

Drugs Workbook

2023

FRANCE

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T0. Summary

The purpose of this section is to:

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

T0.1. Please comment on the following:

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

Guidance: Part a) can be used to provide general characteristics of drug use within the country, such as the overall level and/or the importance of polydrug use. If possible, please elaborate on non-specific drug use and polydrug use in section D, question T 4.2.3. Part b) can be used to describe the prevalence of particular drugs and their importance. Here data on prevalence can be complemented with treatment information to establish drugs that are causing problems. Please do not comment on survey methodology here, but rather in T6 at the end. It is suggested to base trends analysis on Last Year Prevalence among 15–34-year-olds. Describe findings from available national studies. Provide an overview on drug use among school children on the basis of available school surveys. For the school population it is suggested that lifetime prevalence be used, and trends and gender difference be mentioned. Identify high risk groups for drug use and provide an overview of prevalence and trends among the general population.

(Suggested title: Drug Use and the Main Illicit Drugs)

The latest available data in terms of levels of illicit drug use in France come from the 2021 Health Barometer Survey of *Santé publique France* for cannabis and from the 2017 Health Barometer Survey for the other illicit drugs. In 2021, cannabis is still by far the most widely used illicit substance, with 46% of people aged 18-64 having already tried it, and 11% claiming to have used it during the last 12 months year.

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

Cannabis use among adults aged 18 to 64 stabilised at a high level between 2017 and 2021, 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.

In 2022, cannabis is also the illicit substance most widely used between the ages of 11 and 16 years, particularly among boys.

In 2023, a Survey on representations, opinions and perceptions regarding psychoactive drugs (EROPP) was conducted. The results expected in 2024 will make it possible to reflect on what the French think about drugs, as well as their consumption of other psychoactive substances and in particular the use of cocaine, for which many signals suggest a more widespread consumption among the adult population.

In March 2022, the ESCAPAD survey questioned a representative sample of 23 701 girls and boys with an average age of 17.4 about their state of health, their consumption of legal substances (tobacco, alcohol) and illegal substances (cocaine, MDMA, LSD, etc.) and other addictive behaviours (gambling, video games). (Analyses are in progress.)

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*)

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SECTION A. CANNABIS

T1. National profile

T1.1. Prevalence and trends

The purpose of this section is to:

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

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

Both qualitative data from the TREND scheme and quantitative data showed that, in addition to the growing proportion of herbal cannabis on the French market, a growing dichotomy had emerged over the past 10 years between resin users (the most precarious, heavy smokers) and herbal cannabis users (often aged over 30 and more socially integrated). In terms of supply, it is the supply of cannabis that remains particularly dynamic throughout France: the varieties offered for sale by trafficking networks are diversifying, particularly when it comes to resin.
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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 2021, 47.3% 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 (54.9% vs 39.9%). Last-year use concerned 10.6% of 18-64-year-olds in 2021 (14.2% men and 7.2% women), almost like in 2017.
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Lifetime cannabis use peaks between age 25 and 34 years (59.2%). Cannabis use in the last 12 months mainly affects younger age groups (23.5% for 18 to 24-year-olds), and then decreases with age to only 2.5% of 55 to 64-year-olds.

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

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

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

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

Cannabis use in schools and 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.

In 2021, a specific ENCLASS survey of ninth-grade students (Year 10 in England and Wales) was conducted, as the fieldwork took place during a period disrupted by the pandemic. The prevalence of cannabis use appeared to have fallen sharply among students at this level. Lifetime use had thus fallen from 16.1% to 9.1% between 2018 and 2021.

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

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

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

[Click here to enter text.](#)

T 1.2.2. Treatment. Please comment on the treatment and help seeking of cannabis users. Please structure your response around (suggested title: Reducing the Demand for Cannabis):

1. Treatment and help seeking (core data TDI - cross-reference with the Treatment workbook)

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

Treatment and help seeking

See section T1.4.1 of the 2018 'Treatment' workbook.

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

Information relevant to this answer includes:

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

(suggested title: High Risk Cannabis Use)

Health problems and harms related to cannabis use

See the 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 Health Barometer Survey of *Santé publique France*). 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.* 2018).

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

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

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

The phenomenon of adulterated herbs, which began in 2020, subsided in 2022, resulting in a marked decrease in cannabis collections for suspected adulteration via the SINTES scheme. In fact, only 9 collections were assessed as being adulterated or suspected of being adulterated in 2022.

