreading geographically and moving outside its limited audience, although it has not yet reached the mainstream. These practices are essentially individual and the processed substances are not found back on the market. Vaping or e-cigarette use is still gaining interest among cannabis users (Bordeaux, Lille, Lyon, Marseille), due to the lack of combustion avoiding the formation of carcinogenic agents. Vaping is presented as eliminating the need for tobacco use, often perceived as solely responsible for the negative somatic effects of cannabis use (Cadet-Taïrou *et al.* 2017).

In the first six months of 2018, the visibility of substances presented as containing cannabidiol (CBD), e.g. e-liquids for electronic cigarettes, has considerably increased on the French market, notably due to being sold in specialised drop-in centres (see section T3 of the 2018 and 2020 Policy workbook). They offer a solution for cannabis users where there is an identified interest, particularly among older users, in stopping (replacing) their substance use. Certain non-users hope to discover sedative effects, particularly to promote sleep.

At the same time, the visibility of cannabis-related health problems appears to be growing (see section T1.4.1 of the 2018 Harms and harm reduction workbook). Evidence about CBD and the e-cigarette also tends to intertwine to create scam situations among young users involving synthetic cannabinoids (see section T1.2).

Finally, during the COVID-19 health crisis, users who did not wish to stop using the drug anticipated the confinement period by building up a stock of cannabis (G rome and Gandilhon 2020a). Difficulties may then have arisen in relation to the ability to regulate consumption in the presence of large quantities, whereas the situation of lockdown may prove to be a source of anxiety and thus favour higher consumption levels than in normal times. Moreover, while abstinence can usually be imposed through work and its schedules, situations of technical unemployment or remote working open up the possibility of using at home during the day, or even while working. However, some situations have led to the cessation or drastic reduction of cannabis consumption. This is the case, for example, of urban users who have left their homes to quarantine far from urban centres, with family or friends. The drying up of product reserves after a few weeks, the impossibility of local supply and the risk of fines for travelling to urban areas have led them to reduce or stop their consumption (see the 2020 "Drug Market and Crime" workbook). The fact of being confined with a group of people (spouses, parents, etc.) who are unaware of and/or do not tolerate such consumption has also had an impact on the reduction or even cessation of certain types of consumption.

## T4. Additional information

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

T.4.1. **Optional.** Please describe any additional important sources of information, specific studies or data on Cannabis use. Where possible, please provide references and/or links

Cannabis is not only the most widely used illicit substance in France: it is the first to be spontaneously cited as a "drug" by respondents to the survey on representations, opinions and perceptions on psychoactive drugs (EROPP), who are aged 18 to 75 and were surveyed at the end of 2018. 88% of them mention cannabis when asked what drugs they know, even if only by name (compared to 77% in 1999). Just under half of respondents (48%) considered it to be dangerous to use from the first time (54% in 1999), with this opinion being strongly linked to whether or not they have already used an illicit substance.

When looking at how users are perceived, 50% of respondents considered cannabis users to be dangerous to their friends and family and 40% agreed with the idea that they are looking to involve young people in drugs. At the same time, 58% of respondents shared the opinion that this use may be a lifestyle choice (Spilka *et al.* 2019). There is also a real consensus in favour of the medical use of cannabis, which was endorsed by 91% of survey respondents, in connection with its strong presence in the public debate and the start of its experimentation by the ANSM (see T3.1 in the workbook "National Strategy and Policy"). But opinions on potentially legalising the drug are much less consistent; just over one in two respondents (54%) said they do not support it and six in 10 (61%) do not want cannabis to be sold over the counter.

References to foreign regulatory experiences and their effects feed French debates and arguments on cannabis. Some of these initiatives had been studied as early as 2017 in the Cannalex project led by the French National Institute for Advanced Studies in Security and Justice (INHESJ) in partnership with the OFDT (Lalam *et al.* 2017). Other experiments have since been examined very carefully, particularly when Canada legalised use of the substance in October 2018.

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

# SECTION B. STIMULANTS

## T1. National profile

### T1.1. Prevalence and trends

The purpose of this section is to

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

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

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

#### **The relative importance of different stimulant drugs**

In 2019, cocaine is the most widespread stimulant in the whole French population with around 2.1 million lifetime users, including 600 000 users within the year (estimates for 11-75-year olds); then it's MDMA/ecstasy with 1.9 million lifetime users, including 400 000 users within the year (OFDT 2019).

Other stimulants are less significant: 2.2% of 18-64-year-olds used amphetamines in 2017 (use within the year: 0.3%).

Of people aged 18-to-64, 0.7% tried crack (freebase cocaine) within their life in 2017 and 0.2% have used it in the last year. These uses are still mainly located in Paris and the French Antilles.

In recent years, there has been a significant increase in the availability of cocaine. This favours the circulation of the substance in very diverse social environments: from the most integrated to the most deprived. MDMA/ecstasy (in its powder or crystal form or as tablets) is sought for in the party scene and by relatively young people.

Amphetamines, less popular compared to cocaine or MDMA, are mainly used in the alternative festive scene (free parties, underground setting, etc.), as a possible alternative to cocaine considered too expensive by certain users.

Methamphetamine still has a limited audience in France, and is used occasionally, particularly in the gay scene in the context of sex, and sometimes in the alternative festive scene. It is usually brought into the country by users or ordered on the darknet. Products described as methamphetamine often do not contain the substance.

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 2017, cocaine is still the most commonly used illicit stimulant drug among 18-64-year-olds, with 5.6% lifetime users, ahead of MDMA/ecstasy (5.0%) and amphetamines (2.2%). Last year use concerns 1.6% of the population for cocaine, 1.0% for MDMA/ecstasy and 0.3% for amphetamines.

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 MDMA/ecstasy remained stable between 2014 and 2017, cocaine use has risen sharply over the same period, from 1.1% to 1.6%.

