

Drugs Workbook 2025

France

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When responding to the workbook, please be certain to use the fields associated with each question, to allow the EMCDDA to identify the relevant parts.

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 among adults in France come from the 2023 EROPP survey and from the 2022 ESCAPAD survey for the 17-year-olds.

In 2023, cannabis was by far the most widely used illicit substance, with 50,4 % of people aged 18-64 having already tried it, and 10,8 % claiming to have used it during the last 12 months.

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) was 25%, i.e. 2.3% of the French population aged 18 to 64 years in 2017.

In 2022, cannabis was also the most widely used illicit drug during adolescence, particularly among boys.

These observations were made in the context of the dynamism of supply in France, particularly with local herbal cannabis production (both industrial plantations and home cultivation), while the resin market is innovating and diversifying.

In 2024, the SINTES scheme collected 743 samples, an increase compared to 731 samples collected in 2023.

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*)

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 decade between resin users (the most precarious, heavy smokers) and herbal cannabis users (often aged over 30 and more socially integrated). In terms of supply, the supply of cannabis remains particularly dynamic throughout France: the varieties offered for sale by trafficking networks are diversifying, particularly when it comes to resin.

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*)

In 2023, cannabis was by far the most widely used illicit substance, with 50,4 % of people aged 18-64 having already tried it, and 10,8 % claiming to have used it during the last 12 months (Spilka *et al.* 2024).

Last year prevalence of use remains stable since 2014. In the same way, regular use (at least 10 times in the last 30 days prior to the survey) has stabilised in recent years to reach 3.4% in 2023.

In 2023, men were more affected by cannabis use than women: 57.6% had smoked it before, compared to 43.4% of women. They are also twice as likely to have used it in the 12 months prior to the survey (14.5% compared to 7.2% of women), and to use it every day (3.2% compared to 1.4% of women).

In 2023, around 60% of 25–44-year-olds had tried cannabis, but only 36.5% of 55–64-year-olds.

The proportion of people having used cannabis in the 12 months prior to the survey gradually decreases with age, falling from 22.9% among adults aged 18-24, to 3.3% among those aged 55-64. For the latter, last year use has doubled between 2017 and 2023 (1.6% in 2017), while it has decreased by 4 percentage points among 18-24-year-olds over the same period (26.9% in 2017).

The observation is similar for daily use: the most significant levels of use are observed among the younger generations (3.5% of 18–24-year-olds and 3.0% of 25–34-year-olds), but they increased considerably among 55–64-year-olds between 2017 and 2023 (from 0.2% to 1.0%).

In 2022, 29,9 % of 17-year olds have tried cannabis (OFDT 2023), 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 among other population subgroups

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 (OFDT 2024).

In 2022, among junior high school students, the lifetime use of cannabis decreased in comparison with 2018, as did last month use, falling from 6.7% to 5.3%, and from 4.5% to 2.8%, respectively. Daily and regular use of cannabis remain marginal and affect 1% of junior high school students.

In high schools, in 2022, the diffusion of cannabis had also slowed down since 2018. Lifetime use of this substance, which affected a third of high school students (33.1%) in 2018, affected less than a quarter of them in 2022 (22.5%). Last year use decreased by 9 percentage points (17.6% vs. 26.5%), and last month use by almost 6 percentage points (10.6% vs. 17.3%), while regular use halved (2.9% vs. 6.2%).

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*)

Patients in treatment for cannabis use

The RECAP survey of the OFDT analyses the outpatient admissions of the specialised drug treatment centres (CSAPA). The data collection results are extrapolated to the entire CSAPA patient population (see Treatment Workbook).

It is estimated that around 54 000 people were treated for cannabis use in CSAPAs in 2022, representing 17% of the total outpatient admissions of these facilities.

Among these patients, nearly 30 000 were new patients. This group is composed predominantly of men (84%) and has an average age of 28 years. About half of them are employed (48%), while 16% are unemployed, and 11% are in education. The main reasons for the treatment are the patient themselves (33%) followed by consultations as part of a compulsory drug treatment (27%).

Three quarters of new patients (77%) use cannabis daily and most (53%) started using it more than 10 years ago. Daily cannabis users smoke an average of 5.8 joints per day. Nearly one third smoke 7 joints or more per day. The other most commonly used substances among new patients in this group are tobacco (49%), alcohol (28%), then cocaine (8 %) (Veron 2025).