23 e-liquid collections were carried out in 2022 through the SINTES scheme. The majority of the samples came from Normandy, which has been actively monitoring these products for several years, and also from the Grand Est region, which is equipped with a drug checking laboratory. The trade name "Pête ton Crâne" [Crak your skull] is still the name most reported by users selling their product. ADB-BUTINACA is the most frequently identified SCRA among the e-liquids analysed (n=8 samples).

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

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

T3. New developments

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

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

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

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

The trend towards the manufacture of cannabis-derived products, the interest of users in vaping or using e-cigarettes, and the increasing visibility of products promoted as containing cannabidiol (CBD) or other cannabinoids such as HHC have been reported in previous years. (See T3.1 of the 2021 'Drugs' workbook) and are still reported in 2022.

Numerous testimonials compiled by the TREND scheme describe the use of CBD by regular or daily cannabis smokers wishing to reduce or even stop their consumption. This recourse to CBD as a substitute for THC or in alternation with it is explained by several factors: an intention to reduce the damage of the latter (in particular memory difficulties), to reduce the legal risks incurred (in particular in terms of roadside testing procedures), and to avoid experiencing psychoactive effects deemed undesirable in certain contexts (work). The CBD is then mainly smoked, which allows these users to recover certain characteristics of their usual practice (the smell and taste of cannabis flowers, the preparation of the joint). Similarly, people addicted to tobacco and wishing to stop consuming it use CBD to accompany their attempt, which can then be used in the form of oil, infusions or e-liquid.

T4. Additional information

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

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

In 2023, another Survey on representations, opinions and perceptions regarding psychoactive drugs (EROPP) was conducted. The results expected in 2024 will make it possible to describe the changes in the representations and levels of drug use among adults (aged 18-75), which have not been updated since 2017.

References to foreign regulatory experiences and their effects feed French debates and arguments on cannabis. Initiated in 2019 by the OFDT thanks to fundings from the Fund for Combating Addiction, the ASTRACAN project aims to compare the policies for regulating cannabis for non-medical use implemented in the United States (where 15 states have opened a legal cannabis market despite the federal ban) and in Canada. The project was followed up by publication of the results in 2023 (Benoit 2023; Lévesque 2023; Obradovic 2023).

*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)*

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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).

See the 2021 'Drugs' workbook.

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.

In 2020, the number of cocaine hydrochloride users in the previous 30 days was estimated to be 128 000 individuals (124 000 – 131 000), with a prevalence of 3.2‰ (3.1‰ – 3.3‰). The number of crack cocaine users remained stable: 41 100 (39 200 – 43 000) in 2020 vs 42 800 (40 900 – 44 700) in mainland France in 2019, i.e. a prevalence of 1.1 per 1 000 individuals aged 15 to 64 (1.0 – 1.2). This estimate confirms the constant increase observed since 2010 (12 800 (12 000 – 14 000) i.e. a prevalence of 0.31 per 1 000 (0.29-0.33)).

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

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

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

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

Stimulant use in sub-populations

Users and the workplace

See T1.1.3 of the 2021 'Drugs' workbook

Populations with particularly high levels of drug use

See section T1.2.1

Precarious users

See T1.1.3 of the 2021 'Drugs' workbook.

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, 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 price per gram continued to decrease in 2022 to be around €60. Some low prices are found, at €40 or €50 per gram, from 3 to 5 grams purchased. The phenomenon of split sales (half-grams at €30 or €40 or sales by "pochon" or sachet at €15 or €20) is now spreading to all the major cities.

Given cocaine is widely available, there are increased opportunities to use for people who up until this point had been occasional users (See T2 of the 2021 'Drugs' workbook).

The observations carried out at the TREND sites were marked by numerous testimonies of users who were no longer able to control their consumption initiated in a festive context. Their attempts to stop or reduce their use of the drug were hindered by their strong addiction to the product, as well as by the numerous opportunities for use and the recurrent solicitations of traffickers. Professionals also report many cases of physical and psychological deterioration.

MDMA/ecstasy

This substance continues to mainly be used at festive events, mainly by young people (under 25), and more occasionally by older people. The spread of the substance is based on the dynamic supply and can be explained by the commercial strategies of manufacturers.

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 and that they split the tablets (in 2, 3 or 4), in response to harm reduction campaigns following the circulation of extremely strong tablets (See T1.2.1 of the 2021 'Drugs' workbook).

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)

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

Information relevant to this answer includes:

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

For data on acute emergencies, see section T1.2.2 of the 2021 '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.

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

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

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

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

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

3-MMC remains the leading cathinone, across all EWS sources. While substitute scams are sometimes spotted, it is the most visible product. The 4-MEC, which has always been mentioned, was almost non-existent in 2020. 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.