Stimulant use is higher among 26-34-year-olds, before diminishing among 35-year-olds, with 3.4% last year use for cocaine, 2.1% for MDMA/ecstasy and 0.5% for amphetamines. Among 18-25-year-olds, MDMA/ecstasy is as used as cocaine (2.7% vs 2.8%). Men have been shown to be users more frequently than women, irrespective of substance. Hence, among 18-64-year-olds, 2.3% of men report last year use for cocaine and 1.5% for MDMA/ecstasy, compared to 0.9% and 0.6%, respectively, among women.

Among 17-year-olds, MDMA/ecstasy is the stimulant with the highest levels of lifetime use (3.4%), ahead of cocaine (2.8%). Experimentation of MDMA/ecstasy follows a downward trend after a sharp increase between 2011 and 2014. Furthermore, boys have higher levels of lifetime use for cocaine and MDMA/ecstasy than girls (Spilka *et al.* 2018a).

In the context of the working group on crack (see section T3 of the 2018 Policy workbook), the recent OFDT estimate reported 27 400 crack users (25 000-29 000) in mainland France in 2017, i.e. a prevalence of 6.8 per 10 000 individuals aged 15 to 64 (6.3-7.2). These figures suggest a constant increase since 2010 (12 800 (12 000-14 000), i.e. a prevalence of 3.1 per ten thousand (2.9-3.3)).

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).

#### Populations with particularly high levels of drug use

See section T1.2.1

### Precarious users

*ENA-CAARUD data.* In 2015, 58% of CAARUD (low-threshold structures) clients<sup>2</sup> reported stimulants use in the month prior to the survey. Among them, a third use also or only cocaine in base form (crack or freebase), reaching 51% (vs 44% in 2012).

In this population, recent MDMA/ecstasy use reached 14% (a significant increase, although moderate) while amphetamine use slightly decreased at 16%. Methylphenidate used by 4% of CAARUD clients is used by 20% among those surveyed on the eastern Mediterranean coast (Provence-Alpes-Côte d'Azur region and Corsica) (Lermenier-Jeannet *et al.* 2017).

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

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

### **Findings of the TREND scheme**

#### Cocaine

Since 2016, with intensified trafficking from the French Antilles and Guiana (see section T3 of the 2018 Market&Crime workbook), cocaine is widely available and increasingly sought after at all levels of society: those who are more socially integrated, festive scene and even among the most vulnerable. This substance is the focus of discussions and users are drawing attention to its new "quality". Hence, the average potency of substances circulating in mainland France has markedly increased. According to the TREND scheme, the year 2017 also saw the price of a gram of cocaine fall after eight years of it increasing (Gérome *et al.* 2018).

These elements help improve the image and give a new impetus to this substance. Given cocaine is widely available (and dealers' efforts to adapt to demand by splitting doses if necessary), there are increased opportunities to use for people who up until this point had been occasional users. In other words, since 2016 supply pressure is resulting in an increase in cocaine use by people who are already users and over the age of 30. Substance use among the most vulnerable users is also shifting towards cocaine, with them sometimes repeatedly injecting, especially among users who used to be almost exclusively opioid users. At the same time, emergency medical care signals are showing a rise in treatment requests (see section T3 of the 2018 Treatment workbook) and emergency admissions related to cocaine use.

Increasingly in 2018 and 2019, this spread of cocaine not only results in the increased use of cocaine in its hydrochloride, acid (powder) form, but also in its basic form (crack, rock) obtained after the addition of ammonia or bicarbonate (freebasing). This practice appears in a variety of demographics: both socially very vulnerable users and psychotropic drug users who are better integrated socially but not professionally, often familiar with the alternative techno party scene, but also cocaine users with stable and comfortable social and professional situations. These practices are spreading to rural areas in certain regions (Lille, Lyon, Marseille) where they were not or were hardly visible until now (Gérome *et al.* 2019). The increase in crack use is also reflected in the rising demand for consumer equipment (basic kits) and care in large cities. Signs of crack use in Paris and Lille among migrant populations who have recently arrived in metropolitan France, who are also homeless and in a very precarious situation, were reported in 2019. However, according to harm reduction workers, these cases are still few and far between and are linked, particularly in Paris, to the proximity between crack users and certain migrant populations forced to fight for their survival on the street, in extremely precarious conditions.

<sup>2</sup> 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.

### MDMA/ecstasy

With regards to MDMA/ecstasy, the spread of the powder or crystal form, which seemed to be stable as of 2015, declined in 2017 as in 2018 and 2019. Indeed, it is less present, used less and less sought-after (as can be seen by the significant decrease in "parachute" sales: a small amount of MDMA wrapped in a sheet of cigarette paper).

However, the increased desire for ecstasy tablets in a party context remains unabated. This substance continues to mainly be used on weekends every week by young people, but on a more occasional basis by older people. The spread of the substance still growing in 2019, both geographically (areas where it is used) and through users' diverse socio-demographic profiles, is based on the dynamic supply and can be explained by the commercial strategies of manufacturers targeting young potential users.

Since 2017, TREND observed an abundance of different shapes and colours of ecstasy tablets. Their logos refer to the popular culture of younger generations (characters from cartoons, video games or series, clothing brands, etc.). Users frequently insist on the quality and intensity of the effects of ecstasy tablets which measure up to what they are looking for in a party context. The majority of users now split the tablets (in 2, 3 or 4), in response to harm reduction campaigns following the circulation of extremely strong tablets (see the 2018 Market&Crime workbook). Information campaigns are more than likely the reason for the growing requests to analyse tablets, reported by professionals.