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 2025 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 2025 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

In May 2023, several users suffered acute intoxication following consumption of what they supposed to be heroin in the north of Paris. However, they presented atypical symptoms of heroin intoxication, notably with unexpected neuropsychiatric complications (agitation, paranoia, hallucinations, convulsions). Analysis of the samples revealed that some of them had been adulterated with synthetic cannabinoids: MDMB-4en-PINACA, ADB-BUTINACA or MBMB-BUTINACA. In other cases, there was no heroin at all in these mixtures, contrary to the expectations of the users prior to consumption. Moreover, traces of dextromethorphan, a molecule used in cough syrups, were detected in all the samples. (Cherki 2024)

Similar cases were reported in 2018 in the United States. As a result, the EUDA Early Warning System was notified and passed this information on to the entire network of Member States. The OFDT has set up active monitoring of this type of product, meanwhile, in order to track its circulation and potential spread to other regions in France.

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)

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)*

The results of the 2023 EROPP survey about representations, opinions and perceptions regarding psychoactive drugs are expected at the end of 2025 and will provide an update on these representations among adult population (18-75 years).

*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)

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

According to the results of the EROPP survey, in 2023, almost 1 in 10 adults (9.4%) had used cocaine at least once in their lifetime, compared to 5.6% in 2017, which is the most significant increase in number of percentage points (+3.8% percentage points), measured among all illicit substances other than cannabis. Current cocaine use is consistent with this increase, rising from 1.6% in 2017 to 2.7% in 2023.

Lifetime use of MDMA, which also mainly affects men (11.7% compared to 4.9% of women), rose sharply between 2017 and 2023 (increasing from 5.0% to 8.2%), and its current use has doubled (from 1.0% to 1.8%), 25–34-year-olds being the most likely to have tried it (13.8%). This increase was proportionally greater for women (0.6% to 1.3%) than men (1.5% to 2.4%).

In 2023, the number of cocaine hydrochloride users in the previous 30 days was estimated to be 193 700 individuals (187 400-200 000), with a prevalence of 4.8‰ (4.6‰ – 4.9‰). The number of crack cocaine users was estimated to be 73 300 (69 900-76 600) in 2023, i.e. a prevalence of 1.8 per 1 000 individuals aged 15 to 64 (1.7-1.9).

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%). These prevalences are down from those of 2017, following the trend observed for cannabis.

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)

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)

Observations from the TREND scheme

Cocaine

Since the late 2010s, the rise in use of freebase cocaine, documented by the TREND scheme, has been the most striking trend in drug use among marginalised people (G erome 2024).

Across all the regions investigated in 2023, medico-social professionals and users alike reported an increase in consumption among many people living on the streets. This is partly due to the evolution of supply: the widespread availability of small quantities of cocaine hydrochloride (for  20,  10, or even  5) and even, in some cities such as Rennes, Lyon or Grenoble, freebase cocaine (a "rock" or "*galette*" sold for between  10 and  20), has the effect of shortening intervals between consumption. The amounts of money needed to obtain the product are decreasing (as is the time spent begging that usually precedes purchase) and consumption is increasing throughout the day.

T 1.2.2. Treatment. Please comment on the treatment and help seeking of stimulant user. 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)

For data on acute emergencies, see section T1.2.2 of the 2025 'Harms and harm reduction' workbook.

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

Information relevant to this answer includes:

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

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

Synthetic cathinones

No data based on general population surveys are available on cathinone use.

In total, 99 samples analysed by the SINTES system in 2023 contained at least one synthetic cathinone (13%). A large number of these samples supposedly contained 3-MMC but this was often deceptive.

The main reported supply method for cathinones was purchase over the surfaceweb (29%, n=29). Six samples came from purchases on the darknet. The majority (n=62) of the

declared trade names were cathinone-related analogues: 3-CMC, 3-MEC, mephedrone, ethcathinone, 2-MMC, "3". Six samples presumed to be MDMA/ecstasy were found to contain synthetic cathinones. Trade names relating to pyrovalerone-derived cathinones (alpha-PHP, alpha-PHiP, alpha-PVP or fakka) accounted for 11 samples.

Failure to identify substances in harm reduction analysis was the main reason for sample collection, with 52 samples sent in 2023 following initial analyses that had not allowed identification of the substance(s) present (52%). Synthetic cathinones are a category of NPS containing diverse substances, following changes to the regulations in particular. A total of 170 molecules belonging to the synthetic cathinone class were identified in Europe and notified to the Early Warning System between the early 2000s and 2023. This wide variety of substances regularly requires analytical techniques to be adapted in order to document the presence of these substances in all types of samples. The new or rare nature of a suspected cathinone was therefore the reason for nearly a quarter of collections (n=23, 23%). The occurrence of mild adverse events was the reason for 23 collections in 2023 (23%).