Following the ban on 3-MMC in the Netherlands at the end of 2021, SINTES collections show that it is being replaced by other cathinones, mainly 3-CMC and 4-MMC. Indeed, of the 56 samples collected for the SINTES scheme and assumed to be 3-MMC, only 12 (21.4%) were found to be genuinely and exclusively composed of 3-MMC.

This replacement is often carried out without the buyer's knowledge on resale websites, but users who have been informed of the change (by an explicit mention on the website, word of mouth or exchanges on networks) are also counted, although they are a minority. This transfer results in an increase in the number of missales related to alleged 3-MMC collections and also in the occurrence of unexpected and adverse effects associated with them.

Since 2020, the TREND sites in Paris and Lyon observed consumption of 3MMC in festive contexts by regular cocaine users. This development in consumption is explained by the low cost of 3MMC compared to cocaine for similar effects. This phenomenon clearly developed in 2021, with drug users in festive settings substituting 3-MMC more often for cocaine, because the product was cheaper (from €20 to €40 per gram) and more widely supplied by dealers, delivered via social networks.

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

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

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

[Click here to enter text.](#)

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 cocaine

The development of cocaine-based consumption is once again a highlight of the investigations in all the territories under the jurisdiction of the TREND scheme. It is attested to by the observations made in the places frequented by users subject to significant social precariousness and by the interviews carried out with them and with the professionals at the shelter and support centres that exist to reduce risks for drug users (CAARUD) and specialised drug treatment centres (CSAPA). The constant and significant increase in the quantities of harm-reduction equipments disseminated by these centres aimed at reducing the harm caused by smoking cocaine also indirectly confirms this development.

In Paris, scenes of consumption in public spaces, fuelled by the trade in freebase cocaine (or "crack") sold in small units in the form of "galette", have been the subject of significant political and media scrutiny.

In the other cities covered by the TREND scheme, the phenomenon is being accelerated by the development of split sales (half a gram or amounts worth 10 or 20 euros) of cocaine hydrochloride that consumers process themselves. Those who have developed a strong addiction thus see their daily lives punctuated by sequences of begging, buying and consuming. The importance given to freebase cocaine then becomes central, supplanting other substances and modes of consumption and leading people to neglect certain basic needs such as sleep, hygiene and food. Some of these people, mainly men over 35 known to and monitored by CAARUD, are former opioid and/or cocaine injectors who "switched" to freebase cocaine in order to preserve their venous capital. Others, women and younger men (between 18 and 25 years old), often living in squats or on the street, only go to harm reduction facilities to obtain equipments and are not so familiar to the professional staff working there. The consumption of freebase cocaine not only concerns people in very precarious situations within regional metropolises. It is also observed among individuals who are more socio-economically integrated (who have housing and a job) and who live in smaller towns, or even in rural areas.

Cocaine

Observations of SINTES collections for cocaine as a whole remain similar to those of 2022 regarding product composition. This is a phase of amplification/intensification of the phenomenon, partly explained by an increase in its production and its importation (OFDT 2023b).

MDMA/ecstasy

See T1.2.1 of the 2020 'Drugs' workbook.

Ethylphenidate

See T.3.1 of the 2020 'Drugs' workbook.

T4. Additional information

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

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

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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)

After a last exercise in 2018, a new survey on representations, opinions and perceptions on psychoactive drugs (EROPP) has been conducted in 2023. The results, expected in 2024, will provide an update on these representations.

SECTION C. HEROIN AND OTHER OPIOIDS

T1. National profile

T1.1. Prevalence and trends

The purpose of this section is to

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

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

The relative importance of different opioid drugs

In 2017, among the general population aged 18 to 64, heroin use was limited, with 1.3% lifetime users and 0.2% last year users¹. Lifetime heroin use among 17-year-olds is 0.4% in 2022.

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

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

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

¹ 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.

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

Estimates of opioid use in the general population

As with stimulants, the number of opioid users in the last 12 months ("current users"), is estimated based on the data collected by the National Treatment and Prevention Centres for Addiction (CSAPA) as part of the RECAP scheme (TDI data). In 2020, the number of opioid users was estimated to be 226 000 individuals (CI 95%: 221 000 - 231 000), with a prevalence of 5.6‰ (5.5 ‰ – 5.7‰).

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

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

Estimates of opioid use in sub-populations

In 2020, the number of heroin users was 140 000 (136 400 – 144 000), i.e. prevalence of 3.5% (3.4% – 3.6%). Note that this estimate confirms a continuous increase since 2015 (107 000 (85 000 – 124 000), or a prevalence of 2.7% (2.1 – 3.1)). These levels are consistent with the average observed in Europe (EMCDDA 2019).

