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NATIONAL FOCAL POINT

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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. 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 2025, the SINTES scheme collected 1 086 samples, a 31% increase compared to 742 samples collected in 2024.

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 mainland France: the varieties offered for sale by trafficking networks are diversifying, particularly when it comes to resin

In 2025, the supply has continued to diversify, particularly in urban areas, where numerous trafficking networks offer several types of resin (“mousseux” [hash], “filtrés” [filtered]), with prices indexed (from €4 to €5 and up to €40 to €50 per gram, depending on the presumed quality and THC concentration). New THC-based substances are being reported more frequently, such as flavoured syrups (around €40 for 100 ml), THC e-cigarettes (€60–80, sometimes sold at fixed retail outlets), gummies and cookies, and, more occasionally, concentrates such as oil and BHO. Law-enforcement services report imports of Canadian herbal cannabis by networks, as well as local production of herbal cannabis in rural areas by user-dealers.

The National Identification System for Toxics and Substances (SINTES) scheme confirms the observed diversification of cannabis forms, with a notable increase in edibles, whose compositions expose users to risks that are difficult to anticipate prior to use. This more varied supply, particularly with processed or ready-to-use forms, is likely to alter patterns of use and health outcomes.

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 lifetime 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)*

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 2026 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 2026 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

Uses of synthetic cannabinoids in the form of e-liquids inhaled through e-cigarettes has been regularly reported by the TREND and SINTES schemes since the late 2010s. These cases mainly involve male minors or young adults and have been reported following acute intoxications by various stakeholders: addiction medicine professionals (in Youth Addiction Outpatient Services – CJCs – and in Hospital-Based Addiction Liaison and Treatment Teams – ELSA), specialised delinquency prevention workers, and school health services. In 2024, these patterns of use and the associated health issues (faintness, hallucinations, paranoia, amnesia, spatio-temporal disorders, etc.) continued to affect the Hauts-de-France region in particular, where they were initially identified, but are now also observed throughout mainland France.[1] Many of these young people were unaware of the risks of adverse effects caused by the substance, as well as the necessary precautions to reduce them, particularly in terms of accurate dosing. They were also unaware of the actual composition of the inhaled liquid. In most cases, they purchased it via social media (at the current price of €10 for 10 ml) or from drug dealers as CBD or highly concentrated cannabis, sometimes under a commercial name (Pète ton Crâne, Buddha Blue, Spleen, etc.), with no mention of its molecular composition.

Other, older individuals (of the 25-30 age group), had some knowledge of synthetic cannabinoids and were able to control dosages and gauge their effects. Some people obtained them online in powder form and prepared their own e-liquid, sometimes selling part of it to people around them, or even to a wider clientele (Dutilleul and Hervé 2025). However, this process remains complex due to the potency of the effects, which require accurate dosage down to one milligram, as well as the fact that these effects vary according to the synthetic cannabinoid compounds available. In addition, the substance being undetectable through tests carried out by law-enforcement services was often cited as a reason for use by young adults living in rural areas (Zieleskiewicz 2025). These individuals use synthetic cannabinoids as a substitute for the cannabis they used previously, in order to avoid the risk of having their driving licence suspended or withdrawn. The consequences of such sanctions would be particularly detrimental to their socio-professional situation.

Since the late 2010s, the use of synthetic cannabinoids has also been documented in Mayotte (Cadet-Taïrou and Gandilhon 2018) and Reunion Island. The substance is consumed in the form of powder sprayed by dealers onto tobacco, a preparation known as “chimique” (synthetic cannabinoid-laced tobacco). In Reunion Island, regular use primarily concerns young men, many of whom live in conditions of social and economic precarity. The resulting health issues (development of addiction, psychiatric decompensation, etc.) and social problems (isolation, indebtedness, etc.) leave professionals at a loss. However, while the use of “chimique” is still present, particularly in the east of the island, it has declined significantly since 2022. In 2024, some individuals reported having stopped their use, while others had turned to free base cocaine or synthetic cathinones (Auzole 2025). Similarly, some drug dealers reported having stopped dealing in “chimique” due to the problems caused by its adverse effects.