However, several TREND sites emphasise the varying levels of user knowledge about the effects of the substance and the risks of taking it with other substances. The lack of information on MDMA potencies in ecstasy tablets is the reason for bad trips and intoxications that regularly require harm reduction teams to intervene in festive contexts. Reports of negative experiences and descriptions of unpleasant side effects (feeling physically "wiped", nausea and vomiting, agitation, difficulty expressing yourself, paranoia) are not uncommon. However, the serious health problems reported by the TREND scheme seem rare compared to the number of people using MDMA.

Widely used as an alternative dance-event setting, such as a commercial one, the substance is much less commonly used by the most vulnerable groups found in the centre of large urban areas. However, the use of MDMA outside of festive contexts by users in very precarious situations, particularly unaccompanied foreign minors, was observed in Paris and Lyon in 2019.

#### 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: (suggested title: High Risk Stimulant Use)*

- *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*

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



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. As with other NPSs, the variety of substances linked to the dynamic supply does not necessarily seem to translate to an increase in use.

Among the 607 individuals taking part in the I-TREND online survey, 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).

4-MEC and 3-MMC remain the key cathinones. After the shortage of 3-MMC in 2017, it can be seen that various cathinones continued to be used as substitutes. This is the case with ephylone, a molecule that is not specifically sought by users by name. This also applies to 4-CMC or 3-CMC, 3-MEC and 4Cl-alpha-PVP. At the same time, 3-MMC has also been introduced in physical resale channels, which are most often aimed at chemsexers, particularly in the south of France.

With regard to MDPHP, collected on various occasions, some people had specifically sought it as a replacement for MDPV, while others used it believing they had purchased 3-MMC. As with ephylone, there are reports of violent paranoiac and dissociative outbursts when using the substance.

Some initial CAARUD reports or accounts from “forumers” indicate that users with a proven history of polydrug use have used 3-MMC in their lifetime, whether injected or not. The patterns of use by this group are different from those seen among chemsexers, with them not using the substance in a concentrated and intense way, but in low doses and with longer periods of abstinence between doses. These signs remain very weak, but this year they are supported by the fact that they have been identified more than ever before during roadside checks (5 identifications, based on the declaration of a single laboratory).

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)

Among CAARUD clients having used cocaine in the month prior to the 2015 ENa-CAARUD survey, 47% used injection; these represent 43% among recent amphetamine users and 27% among MDMA/ecstasy users (Lermenier-Jeannet *et al.* 2017).

Also, the TREND scheme reports an increasing number of semi-integrated cocaine users in a vulnerable economic situation switching from snorting to injecting or to inhalation.

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

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

### T3. New developments

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

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

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

#### **New developments in the use of stimulants**

##### Crack

According to data collected by the OFDT TREND scheme, there has been a rising trend in freebase cocaine use throughout the country in recent years, among new populations who free base their cocaine themselves. They experiment with this way of using that comes from the alternative techno festive scene, then adopt it when looking for more intense effects or because of their tolerance to cocaine.

This trend was particularly apparent in 2017 and 2018 at all TREND sites, with very significant increases in the distribution of harm reduction equipment, a major rise in the number of CAARUD clients concerned and, above all, the emergence of direct freebase cocaine use among individuals having never snorted cocaine powder. Nevertheless, Île-de-France still stands out as the only region in mainland France with a genuine established organised crack market where cocaine is sold in freebase form. The years 2017 and 2018 were characterised by a spreading of crack dealing spots in the departments of Île-de-France and the sporadic introduction of dealing spots in a few metropolitan areas (G erome *et al.* 2018).

Social diversity among users has recently been observed, with more socially integrated users obtaining supplies of freebase cocaine on the crack market.

At the same time, there appeared to be much greater visibility of use among the most vulnerable populations over the recent period, resulting from a combination of the noteworthy spread of crack use and the displacement of users (see section T3 of the Policy workbook). In 2017, professionals in HR facilities saw an increase in use by people who were previously occasional users, but also many users switched to freebase cocaine. These people who switched belong to many user groups, including those who mainly use opioids (Eastern European migrants, travelling young people). Due to the potential addictive properties of the substance, health care providers have seen a rapid deterioration in social and health situations, including among inserted or semi-inserted users.

Between 2012 and 2015, crack pipe distribution by CAARUDs tripled in Paris districts with the most visibly dense user populations, and demand increased to such an extent since 2017 that these kits were the subject of small-scale trafficking. This phenomenon is related to the greater accessibility of the substance. It occurred after dealing sites were dismantled, causing use to spread to new zones (migration of drug dealers and users to certain underground train lines, for example). The closure of a CAARUD and the opening of a drug consumption room in northern Paris also led to increased visibility of this process (Pfau and Cadet-Tairou 2018).

##### Cocaine

Active substance potency of cocaine samples seized by the police or collected as part of the SINTES scheme in 2018 is still high and continuing to rise (see section T1.1.5 of the Market&Crime workbook).

In 2018, a very large majority of the samples seized by the police (82%) included levamisole as the main cutting agent. In 2017, more than a third of samples (38%) only contained levamisole as the cutting agent. 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. Furthermore, with the exception of inert diluents, no cutting agents were detected in a third of the samples collected by SINTES.

This phenomenon is associated with a growing number of emergency medical care signals for cardiovascular, neurological and even psychiatric symptoms. Reports of cocaine intoxications received by the regional abuse and dependence monitoring centres (CEIP-A), having doubled between 2015 and 2016, led the French National Agency for Medicines and Health Products Safety (ANSM) to issue a statement to healthcare professionals, alerting them to the possibility of such cases (ANSM 2017). These risks are particularly exacerbated by combination with alcohol, in almost all cases. While certain TREND sites report an increase (although still very gradual) in the number of people seeking treatment for cocaine use, awareness of the problematic nature of cocaine use is often slow in coming, and rarely suggested spontaneously, even during an acute incident.