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

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

[Click here to enter text.](#)

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

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

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

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

Information relevant to this answer includes:

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

(suggested title: High Risk Opioid Use)

For data on acute emergencies, see section T1.2.2 of the 2021 ‘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)*

[Click here to enter text.](#)

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 2020, the number of last-year injecting users is estimated at 107 000 (103 300 – 110 300), i.e. a prevalence of de 2.7‰ (2.6‰ – 2.8‰).

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

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

[Click here to enter text.](#)

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)

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T4. Additional information

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

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

Perceptions of heroin

In 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).

In 2023, a new EROPP survey was conducted. The results, expected in 2024, will provide an update on these representations.

- 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)

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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

(See T.4.2 of the 2021 'Drugs' workbook)

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

(See T.4.2 of the 2021 'Drugs' workbook)

Nitrous oxide

In 2022, the consumption of nitrous oxide (free parties, student parties, nightclubs, etc.) seems to have increased in relation to previous years. Similarly, use in the public space does not seem to be decreasing according to the professionals working with young users (school health staff, CJC, 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 of the so-called "cities or neighbourhoods" appear as a new profile. Permanently occupied deal locations show the presence of the same waste.

Websites specialising in the sale of the product have been offering new containers to replace the "capsules", such as canisters (weighing up to 600 grams and allowing more than 80 balloons to be made, at a cost of between €25 and 30 each) and bottles (called "reservoirs" on online sales sites and "tanks" by users, weighing up to 15 kg and with an estimated capacity of between 1 000 and 2 000 balloons, at a price of over €200). Based abroad (mainly in Belgium and the Netherlands), these companies deliver the gas to the buyer's home within a few days. They offer bulk purchasing to achieve economies of scale. Pallets of several hundred canisters can be delivered after a personalised quotation has been drawn up.

By-products and other accessories have also been developed, such as the "cracker", a metal accessory that allows nitrous oxide contained in a cartridge to be easily transferred into a balloon. More or less structured networks (sometimes already involved in the sale of narcotics) import large quantities of nitrous oxide into Metropolitan France via Internet sites and then store and sell it.

The TREND interviews conducted with users underlined that nitrous oxide was systematically associated with other psychoactive substances in party settings. The use of gas occurred after the effects of the other substances used have been felt. Polydrug use could vary depending on the type of party and the products that were used. Regardless of who was interviewed, nitrous oxide was almost always perceived as a secondary product, i.e. not central to use.

However, the cases of intoxication recorded by addictovigilance services are on the rise. The most widespread complications (in the case of very high and repeated daily use) were neurological, with certain serious pathologies (cases of damage diagnosed as central or peripheral).

The measurement of the prevalence of nitrous oxide use in the general adult and adolescent population in France is recent. Before 2021, this legal product was included (without being mentioned as such) in a generic question on the use of inhalants (including glues and solvents) in the surveys carried out in the general adult population (addictions section of the *Santé publique France* Health Barometer) and in the adolescent population (EnCLASS and ESCAPAD surveys carried out by the OFDT).

A special section of the EnCLASS survey in 2021 (Spilka *et al.* 2022) showed that use during adolescence does not appear to be marginal, insofar as 5.5% of students in the ninth grade (Year 10 in England and Wales) said that they had already used nitrous oxide, with boys twice as often as girls (7.3% vs 3.7%).

In 2022, for the first time, the survey measured the use of nitrous oxide, the experimentation of which concerns 2.3% of 17-year-olds.

Poppers

(See T.4.2 of the 2021 'Drugs' workbook)

Ketamine

Confined a few years ago to restricted circles and specific contexts of use (attendees of free parties, in particular), the consumption of this product in 2022 concerns more people with more diverse profiles and who frequent more general festive scenes (nightclubs, clubs, bars, etc.). Ketamine is then consumed in small quantities, by partygoers looking for more moderate stimulating effects. Reports of ketamine use in the sexual context of MSM (men who have sex with men), sometimes by injection, are also more numerous in 2022, even if this is not a massive phenomenon. The injection of ketamine is also observed more recurrently in 2022 in people in a precarious socio-economic situation who can use it to manage the intermittent lack of heroin or to reduce the dosage of their OST or to reduce their consumption of cannabis or alcohol (in particular by alternating them with this product). More generally, frequent consumption of ketamine, sometimes daily and in solitude, leads users to develop a strong tolerance to the product, sometimes an addiction, and somatic disorders. These issues are more frequently reported by people working in harm reduction facilities and addictology services.