Finally, synthetic cannabinoids are used as cutting agents or as substitutes for other substances, most often without consumers being informed. Cases of heroin adulterated with synthetic cannabinoids have thus been reported since 2023 (see 2025 Workbook) in Île-de-France and Auvergne-Rhône-Alpes by users who had obtained the substance from

[1] In 2024 and 2025, the regional health agencies (ARS) of Île-de-France and Occitanie issued warning messages following the use of synthetic cannabinoids that led to hospitalisations.

physical points of sale or via the darknet. Similarly, TREND and SINTES coordinating teams based in Provence-Alpes-Côte d'Azur and Auvergne-Rhône-Alpes have reported the presence of CBD herb and resin (with a THC content below 0.3%) onto which powder-form synthetic cannabinoids had been sprayed. These cases of adulteration or substitution involving heroin or cannabis had resulted in significant adverse effects. These cases of adulteration appear to be less widespread in 2025.

The SINTES system has recorded an increase in the collection of e-liquids, indicating a wider diffusion of this type of substance, whose composition is highly heterogeneous in the samples analysed. Observations from the collection of e-liquids are consistent with previous years, with synthetic cannabinoids remaining predominant. The SINTES system thus collected 33 samples of e-liquids containing psychoactive substances other than nicotine in 2024, compared with 23 samples in 2023. A significant increase in collections was observed in 2025, with 80 samples analysed. In 2024, the occurrence of a serious adverse effect was the reason for 30% of collections (N=10). In 2025, this same reason accounted for a quarter of collections (25%, N=16). However, the overall increase in the number of samples suggests that these substances are becoming increasingly available throughout the country.

A significant change in the composition of e-liquids was observed in 2025, with the emergence of 5F-ADB (also known as 5F-MDMB-PINACA), detected in over 37% of the samples analysed (N=30). This figure may be underestimated, as 15 additional samples revealed the presence of F-ADB without the positional isomerism being identifiable. Semi-synthetic cannabinoids remain little represented in e-liquids – unlike in herbal cannabis or resin – with one collection of delta-9-THCP and three collections in 2025 in which delta-8-THC-C1, H4-CBD and 9-OH-HHC were identified. Finally, e-liquids containing delta-9-THC as the active substance remain rare in the scheme, with only two samples collected in 2024 and five in 2025 (Cherki and Feng 2026).

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 manufacturing cannabis products, users' interest in use by vaporisation or in e-cigarettes, and the growing visibility of substances presented as containing cannabidiol (CBD) or other cannabinoids, particularly HHC, were reported in previous years (see T3.1 of the 2021 "Drugs" Workbook) and continued to be observed in 2025.

Numerous accounts gathered by the TREND scheme describe the use of CBD by regular or daily cannabis smokers seeking to reduce or even stop their use. This use of CBD as a

substitute for THC, or alternately with it, is driven by several factors: a desire to reduce the harm associated with THC (particularly memory impairment), to reduce the legal risks incurred (especially in roadside compliance checks), and to avoid psychoactive effects considered undesirable in certain situations, such as at work. CBD is therefore primarily smoked, enabling these individuals to retain certain aspects of their usual practice (the smell and taste of cannabis flowers, the preparation of a joint). Similarly, people who are dependent on tobacco and wish to stop using it turn to CBD to support their attempt, in the form of oil, herbal tea or e-liquid.

In 2024, 67 samples of cannabis in which delta-9-THC was the primary substance detected were collected by the SINTES scheme. In 2025, this increased significantly, with 109 samples collected, confirming the prominent place of THC-based substances in the scheme's activities. In 2025, the increase in the number of collections was accompanied by a significant number of health-related reports. The clinical pictures associated with serious adverse effects remain consistent with acute intoxication caused by high-strength THC (cannabinoid toxidrome): hallucination, severe anxiety disorders, depersonalisation, feeling faint, vomiting, psychotic disorders, and so on.