Finally, it should be noted that during the COVID-19 health crisis, the TREND site in the Ile-de-France region noted reports of a change from cocaine or stimulant use, which were considered products deemed unsuitable for the lockdown situation, to alcohol uses, more available and accessible.

#### MDMA/ecstasy

See section T1.2.1

#### Ethylphenidate

From 2014 to 2018, the presence of ethylphenidate was confirmed solely by seizures (Customs, Police or *Gendarmerie*) and the monitoring of discussion forums. This product seems to be used as a "functional" stimulant, for physical or intellectual doping and without being highly visible because of the health impact it could induce. However, an update of health data shows 3 deaths related to this product or methylphenidate analogues. In total, some 30 cases of abuse observations were reported to the ANSM and the network of Addictovigilance Centres between May 2014 and December 2018 (ANSM 2019a).

## T4. Additional information

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

- T4.1. **Optional.** Please describe any additional important sources of information, specific studies or data on stimulants use. Where possible, please provide references and/or links

- 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*)

### **Perceptions des stimulants**

In the EROPP survey on perceptions on psychoactive drugs, 68% of 18-75-year-olds surveyed in 2018 spontaneously mentioned cocaine as one of the drugs they know, "even if only by name". Crack was mentioned by 15% of people, ecstasy by 27% and MDMA by 7%.

With regard to perceived danger levels, 77% of respondents believed that cocaine is dangerous, even when experimenting. This percentage has decreased compared to 1999 (86%). At the same time, the percentage of those who believed that cocaine use is only dangerous when taken daily increased from 7% in 1999 to 14% in 2018 (Spilka *et al.* 2019).

## SECTION C. HEROIN AND OTHER OPIOIDS

### T1. National profile

#### T1.1. Prevalence and trends

The purpose of this section is to

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

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

In 2017, among the general population aged 18 to 64, heroin use was limited, with 1.3% lifetime users and 0.2% last year users<sup>3</sup>, stable between 2014 and 2017. In total, it is estimated that there are 500 000 lifetime users among 11-75-year olds. Young adults aged 26-34 more frequently tend to be users, with 0.3% last year users.

Lifetime heroin use among 17-year-olds is 0.7%. In 2017, further to the qualitative observation of the essentially recreational use of codeine medications (Cadet-Tairou and Milhet 2017), the ESCAPAD Survey also asked young people about the use of purple drank (a mixture of analgesic codeine syrup and a fizzy drink). Lifetime use concerns 8.5% of French 17 year-olds, i.e. one in 10 young people (Spilka *et al.* 2018a). This type of use was also spontaneously described as "lean" or "Codeine & Sprite" during interviews as part of the ARAMIS qualitative survey (Obradovic 2017). The aim of this type of use is often to "get high during quiet parties". These observations made by the ESCAPAD and ARAMIS surveys were prior to the ban on over-the-counter sales of these medications in July 2017 (see section T3 of the 2018 Legal framework workbook). According to findings from the TREND scheme, it would appear that this ban has led to a significant decrease in the use of purple drank (see T3.1).

Since substitution treatments were first introduced in France more than 20 years ago, non-therapeutic uses of buprenorphine, methadone and also morphine sulphate have appeared. 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.

A new boost in heroin supply was observed in 2016-2017 by some sites (Lyon, Toulouse), affecting other urban areas (Marseille, Bordeaux) in 2018, while there was also a return to a relatively high potency average. The substance, traditionally present in the north and east in particular (Lille and Metz), close to the Dutch and Belgian markets, is now more visible in the south (Marseille, Toulouse, Bordeaux). At the same time, recent observations show the expansion of the geographical location of Albanian-speaking networks in Rhône-Alpes and Auvergne. More generally, health professionals refer to a substance that is "resurfacing".

The opioid market for users in vulnerable situations is still largely dominated by Subutex<sup>®</sup> and Skenan<sup>®</sup>, with heroin targeting a more integrated clientele. The decline in the misappropriation of Skenan<sup>®</sup> (morphine sulphate) due to pressure from the National Health Insurance Fund on GP prescribers and the reduced presence of Subutex<sup>®</sup> on the black market, two phenomena observed in 2016, did not continue in 2017 and 2018 (although some TREND sites describe relatively short periods where Skenan<sup>®</sup> was less available). In 2019, Skenan<sup>®</sup> is still described

<sup>3</sup> 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.

as being highly available on the street market, particularly through the TREND sites in Lyon, Paris, Bordeaux and Toulouse. Heroin is still described as being very readily available in the northern and north-eastern regions of the country (G erome *et al.* 2019).

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

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

### **Estimation de l'usage d'opio ides en population g n rale**

In 2017, the number of opioid users was estimated to be 210 000 individuals (95% CI: 180 000 – 240 000), with a prevalence of 5.4‰ (3.8‰ - 7.2‰). 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 2017, around 180 000 people were reimbursed for OST (OFDT 2019). 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)

### **Estimation du nombre d'usagers d'h ro ine dans une sous-population**

#### **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). 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). In 2018, the number of heroin users in the month is estimated at 100 000 (95% CI 87 000 – 113 000), i.e. a prevalence of 2.4‰ (2.1 ‰ – 2.8‰). These levels are consistent with the average observed in Europe (EMCDDA 2019).

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

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

- T 1.2.2. Treatment. Please comment on the treatment and help seeking of heroin and other opioid users. Please structure your response around: (suggested title: Treatment for Heroin and Other Opioids)
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)

The Ministry of Health has published a road map for "Preventing and responding to opioid overdoses" for the period 2019-2022<sup>4</sup>, one of the major objectives of which is to ensure wide distribution and access to ready-to-use naloxone for at-risk users and their families (Ministère des Solidarités et de la santé 2019).