Serious adverse events were the reason for 13 collections. Neurological complications (paraesthesia, tremors) and psychiatric complications (agitation, obsessive state, paranoia, anxiety, hallucinations, aggressiveness towards others) were the most frequently reported. Lesions at the injection site were among the complications often described.

The most frequently reported route of administration was nasal. Injection was reported for 14 samples (14%). Use of the collected product associated with chemsex was mentioned for 23 samples (23%). Injection was reported for 17 samples (17%).

3-CMC was the most frequently identified synthetic cathinone in the SINTES scheme in 2023. A total of 34 non-conformities were recorded for products supposed to contain 3-MMC. This had been replaced by 3-CMC in the majority of cases (n = 10, i.e. 29%). Only 6 identifications of 3-MMC were made in 2023. Among the other substances used to replace 3-MMC following its ban in the Netherlands are other synthetic cathinones such as dipentylone (n = 5), 2-MMC (n = 5, not banned to date) and mephedrone (n = 3).

In the Netherlands, 3-CMC was added to List 1 of the Opium Act in September 2023: its consumption, production and resale are now illegal there. Numerous NPS resale sites are hosted in the Netherlands. A replacement of 3-CMC by other synthetic cathinones is therefore expected. 2-MMC, a position isomer of 3-MMC, was identified 10 times in 2023. It has been placed on the EWS intensive monitoring list due to its rapid spread in the European Economic Area, notably as a replacement for 3-MMC. 2-MMC is not currently banned in the Netherlands.

2023 also saw the identification of synthetic cathinones, derived from pentedrone, led by N-ethylnorpentedrone, which has been placed under intensive monitoring by the EWS. Derivatives of pentylone have also been detected, such as dipentylone and N-ethylpentylone. For these two types of derivatives, a high risk of neuropsychiatric complications is expected due to their pharmacological properties, given their structural analogy with other cathinones; however, very little data is currently available to characterise these risks more clearly.

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)

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

T3. New developments

The purpose of this section is to provide information on any notable or topical developments observed in 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

Cocaine

In 2023, 1.1 million French people consumed cocaine at least once during the year (OFDT 2025). Cocaine is the most frequently collected drug in the SINTES system, confirming the importance of its supply and consumption. The analyses showed an upward trend in cocaine concentrations. The number of cocaine samples collected in 2023 was similar to the previous year, with 131 samples analysed (+8 compared to 2022) representing 18% of all samples collected. The main chemical form was the hydrochloride form, with the appearance of a white powder, in 93 samples. Freebase cocaine, which is the solid and smokable form of the product obtained after transformation of cocaine hydrochloride, was present in 12 samples. Regarding routes of administration, inhalation was mentioned in 37% (n = 35) of cocaine collections. Injection was reported as the main route of administration for 26 samples.

The most frequently reported reasons for collection were the occurrence of mild adverse effects (n = 60, or 46%) and unexpected effects (n = 30, or 23%). The number of collections associated with serious adverse effects following cocaine use was 24 in 2023, or 18% of cocaine collections. Among the reported symptoms, cardiovascular complications (tachycardia, high blood pressure, fibrillation), neurological (seizures) and psychiatric (Ekblom syndrome, hallucinations, confusion, paranoia) were the most frequently mentioned, always linked to very high concentrations. Cocaine use in party settings was reported in nearly a third of cocaine collections (n = 42, or 32%). In other words, most of the collections where the context was specified mentioned other motivations and spaces of use, notably in urban areas, but also in the workplace, or during solitary use. The trend towards an increase in the average cocaine concentration is observed since 2018. This goes hand in hand with a decrease in or absence of adulteration. Of 101 samples that were tested in 2023, eight samples were found to be completely pure. The distribution of concentrations within the tested samples was similar

to the previous year, with very high concentrations. 35% of the tested samples had a cocaine concentration between 80 and 90 %.

MDMA/ecstasy

In 2023, 750 000 French people consumed MDMA/ecstasy at least once during the year (OFDT 2025). In 2023, MDMA analyses confirmed high concentrations for the crystal form and significant variability for the tablet form. A total of 53 MDMA samples were collected in 2023 (7 %). Nearly half (49%) of the samples were in crystal form, for which very high MDMA concentrations are expected. In addition, 12 whole tablets and 14 tablet fragments were analysed. Use in a party setting was reported in 62% of MDMA collections (n = 33). At the same time, obtaining the substance from an occasional dealer (sometimes near or at the party) was still frequently mentioned (n = 21, 40 %).