In 2025, among the 109 collections of substances containing THC, one case involved the presence of glass microbeads. It should be noted that in 2024, two samples of herbal cannabis were found to be contaminated with glass microbeads, as confirmed by microscopic examination. This phenomenon, previously documented in France as early as 2006, is intended to artificially increase the weight of the substance (Cadet-Taïrou et al. 2008). The presence of microbeads in smoked cannabis represents a significant health risk and may lead to severe respiratory complications. In addition, 8 cases involved scams and 7 were instances of deception. These deceptions mainly involved situations where users believed they were purchasing a substance primarily composed of CBD (an authorised substance provided it complies with the current legal framework) (decision of the Council of State of 29/12/2022), whereas analysis revealed a significant presence of delta-9-THC, or even a different composition from what was expected.

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, a new survey on representations, opinions and perceptions of psychotropic substances (EROPP) was conducted. In contrast to tobacco and alcohol, the perceived dangerousness of cannabis is falling sharply, from 54% of French people who considered it dangerous, even from first lifetime use, in 1999, to 38% in 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)*

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 points (+3.8 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%).

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%).

Estimating the number of cocaine users in a sub-population

In 2024, the number of cocaine hydrochloride users in the previous 30 days was estimated to be 195 200 individuals (188 900-201 500), with a prevalence of 4.8‰ (4.6‰ – 5.0 ‰).

This estimate reflects the prevalence of powdered cocaine observed in the general population, particularly since 2017.

The number of crack cocaine users was estimated to be 81 500 (78 000-85 100) in 2024, in mainland France, i.e. a prevalence of 1.9‰ aged 15 to 64 (1.8-2.0). This estimate confirms the steady increase observed since the early 2010s.

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

In its hydrochloride form, cocaine is used by a diverse range of people with heterogeneous sociodemographic profiles and trajectories. The substance is particularly prevalent in the recreational settings monitored by the TREND scheme and is very often used in combination with other substances, primarily alcohol. The high quality of the substance reported by users (confirmed by high purity levels in pharmacological analyses), its decreasing cost and wide availability at numerous points of sale, and through trafficking networks offering delivery services, all contribute to its diffusion.

Since the late 2010s, the most striking trend in drug use among marginalised groups has been the increase in free base (or crack) cocaine use. As in previous years, all the TREND scheme's coordination teams reported an intensification of free base cocaine use in 2024 and a takeover of daily life by the search for and use of the product among the poorest users. Indeed, many people who use drugs and are homeless organise their days around repeated trips between selling points, places of use, their sleeping areas and the locations where they beg. These factors combine with the deterioration of living conditions and cause a rapid deterioration in both social circumstances and health. Users interviewed by the TREND scheme describe the pleasure they derive from the substance, their difficulties in coping with craving, the health and social consequences of their use and their reduction strategies (such as regularly forcing themselves to refrain from drug use for 24 hours or alternating between smoking and another form of use).

The growth of fractional sales of cocaine (for €30, €20 or even €10) and satisfaction with the potent effects produced by the substance[2] account for its increasing use in free base form. For some marginalised individuals, the use of free base cocaine is replacing that of opioids, particularly heroin, whose quality is described as inconsistent and often disappointing. Described for several years, this substitution was still frequently reported in 2024 in areas where heroin has historically been present, such as Hauts-de-France and Grand-Est.

MDMA/ecstasy

This substance continues to be used primarily during party events, mainly by young partygoers (under 25 years of age), and more occasionally by older individuals. The spread of the substance is driven by the dynamism of supply and can be attributed to the manufacturers' commercial strategies.

Users frequently emphasise the quality and intensity of the effects of ecstasy tablets, which meet their expectations in recreational settings. They split the tablets (into 2, 3 or 4 parts) in response to harm-reduction campaigns following the circulation of highly dosed 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)

*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)*

According to data from the Survey on Representations, Opinions and Perceptions Regarding Psychoactive Drugs (EROPP) conducted in 2023, 0.7 % of adults aged 18–64

[2] This satisfaction with the substance reflects toxicological analyses (carried out by the SINTES scheme, law-enforcement services, and harm-reduction associations), which indicate a trend towards an increase in the average cocaine content in recent years (Cherki 2024).

have tried 3-MMC at least once in their lifetime (1.0 % of men and 0.3 % of women). Use in the past 12 months concerned 0.3% of adults (0.4% of men and 0.1 % of women). Lifetime use of cathinones concerned 0.8% of secondary school pupils (1.0% of boys and 0.6% of girls), and 0.6% in the past 12 months (0.7% of boys and 0.4% of girls, EnCLASS 2024 data).