A campaign to mobilise professionals (private and hospital pharmacies, primary care physicians, CSAPA specialised drug treatment centres, CAARUD harm reduction facilities) was conducted in the Spring of 2020 during the lockdown period, to prevent the changing of opioid use through the distribution of posters and a summary note to encourage the delivery of naloxone kits to users and their families.

- 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. (suggested title: High Risk 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

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

- 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**

In 2019, there was very little data reported around synthetic opioids other than seizures, demonstrating the continued circulation of ocfentanil compared to any other opioid. The only striking fact concerns an unsolved cluster of overdoses in Besançon, where several analyses in October and November 2019 showed heroin at 25% and 56%, with noscapine at more than 16%.

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

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

The number of IDU (all substances combined) is estimated based on the data collected by the national treatment and prevention centres for addiction (CSAPA) as part of the RECAP scheme (TDI data). In 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 ‰) (Janssen 2018). In 2017, the

<sup>4</sup> <https://solidarites-sante.gouv.fr/prevention-en-sante/addictions/article/prevenir-et-agir-face-aux-surdoses-d-opioides-feuille-de-route-2019-2022>

number of last-year injecting users is estimated at 110 000 (82 000-120 000), i.e. a prevalence of 2.4‰ (2.0 ‰ – 3.0‰) (OFDT 2019).

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®)).

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

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

## T3. New developments

The purpose of this section is to provide information on any notable or topical developments observed in the use and availability of heroin and other opioids in your country **since your last report**. T1 is used to establish the baseline of the topic in your country. Please focus on any new developments here. If information on recent notable developments have been included as part of the baseline information for your country, please make reference to that section here. It is not necessary to repeat the information.

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

### **Nouveaux développements relatifs à l'usage d'héroïne et des autres opioïdes**

#### Opium

While opium use, still observed, remains marginal and limited to certain alternative scenes, in 2017 and 2018, several TREND sites observed the increased availability of this substance in the alternative festive scene (Bordeaux, Toulouse, Paris, Lyon) or in squats and "alternative punk-rock" settings (Marseille). This increase in availability does not appear to have been confirmed in 2019. The substance would mainly be brought back from Spain, where it is grown for therapeutic use by seasonal workers who harvest fruit and grapes in southern and western France. The accessibility of the substance depends on them being put in contact with a dealing user through private networks of personal contacts. When smoked, it has the image of a natural substance with somewhat mild effects.

#### Codeine substances

There were increasing reports of frequent or large purchases, by adolescents or students, of medications used to make *purple drank* (also known as *lean*) in the first six months of 2017. Consequences of this predominantly recreational use were also observed (emergency admissions, Youth Addiction Outpatient Clinic appointments). Non-recreational use centred on codeine medications aside from use in cocktails, more than likely prompted by the circulation of these substances, was also observed, particularly among young people who found it helps them to face certain psychological difficulties (Cadet-Taïrou and Milhet 2017). Furthermore, a minority group of users apparently have long managed their opioid dependence on their own with codeine, despite the availability of OST.

The suspension of over-the-counter sales in July 2017 (see section T3 of the 2018 Legal framework workbook) and refusal by pharmacists to dispense these products genuinely seems to have stopped recreational use, without a significant switch to other medications. CSAPAs received a fairly limited number of treatment requests from younger or older individuals dependent on codeine who suddenly found themselves without direct access to the substance (see section T4.2 of the 2018 Treatment workbook).

#### COVID-19 lockdown

Some users have seen the COVID-19 lockdown period as an opportunity to stop or reduce their consumption due to the reduction in solicitations by retailers, opportunities to meet with other consumers and thus contexts that trigger *craving*. For example, the Bordeaux TREND site reports on chosen withdrawal cases among some opiate users who have been stabilised for several years, who report having succeeded in ending their treatment of a few mg of methadone daily without too much difficulty and who say they are very satisfied ("*I feel liberated in confinement*", summarised a user from Bordeaux) (G erome and Gandilhon 2020b).

At several sites, users of heroin or opioids outside a therapeutic protocol have also requested substitution treatment from the CSAPA. Generally speaking, these requests for initiations were aimed at anticipating a possible shortage of heroin or opioid drugs on the black market. In some cases, this increase in OST requests reflects a fear of shortages related to potential difficulties in accessing prescribing physicians.

However, intensive use of cannabis to compensate for less heroin use was observed in Lyon (including for OST patients who had maintained occasional heroin use).

## T4. Additional information

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

T4.1. **Optional.** Please describe any additional important sources of information, specific studies or data on opioids use. Where possible, please provide references and/or links

### **Additional sources of information**

The use and misuse of tramadol in France were the subject of a specific study funded by the EMCDDA (See the 2018 Drugs workbook for details. (Cadet-Ta rou and Contributors 2017).

### **Perceptions of heroin**

In the EROPP survey on perceptions on psychoactive drugs, 50% of 18-75-year-olds surveyed in 2018 spontaneously mentioned heroin as one of the drugs they know, "even if only by name".

With regard to perceived danger levels, 84% of respondents believed that, even from the stage of lifetime use, heroin is dangerous. This percentage has decreased compared to 1999 (89%). At the same time, the percentage of those who believed that heroin use is only dangerous when taken daily increased from 5% in 1999 to 11% in 2018 (Spilka *et al.* 2019).



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*)

### **Increased diversion of opioid medicines by non-drug users**

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. While the cases of drug addiction and use of opioid analgesics that do not comply with therapeutic standards (self-medication, unsupervised increase of doses, recreational use, etc.) have always existed, monitoring carried out by the ANSM and the CEIP-A network shows a gradual increase in the number of indications involving them from the end of the 2000s onwards: their share in spontaneous reports of problem use more than doubled between 2009 and 2017. 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.