The occurrence of unexpected effects (n = 13) or minor adverse events (n = 16) were the most common reasons for MDMA collections in 2023. Five serious adverse events were noted as being associated with MDMA use. For the latter, psychiatric complications (aggression, agitation, confusion), as well as amnesia and loss of consciousness were described. Of the 26 crystal MDMA samples, 19 analyses were carried out. They confirmed a high median content (at 91.5%), which is similar to European trends for this pharmaceutical form (EMCDDA 2024). Les MDMA content ranged from 9.3% to 100%. For samples collected in tablet form (whole or in fragments), as in previous years, significant variability was observed in MDMA concentrations.

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)*

*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)*

The results of the 2023 EROPP survey on representations, opinions and perceptions regarding psychoactive drugs are expected at the end of 2025 and 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)

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)

According to the 2023 EROPP survey, the lifetime use levels remained below 2%, even though there were increases between 2017 and 2023: 2.0% compared to 1.3% of 18–64-year-olds. Last year use remains stable (0.3% in 2023). More men than women have experimented with heroin (3.0% vs. 1.1%). Among teenagers, lifetime use is virtually non-existent.

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 2023, the number of heroin users was 157 200 (152 200–162 200), i.e. prevalence of 3.9 (3.8 ‰ – 4.0 ‰). These levels are consistent with the average observed in Europe (EMCDDA 2024). The number of lifetime users is estimated at 850 000 in 2023 (OFDT 2025).

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:

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)

Incidents caused by synthetic opioids

Three series of health incidents related to use of opioid substances were reported in 2023. The first series took place in Montpellier following the consumption of a white powder sold under the name "Chinese heroin" but actually containing a powerful synthetic opioid, isotonitazene. Nine overdoses causing severe respiratory depression were reported, one of them resulted in death. The second series of incidents was reported in Seine-Saint-Denis where samples sold as heroin but actually containing a mixture of synthetic cannabinoids and opioid substances caused several dozen overdoses involving both physical and neuropsychiatric symptoms, sometimes resulting in hospitalisation. Finally, on the island of La Réunion, thirteen cases of intoxication were reported with another synthetic opioid, protonitazene, seven of which occurred in prisons. Three of them resulted in death, and four in admissions to intensive care.

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)

Nitazenes

Nitazenes are opioid NPS and are available on the market, notably in powder and tablet form (sometimes combined with benzodiazepines). After the first identification of metonitazene in 2022, several benzimidazole derivatives, also known as "nitazenes", were identified in 2023, either in isolation or in clusters of acute or even fatal intoxications.

In 2023, products containing nitazenes were the subject of two health alerts from the OFDT to the EUDA Early Warning System. Firstly, isotonitazene was the subject of an alert in the context of products sold as heroin, followed by an alert in La Réunion for the circulation of

protonitazene sold as "Chimique" (tobacco soaked in alcohol and mixed with a powder usually containing synthetic cannabinoids). Circulation of this product on the island, particularly in prison settings, caused several acute intoxications and deaths. Nitazenes, which could serve as an alternative to heroin, represent an emerging threat to public health, in a context of a potential decrease in heroin supply in Europe, following the ban on opium production in Afghanistan.

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 2023, the number of last-year injecting users is estimated at 102 600 (97 900–107 400), i.e. a prevalence of 1.4 ‰ (1.3 ‰–1.5‰).

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)

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)

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 2023, the EROPP survey was conducted. The results, expected at the end of 2025, 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*)

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 changes in the use of other less widespread psychoactive substances

Since 2023 the EROPP survey monitors the use of **ketamine, 3-MMC, and GHB/GBL**. Lifetime use of **ketamine** affected 2.6% of adults aged 18-64, in comparison with a lower lifetime use of 1% for the two other substances.

Also mentioned for the first time in the survey, lifetime use of **nitrous oxide** affected 6.7% of adults, mostly under 35 years of age (11.7% among 18–24-year-olds, and 12.5% among 25–34-year-olds, compared to 7.1% among 35–44-year-olds).

The use of **poppers** has risen sharply since 2017, with a lifetime use level going from 8.7% in 2017 to 14.9% in 2023, and a last year use increasing from 1.5% to 3.8% (ranging from 13.7% among 18–24-year-olds to 2.0% or less after the age of 34).