Until the mid-2010s, synthetic cathinone use was almost exclusively observed during chemsex sessions, where it played a central role . It then gradually spread to other settings, particularly during party events associated with LGBTQIA+ movements, first in Paris and subsequently in regional metropolitan areas. Since 2020, this cathinone use – primarily of 3-MMC – has increasingly involved men and women who do not identify with LGBTQIA+ populations and who attend less specific festive events and venues (clubs, festivals, dance bars, etc.). For the youngest of these users, cathinones may be the first illicit psychoactive substance they experiment with (with the exception of cannabis) and may be the first substances taken by the nasal route. For other users with more advanced consumption trajectories, 3-MMC competes with or even replaces cocaine or MDMA. The factors accounting for this change are as follows: satisfaction with the specific effects of 3-MMC, its relatively low price, and the fact that it cannot be detected in saliva tests carried out by law-enforcement services. The increased availability of cathinones via messaging applications and social networks, and to a lesser extent at physical points of sale, has also contributed to the growth in use among new user profiles.

Since 2022, substances similar to 3-MMC have been sold in its place, often without the users' knowledge (Gérome 2023; Gérome and Gandilhon 2020). This phenomenon stems from the fact that 3-MMC was classified at the end of 2021 as a narcotic in the Netherlands, where a large number of websites that supplied French consumers and retailers were hosted. In 2023, 3-CMC was the compound most frequently used as a substitute for 3-MMC. Since 2024, 2-MMC appears to have become the most widely available compound among all cathinones sold both online and by drug dealers. Users report shorter and less intense effects, which compel them to take the substance more frequently, thereby increasing risks and harm, particularly when they resort to injection. Conversely, the effects of cathinones belonging to the pyrovalerone family (alpha-PHP or PVP, MDPV) and those of N-ethylpyrrolidone (NEP) – substances reported to be more frequently sold in 2025 – are sometimes considered excessively potent and associated with adverse effects. As a result, some individuals report abandoning cathinones and turning to other substances such as cocaine, which produces less unpredictable effects and whose price is falling. Some people combine different substances (for example, cocaine with 2-MMC, 2-MMC with NEP, etc.) in an attempt to achieve effects they consider more satisfactory. Overall, the information gathered stresses the diversity of synthetic cathinones in circulation. This situation leaves many users uncertain about the substance they intend to use and may cause serious adverse effects.

The findings from SINTES are consistent with those reported by the TREND scheme. In 2024 and 2025, the SINTES scheme analysed an increasing number of collections containing cathinones. Indeed, the number of samples identified as containing at least one cathinone increased from 66 in 2024 to 97 in 2025. The findings indicate a variety of supply channels, with digital platforms playing a major role. The most frequently identified cathinones in 2025 were NEP and 2-MMC. Compared with 2024, there was a significant increase in NEP, rising from 12 to 35 identifications, and in x-MMC derivatives, which increased from 31 to 42 identifications. Chlorinated derivatives (x-CMC) and pyrovalerones remained present, although less frequent, while brominated derivatives, particularly 4-BMC, which were absent in 2024, were identified in 12 collections in 2025.

Nationally, the cathinone market remains highly dynamic and is strongly influenced by regulatory changes and international supply chains, which foster the emergence of new substances and substitution phenomena. Cases of deception remain common. In 2024, 39 collections were concerned. In 2025, this number rose to 59 collections, confirming a

further intensification of substitution and adulteration practices. Most cases of deception involve substances purported to contain 3-MMC. In 2024, 29 collections revealed substitutions with other cathinones, mainly 2-MMC, but also NEP, 4-CMC (clephedrone) and other chlorinated derivatives. In 2025, 3-MMC remained widely involved. However, NEP has now become the main substitute identified, with a growing number of collections in which this was confirmed. Since the summer of 2025, several reports from across France have highlighted the rise in NEP being sold as 3-MMC, linked to unusual side effects, even among regular users. x-MMC derivatives and 2-MMC also remain common substitutes. Other cathinones, such as mephedrone (4-MMC), x-BMC derivatives and pentedrones (NEP, N-propylnorpentedrone, 4-MEAP), have also been detected in samples presented as other substances. This demonstrates that the phenomenon is not limited to 3-MMC (Cherki and Feng 2026).