Examining the situation in the United States also draws French observers' attention to addiction to opioid painkillers and their abuse. In fact, the unprecedented health crisis in the United States or Canada is widely discussed and analysed. By scale, it is disproportionate to what is reported in France. However, the resonance of this has brought up the issue of people overdosing and dying who were not initially drug users but who started out using these opioids as painkillers.

Among certain populations in a very precarious situation (particularly among migrant populations from former Communist Bloc countries), increased reports of diverted methadone use (injection and capsule form) have been reported since 2018.

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

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

The purpose of this section is to

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

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

#### **Prevalence and 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 2017 by *Santé publique France*. Hence, 1.3% of 18-64-year-olds claim to have already smoked a synthetic cannabinoid, which matches the lifetime use of heroin.

NPS users having responded to the I-TREND online survey (2014) are primarily "conventional" drug users. These results cannot be extrapolated to the whole population. 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%). Users are mainly young adults (half of them are under 25), living in the city with a rather high level of education (baccalaureate or a higher diploma).

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. Recourse to a health professional, reported by less than 4% of the users concerned, remains low (Cadet-Tairou 2016).

Except for the specific case of Mayotte, use of NPS seems to have remained rather limited in France. This does not prevent some of these substances from being well established in certain user groups ("experienced" users on online forums, users who frequent the alternative commercial dance-event setting and "chemsexers" or users in sexual contexts, as well as chronic cannabis users or former heroin users). Lifetime use of NPS continues in an opportunistic way, in a setting where people are using this substance because they know someone else who is using it. The most renowned substances, whether psychedelics (25I-NBOMe, DOC, DMT, etc.) or stimulants (4-FA, Alpha-PVP, etc.) seem to only concern specific and restricted groups of people in and around the festive scene.

## **Prevalence and changes in the use of other less widespread psychoactive substances: GHB-GBL, nitrous oxide, poppers, ketamine**

The years 2018 and 2019 are characterised by an increased visibility of these substances and a wide variety of user profiles and the types of places where they are used.

### GHB-GBL

Lifetime use of GHB-GBL is very rare, since it concerned 0.2% of 18-64-year-olds in 2017. While GHB-GBL use is usually rare outside the gay party scene, 2018 and the beginning of 2019 were marked by recurring observations of the substance being used at conventional, alternative and gay electro festivals and nights out, particularly in Paris, Lyon, Marseille and Bordeaux. In these cities, use in a festive context is gradually spreading to a relatively young user group, who are both female and male, heterosexual and homosexual, as they look for effects that are similar to those of MDMA and/or alcohol. The substance is also still used in a sexual context by certain members of the gay community.

The increase in GHB-GBL use - in an MSM (men who have sex with men) sexual context since 2010 and in a festive context in 2017 - has also seen an increase in cases of acute intoxication and loss of consciousness. In Île-de-France, the number of comas recorded by the Network of the Regional Abuse and Dependence Monitoring Centres (CEIP-A) increased from 9 in 2014 to 30 in 2017. In rare cases, these acute intoxications lead to death. This increase in intoxications is explained by the lack of knowledge of the risks associated with GHB-GBL by new users who are unfamiliar with the exact doses required for "recreational" use. They also take GHB-GBL with other substances, including alcohol, which significantly increases the risk of losing consciousness. In 2018 and 2019, several TREND sites have reported an increase in requests for GBL addiction care from chronic users who use the substance every day (G rome and Chevallier 2018).

### Nitrous oxide

Since the early 2000s, the TREND scheme has been observing the misappropriated use of nitrous oxide at free parties. From the mid-2010s, uses in other more conventional festive contexts, particularly on student nights out, are mentioned.

Since 2017, the visibility of nitrous oxide in public places has increased, initially in Lille, where empty cannisters litter the pavements of certain districts, reflecting how widely it is used. Other cities have been affected by the phenomenon since 2018. The TREND scheme has identified different user profiles in urban areas: young people involved in narcotic trafficking, prostitutes, people in vulnerable situations, but also middle and high school students. Nitrous oxide is particularly popular among the youngest groups (high school students) as it is easy to access because it's legal, it's inexpensive, it conveys a positive image and it acts quickly and provides short-term euphoric effects.

Deaths due to nitrous oxide seem to be exceptional so far in France (only one death recorded since 2016, two others linked to the consumption of gas contained in aerosols to clean computers), as well as incidents and cases of problematic consumption, even though reports to the Addictovigilance services increased sharply in 2019 (G rome *et al.* 2019).

In response to concerns about these uses, two bills (one in the National Assembly and another in the Senate) were presented in 2019 and municipal legislative orders were passed to prohibit selling the substance to minors (see the "National Policy and Strategy" Workbook).

### Poppers

The number of lifetime users of poppers is high and on the rise: 7.3% of 18-64-year-olds had used them in their life in 2014 compared to 8.7% in 2017 (Spilka *et al.* 2018b). At 17 years old, almost one in ten adolescents had used poppers in their lifetime (8.8% in 2017, compared to 5.4% in 2014) (Spilka *et al.* 2018a). This is probably due to the high availability linked to the

increase in ways of accessing the substance, particularly in tobacconist's where the substances are sometimes displayed very openly out. Today, poppers are one of the most commonly used psychoactive substances among 17-year-olds, after alcohol, tobacco and cannabis.

Several TREND sites reported increased visibility of popper use in 2017 and 2018, in party establishments linked to techno (clubs) and conventional music (bars, nightclubs) (G rome *et al.* 2018). Various groups use this substance: high school students seeking its impact on inducing euphoria and hilarity; people who are used to electro clubs that take it to potentiate the effects of other stimulant substances, mainly cocaine and MDMA; members of the LGBTQ community who frequent festive and gay sexual places and use the substance to stimulate their libido and facilitate sexual practices. Observations made by all TREND sites show that these user groups consider poppers to be fun and easy to use, and safe because of their transient effects and the fact they are legal. The ANSM and the CEIP technical committee reported that since 2015 the indications of popper use have been progressing slowly (73 cases in 2015 and 87 in 2017) (ANSM 2019b). During this period, 199 cases were reported, 26 of which had serious adverse effects. There were also 37 accidental cases, including involuntary ingestions.