GHB-GBL

GBL is particularly popular among chemsexers and has also been experimented with (and sometimes consumed more regularly) in recent years by heterosexual or homosexual women and men, mainly in party settings affiliated with LGBTQIA+ circles. It is like cathinones in this respect, although the number of users remains marginal. Moreover, this trend does not appear to be accompanied by a resurgence of acute intoxications (G-holes), as was the case at the end of the 2000s and then at the end of the 2010s among young partygoers who were unfamiliar with the substance. This very limited spread is probably linked to the severe stigmatisation of GHB/GBL among many partygoers who perceive it as a date rape drug, and also among party organisers due to the legal and reputational risks they might incur. While this stigmatisation may have discouraged some people from experimenting with the substance, it has also been an obstacle to the implementation of harm reduction measures at certain party events (for example, the distribution of consumption equipment).

Ketamine

In 2023, a minority of people continue to use ketamine for the sake of its dissociative effects, or even out-of-body experiences, which sometimes precede loss of consciousness (or k-holes). However, the contexts and methods of use, user profiles and perceptions of the substance have changed significantly over the past ten years, gradually causing it to lose its status as a "special" drug. Ketamine is now used by people with varied socio-demographic profiles and in a range of party settings (festivals, club nights organised in public spaces or private homes). These individuals do not wish to lose control of their actions and are usually seeking the stimulating, euphoric and/or disinhibiting effects produced by relatively low doses of the substance, which they consume using keys (a small amount of powder is placed on the end of a key and then raised to the nostril to be sniffed) rather than in "lines". These effects are short-lived and are said to be particularly suited to party settings and the social interactions that take place there.

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 low. In 2023, 4.6% of 18–64-year-olds reported lifetime use of the substance, a sharp raise compared to 2017 (2.7%). 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 properties¹. 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%.

¹ 2C-B was identified by the SINTES scheme for the first time in 2001: https://www.ofdt.fr/BDD/sintes/ir_020219_2cb.htm

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

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)

2014, 2016, 2017 and 2020 Health Barometer Survey from *Santé publique France*
2018 and 2021 ENCLASS survey
2018, 2023 EROPP 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)

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.

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.

The collection of the latest survey in 2022 took place in 147 middle schools, and 90 high schools across metropolitan France. That represented 11 886 students (7 237 middle school students, and 4 649 high school students) enrolled in the selected institutions. In total, 9 566 school students were able to complete the questionnaire, taking into account absences on the days of the survey, and refusals to participate, which correspond with a participation rate for classes surveyed of 84% among middle school students and 75% among high school students. Following the elimination of unusable questionnaires (too much missing data or outlying statements, or rather 1.3% of students), the sample analysed counted 9 337 students, 5 919 of which were middle school students, and 3 418 high school students. The average age of the middle school students was 12.9 years old, and the average age of the high school students was 16.5 years old. Of the high school students, 472 were adults, the vast majority of whom were in the twelfth grade, where they accounted for 41.8% of the student population.

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. In this sixth wave, the 2023 EROPP survey also asked the population about their use of psychoactive substances.

The 2023 version of the EROPP, the methodology of which is similar to that of the *Baromètre santé* health surveys from previous years, consists of a CATI (Computer-assisted telephone interview) telephone survey, based on a two-stage random survey (household then individual) for landline telephones, and one-stage for mobile telephones. Due to the preferential use of mobile telephones by a large proportion of the population, including among those with a landline, two "overlapping" samples were taken: one asked questions on a landline, and the other on a mobile phone, with no filter on the household's telephone equipment.

The field survey, entrusted to the Ipsos institute, was carried out between 22 March and 29 July 2023, on a representative sample of the French-speaking population of 18–75-year-olds living in mainland France. The sample consisted of 14 984 people in total (2 297 individuals connected via a landline telephone number, and 12 687 via a mobile telephone number). The telephone numbers were generated at random. The questionnaire took 28 minutes to complete on average.

The data was assessed for the probability of inclusion, then adjusted against the structure of the observed French population, described in the 2022 Continuous employment survey, using the following cross-variables: sex, age, region of residence, size of urban unit, size of household, and level of education.

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 (now EUDA).

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 2022, approximately 180 000 patients seen in 270 CSAPAs for an addiction-related issue (alcohol, illicit drugs, psychoactive medicines, behavioural addiction) were included in the survey.

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