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)

In recent years, the TREND scheme has observed diversification of free base cocaine user profiles seeking support from addiction support services. This is a notable finding of the investigations conducted in 2024. Many professionals, whose organisations are based in the towns and cities of mainland France, report an increasing number of people who are socially and economically integrated, sometimes in relationships and with children. Some individuals contact a harm-reduction facility (CAARUD) or a specialised drug treatment centre (CSAPA), specifically to obtain equipment. Most of them report occasional or more regular use and do not express any intention to reduce it. Others seek support from a CSAPA, or turn to hospitals or private clinics for help with withdrawal. For many of them, intensive use of free base cocaine develops following an event that triggers or exacerbates psychological distress and social or economic difficulties (the death or illness of a loved one, a relationship breakdown, loss of employment, etc.).

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

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

T3. New developments

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

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

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

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

New developments in the use of stimulants

Cocaine

In 2023, 1.1 million French people used cocaine at least once during the year (OFDT 2025).

Cocaine remained, in 2024 as in 2025, the most frequently collected substance by the SINTES scheme, with a trend towards rising purity in line with previous years. For cocaine in hydrochloride form, in 2024, of the 100 samples analysed, 87 could be quantified. Two samples were found to be pure (100%). In 2025, 113 samples could be quantified, indicating an increase in the number of usable analyses. The median active ingredient content stood at 89.2%, representing an increase compared with 2023 (85.0%) and 2024 (84.0%). The interquartile range was between 80.0% and 93.5%, confirming that the values are concentrated at high potency levels. The lowest observed potency was 1.0%, while several samples reached 100%.

Analysis by concentration classes confirmed a gradual shift towards higher concentrations. The [90-100%] category, already the largest in 2024 (36 samples), increased significantly in 2025 to reach 56 samples, becoming predominant. At the same time, the [80–90%] category also increased (30 samples), while the intermediate categories [30–60%] became marginal. This development suggests an overall increase in the purity of circulating substances between 2024 and 2025, which may heighten the risk of acute adverse effects, particularly among inexperienced users, when batches change, or in the context of polydrug use, with interactions that increase the toxicity of cocaine (e.g. methadone, alcohol, other psychostimulants) (Cherki and Feng 2026).

MDMA/ecstasy

In 2023, 750 000 French people used MDMA/ecstasy at least once during the year (OFDT 2025).

Under the SINTES scheme, a total of 53 samples of MDMA were collected in 2025. Tablet form remained by far the most prevalent (N = 33, including 9 whole tablets). MDMA crystals accounted for 15 samples. At the margins, a few liquid forms were also analysed, including one linked to the circulation of the “Pikachu” substance in Guyane (Longuet and Vassaux 2025). These collections were in line with observations made in previous years. Among the 9 whole tablets collected in 2025, dosage ranged from 25 to 291 mg per unit, indicating considerable variability. By way of comparison, the highest dosage recorded in 2024 for this same pharmaceutical form (N = 6) reached 260 mg.

For the tablet fragments that were analysed (N = 18), similar variability was observed. The median MDMA hydrochloride potency was 33.8%, with a range from 5.2% to 51.7%. As MDMA is predominantly used in recreational settings, a significant proportion of tablet analyses originates from substance testing services as part of harm-reduction measures. In 2025, the Analyse ton prod’ network conducted 1 827 analyses of MDMA, with a median dose of 194 mg per tablet. Of the 15 samples of crystals collected by SINTES in 2025, 9 were able to be analysed. The results confirmed previous trends: highly concentrated substances, with a median potency of 93% and a minimum potency of 82%. These levels are similar to those recorded in 2024, when the median potency of the 11 samples analysed reached 88.5% (Cherki and Feng 2026).