### Ketamine

Ketamine, which is not the subject of any organised market, has been increasingly available in alternative techno-festive settings for more than 5 years, despite periods of shortages. In 2018 and 2019, the TREND scheme saw a continuous rapid increase in the availability of the substance as well as a gradual spread towards more conventional festive scenes (nightclubs, clubs, bars, etc.). It is accompanied by a diversification of the profiles of the experimenters, particularly among users who are far from the alternative environment and unfamiliar with hallucinogenic and dissociative substances (students and young people who are socially and economically established and who attend electro clubs and use stimulants) (G rome *et al.* 2019). There were also more reports of ketamine use in an MSM sexual context in 2017 and 2018 in Paris and Lyon, although this is not a massive phenomenon.

In 2019, the declaration of a single SINTES partner laboratory shows its presence in 19 biological samples taken following roadside checks.

Related to this increased diffusion, since 2017, the Lyon and Rennes sites have noted an increase in the number of cases related to this substance and handled by harm reduction teams in festive contexts. This increase does not continue in 2018. While stakeholders often highlight the seriousness of incidents related to use (loss of balance that can lead to injuries, memory disorders, loss of consciousness with the risk of hypothermia, etc.), they point out that these events are infrequent compared to the number of people using. However, in 2018 and 2019 the TREND scheme reports an increase in signals of solitary, chronic (several grams per day) and problematic ketamine use. Daily and significant self-medication for alcohol and opiate withdrawal appears to be on the rise since 2018.

The Toulouse, Metz and Rennes sites also report significant solitary consumption at work or at home, by semi-integrated or at-risk CAARUD users, former poly-users who have gradually refocused on ketamine. Although these chronic consumptions remain marginal, there have been more signs on the health consequences in 2018 and 2019.

This increase in the availability of ketamine has been driven by the development of micro-trafficking of user-dealers who obtain their supplies from networks in neighbouring countries: Spain, the Netherlands and Belgium (G rome *et al.* 2019).

OCRTIS reported an unprecedented number of ketamine seizures in 2016 (126.1 kg), 2017 (277 kg) and 2018 (249 kg).

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

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

### **LSD**

Lifetime use of LSD among the general population is very low. In 2017, only 2.7% 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 (4.2%) (forthcoming data). Among the 17 year-olds interviewed in 2017, less than 2% of adolescents claimed that they had already tried this substance, with more lifetime users among boys than girls (Spilka *et al.* 2018a).

Lifetime use was shown to be stable between 2014 and 2017, regardless of the age groups. 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 2017 (1.6% at this time vs. 0.9% in 2003), the proportion of those continuing beyond the initiation stage is very minimal. Indeed, less than 1% of 17-year-olds claimed to have used LSD more than 5 times in their lives (Spilka *et al.* 2018a). Current use (in the past year) only concerns 0.4% of 18-64-year-olds, including 1.2% of 18-25-year-olds, the age group with the highest levels of use (i.e. less than one in three lifetime users). 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 and use of LSD mainly concern groups of young people frequenting the alternative electro scene (the only kind of festive scene where it is readily available), including people who only use psychedelic substances occasionally and those who have a long history of using. The price of the substance is consistent throughout the country, with LSD drops or blotters being sold for €10 on average (a stable price).

While several TREND sites gathered information in 2017, showing LSD was spreading to less alternative festive contexts, in 2018, the Rennes site saw the rate of spreading of this substance begin to slow down, particularly in the alternative electro context, which can be partly explained by a greater desire for psychostimulants or other hallucinogens, particularly ketamine.

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

### **T3. New developments**

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

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

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

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

In 2017-2018, several events changed the visibility or availability of substances (see the "Drug Market and Crime" Workbook). Supply and Internet demand also depend on spreading knowledge about substances or ways to procure them.

Regarding information on procurement sites, Reddit's discussion threads, which are among the most popular, have been closed, as have others, such as the famous DeepDotweb. Other sites have opened to take their place, with users showing bias and questioning their reliability. It should be noted, however, that these types of sites, which are resources for users, follow the same technical trend as sales sites. To protect themselves from being hacked, disbanded or closed by the host, they rely on new, decentralised social networks, such as the OpenBazaar market.

#### Kratom

Kratom was assessed by the French addiction vigilance network at the beginning of January 2019. This initiative concerned the user community, which through one of the key associations in the sector, sent an open letter to the health authorities advocating the role that kratom plays in their use. The substance is described as a tool for managing a withdrawal phase in users with a low tolerance to opioids, or for managing craving phases in people who are abstaining but used to use heavily.

Achieving the desired effects is complex and depends greatly on the person and their past experience with opiates and if they have the expertise required to prepare them. The substance's positive effects are described as providing a mild opioid euphoria but it may have a bitter taste in return. Potential adverse effects are mainly nausea, headaches, and an increased body temperature.

#### Pregabalin

Since 2017, the TREND scheme has seen significant development in the misuse of pregabalin (Lyrica<sup>®</sup>), a molecule prescribed for neuropathic pain, as an anticonvulsant or for certain anxiety disorders. In 2018 and 2019, this phenomenon kept expanding rapidly in several urban areas. This development can be seen in the existence of street markets (in Lyon, Marseille, Paris and its north-eastern suburbs). The use of pregabalin is mainly linked to the presence of unaccompanied minors arriving from the Maghreb and adults from the same region or from Eastern Europe or in very precarious situations. They consume it with methadone in search of intense euphoria and loss of inhibition (G erome *et al.* 2019).