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 (Gérome *et al.* 2019) but also by buying on the Internet at a lower price. Its sale by people physically present during evening events or

by resellers via social networks and in delivery is increasing in most cities covered by the TREND scheme.

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

In 2022, 24 collections of ketamine were carried out for the SINTES scheme. These collections took place mainly in the regions of western France (Aquitaine, Pays de la Loire, Brittany). Ketamine consumption took place mainly in a festive environment (n=14). The same trend is observed when it comes to how it is acquired, where again the products collected were frequently obtained at the events directly. No collection of ketamine was carried out following consumption in a chemsex context.

*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)*

[Click here to enter text.](#)

*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%). Among the 17-year-olds interviewed in 2022, 1% of adolescents claimed that they had already tried this substance, with more lifetime users among boys than girls.

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

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

T3. New developments

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

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

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

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

"Pink Cocaine"

Since 2021-2022, several reports in Ile-de-France, Auvergne Rhône-Alpes and Occitanie have appeared about a "new" or supposedly new drug referred to as "tucibi", "pink cocaine" or "pink powder". The first term derives from the English pronunciation of 2C-B, a synthetic drug from the phenethylamine family with psychedelic, empathogenic and entactogenic properties². However, contrary to what these names would suggest, this "new drug" contains neither 2-CB nor cocaine but a cocktail of several substances, mainly ketamine, MDMA and caffeine, to which can be added other substances such as hallucinogens, opiates or drugs of all kinds. In France, the "tucibi" appeared in 2022 on certain "menus" of retailers, sometimes offering several flavours (strawberry, banana, passion fruit, etc.), at a price of 60 to 70 euros per gram. Rare seizures of "pink cocaine" have been reported by law enforcement. The first collection of tucibi through the SINTES scheme was carried out at the end of 2022, with the results of analysis showing that ketamine is the predominant constituent at more than 60%, coupled with MDMA at a dose of 9.5.

Nitrous oxide

See section T1.1

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)

² 2C-B was identified by the SINTES scheme for the first time in 2001: https://www.ofdt.fr/BDD/sintes/ir_020219_2cb.htm

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, 2017 and 2020 Health Barometer Survey from *Santé publique France*
2015 and 2019 ENa-CAARUD survey
2018 and 2021 ENCLASS survey
2018 EROPP survey
2017 and 2022 ESCAPAD surveys
Cannabis Online survey
SINTES scheme
TREND scheme
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 first 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).

From June 2020 to March 2021, a second edition of ARAMIS sought to explore in more detail the ways of controlling alcohol use first of all, but also tobacco and cannabis use. The issue of regulation was also approached during the transition from adolescence to early adulthood (after reaching the age of legal majority), and in the light of parental supervision strategies for juvenile use. In total, 122 individual and group interviews (compared to 133 individuals surveyed as certain people were interviewed twice) were carried out and were broken down into three sections.

Health Barometer

Santé publique France (the French Public Health Agency)

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

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

National survey of low-threshold structures (CAARUD)

French Monitoring Centre for Drugs and Drug Addiction (OFDT)

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

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

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

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

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

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

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

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.

In 2021, a specific EnCLASS survey was carried out with 1 972 ninth-grade students, following the same protocol as the 2018 survey.

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.

In 2023, a new EROPP survey was conducted. The results, expected in 2024, will provide an update on these representations.

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

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

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

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

Cannabis Online survey

French Monitoring Centre for Drugs and Drug Addiction (OFDT)

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

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

SINTES: National Detection System of Drugs and Toxic Substances

French Monitoring Centre for Drugs and Drug Addiction (OFDT)

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

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

Estimate of the number of problem drug users

French Monitoring Centre for Drugs and Drug Addiction (OFDT)

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

TREND scheme: Emerging Trends and New Drugs

French Monitoring Centre for Drugs and Drug Addiction (OFDT)

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

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

- continuous qualitative data collection in urban settings and in the party scene by the local coordination network, which has a common data collection and information strategy.
- the SINTES scheme, an observation system geared towards detecting and analysing the toxicological composition of illegal substances.

- recurring quantitative surveys, particularly among CAARUD clients (ENa-CAARUD)
- partner information system results.
- thematic quantitative and qualitative investigations that aim to gather more information about a particular subject.

RECAP: common data collection on addictions and treatments

French Monitoring Centre for Drugs and Drug Addiction (OFDT)

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

In 2019, approximately 216 000 patients seen in 247 outpatient CSAPAs, 12 residential treatment centres and 1 prison-based CSAPAs for an addiction-related issue (alcohol, illicit drugs, psychoactive medicines, behavioural addiction) were included in the survey.

T6.3. Bibliography

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