Its misuse, which is rather discreet in France, increased in the second half of 2018, with 106 cases recorded compared to 26 in 2017 (ANSM 2019a). The updated data show that along the public with an initial prescription for therapeutic purposes, there has been a diversification of profiles, with rather young men seeking a euphoric and stimulating effect, by co-consuming with opiate substitution medications or even to modulate the effects of opioid withdrawal (just like Kratom, which can sometimes be used also in this case).

#### Nitrous oxide

In 2019, the consumption of nitrous oxide in various festive situations (free parties, student parties, nightclubs, etc.) seems to have increased even more than in previous years. Similarly, use in public spaces, sometimes close to schools, does not seem to be reducing, judging by the greater number of reports in 2019 from professionals working with young users (school health staff, Young consumer consultations, etc.). On some TREND sites, the traces left by the consumption of cartridges are visible in specific streets in the city centre, while the young people living in sensitive or deprived neighbourhoods appear as a new client's profile. Permanently occupied deal locations show the presence of the same waste.

While the consumption of this product had been reported in the previous national report by TREND as gradually escaping from these usual places of observation (alternative festive), nitrous oxide was subject to public health measures between summer and autumn 2019, following the detection of several serious cases of intoxication (see Workbook Harm and Harm Reduction). It was also detected in a road accident with fatalities (reported on the basis of a single laboratory), which reinforces the finding of greater visibility outside the usual circles.

#### Glues and other inhaled solvents

A phenomenon not apparent in France until now may be reported: the use of various solvents (neoprene glue and other solvents), among unaccompanied foreign minors with their "heads in a bag", in public spaces in north-eastern Paris. Solvent use is particularly observed among the very young (as others move onto different substances) and is exacerbating the advanced social isolation and deteriorated health of these young people (Cadet-Tairou *et al.* 2017).

## T4. Additional information

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

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

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

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

## SECTION E. SOURCES AND METHODOLOGY

### T6. Sources and methodology

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

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

ARAMIS survey  
2014, 2016 and 2017 Health Barometer Survey from *Santé publique France*  
2015 ENa-CAARUD survey  
2018 ENCLASS survey  
2018 EROPP survey  
2014 and 2017 ESCAPAD surveys  
2014 and 2015 CJC surveys  
SINTES scheme  
I-TREND project / Forum monitoring scheme  
TREND scheme  
Seizures and checks performed on postal freight or during police cases  
RECAP data

T.6.2. Where studies or surveys have been used please list them and where appropriate describe the methodology? (suggested title: Methodology)

#### **ARAMIS: Attitudes, perceptions, aspirations and motives surrounding the introduction to psychoactive substances**

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

From November 2014 to June 2017, the OFDT coordinated a qualitative study among young volunteers, so as to shed light on the factors encouraging (or dissuading) them to experiment with (then use) substances, particularly the most common substances (tobacco, alcohol, cannabis). The analysis, conducted according to the grounded theory method, is based on three types of materials: 125 individual face-to-face interviews with 57 boys and 68 girls aged 13 to 18 (mean age 16.2), with parental agreement; 6 collective interviews with 7 to 12 individuals, i.e. a total of 29 boys and 21 girls aged 15 to 20 (mean age 16.6); direct observation of 150 boys and 70 girls aged 15 to 25 during 4 prevention discussions organised among school children in the Ile-de-France region. The mean age of the young people having taken part in the interviews corresponds to the pivotal age identified in statistical surveys as the period in which regular initial use becomes established (age 16).

#### **Health Barometer**

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

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



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

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

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

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.

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

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

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

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

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

It last took place in 2018 at the same time as the HBSC survey (in other European countries the ESPAD project took place in 2019), in order to facilitate EnCLASS being carried out and to provide a complete overview of use among all secondary school pupils. The survey guarantees to represent middle schools on a national and regional level. The sampling was carried out by the Performance and Prospective Studies Department (DEPP) of the French Ministry of National Education, based on a double-level sampling: selection of schools (in the end, 308 middle schools and 206 high schools), from which two classes were selected at random. EnCLASS is an anonymous online survey based on a self-administered questionnaire that questioned 20 577 high school students, representing a final sample of 20 128 students (12 973 middle school students and 7 155 high school students) after data cleaning.

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

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

Established in 1999, the EROPP telephone survey focuses on French people's representations and opinions on licit and illicit psychoactive substances, as well as any related public actions. The survey was conducted for the fifth time from 12 November to 18 December 2018, interviewing 2 001 individuals over the phone. The survey relies on quota sampling, an empirical method adapted to small samples (2 000 individuals or less) even if theoretically the results cannot be applied to the whole population. The 2018 survey was limited to people aged between 18 and 75 (unlike the previous ones that questioned a population aged between 15 and 75).

The IFOP survey institute was in charge of the data collection, using the computer-assisted telephone interview system (CATI system). Two randomly generated sampling frames of telephone numbers were established, the first being made up of landline numbers (45%) and the second of mobile numbers (55%).

The sampling design is based on data from the INSEE employment survey. The data was ensured representativeness based on the following criteria: age and sex, socio-professional category of the respondent, the region where the house is located and the size of the city.

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

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

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 2017, all national armed services centres in mainland France and in overseas French departments were mobilized for a week in April. A total of 43 892 individuals were surveyed and 39 115 questionnaires were analysed in mainland France. These teenagers, mostly aged 17, have the French nationality and are mostly still in school or apprenticeship. On a given day, JDC participation is about 90%.

### **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 April 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** (<http://www.i-trend.eu/>)

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

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 2017, approximately 208 000 patients seen in 260 outpatient CSAPAs, 15 residential treatment centres and 3 prison based CSAPAs for an addiction-related issue (alcohol, illicit drugs, psychoactive medicines, behavioural addiction) were included in the survey.

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