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)*

Following the previous survey conducted in 2018, a new Survey on Representations, Opinions and Perceptions Regarding Psychoactive Drugs (EROPP) was carried out in 2023 (Li *et al.* 2025; Spilka *et al.* 2024). Views on cocaine were very different between people who had used it themselves and those who had never used it. In particular, 74% of French people who had used cocaine (compared to 22% who had not) considered that it helped them to "have fun and party", almost half (44% compared to 14%) that it was a "way of improving performance", and almost a quarter that it was "possible to live a normal life while using cocaine" (24% compared to 6%).

T4.2. ***Optional****. Please describe any other important aspect of stimulants use that has not been covered in the specific questions above. This may be additional information or new areas of specific importance for your country (suggested title: Further Aspects of Stimulant Use)*

SECTION C. HEROIN AND OTHER OPIOIDS

T1. National profile

T1.1. Prevalence and trends

The purpose of this section is to

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

T1.1.1. Relative availability and use. Different opioids are important in individual countries. Please comment, based on supply reduction data, research and available estimates, on the relative availability and use of heroin and other opioids within your country (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 2024, the number of heroin users was 157 200 (151 800–162 400), i.e. a prevalence of 3.7 (3.6 ‰–3.8 ‰). This estimate remains stable compared with 2022 (158 700 (153 800–163 700)) following a steady rise since 2015 (107 000 (85 000–124 000), a prevalence of 2.7 ‰ (2.1–3.1)). 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).

For some marginalised people monitored by the TREND scheme, the use of free base cocaine is replacing the consumption of opioids, particularly heroin, whose quality is reported to be inconsistent and often disappointing. Described for several years, this substitution was still frequently reported in 2024 in areas where heroin has historically been present, such as Hauts-de-France and Grand-Est. Although some attendees of harm-reduction facilities (CAARUD), have patterns of polysubstance use revolving around heroin, professionals describe them as few in number, ageing, and long-standing clients of the service.[3] For the majority of these people, heroin use – and more broadly, the use of other opioids – serves to regulate cocaine use or to prevent withdrawal symptoms.

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).

[3] This phenomenon of replacing heroin with free base cocaine is mainly observed among populations attending harm-reduction facilities. It is likely that other individuals, with less vulnerable profiles and who do not attend harm reduction facilities, continue to focus their use on heroin.

T1.2.3. ***Optional**. Problem/high risk use. Please comment on information available on dependent/problem/high risk opioid use and health problems as well as harms related to opioid use.*
Information relevant to this answer includes:
- *accident and emergency room attendance, helplines*
- *studies and other data, e.g. road side testing*
- *studies/estimates of dependent/intensive or problem/high risk use*

(suggested title: High Risk Opioid Use)

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

Synthetic opioids: no organised trafficking and limited use

The investigations conducted by the TREND scheme do not identify any structured or sustained supply of synthetic opioids throughout mainland France. However, the resale of opioid agonist therapy (OAT) by certain clients experiencing economic hardship has been observed. These treatments are primarily buprenorphine (available under the name Subutex®), methadone and, more rarely, morphine sulphate (available under the name Skenan®). The use of oxycodone or fentanyl and its derivatives outside a therapeutic protocol concerns only a very small number of individuals who obtain them through medical prescription. This is notably the case in Strasbourg, where individuals attending addiction care centres (DCR) use fentanyl by injection after extracting the substance from patches (Durogesic).

Apart from a few localised reports, such as in Montpellier, the resale and use of compounds from the nitazene family (a category of synthetic opioids with high pharmacological potency) have not been observed, in contrast to what was reported in 2023 by the TREND and SINTES schemes (substances containing nitazenes were the subject of two health alerts issued by the OFDT to the EUDA's Early Warning System; see the 2025 Workbook). However, the increase in deaths linked to synthetic opioids in certain Northern European countries, such as the Baltic States and, more recently, the United Kingdom, is prompting French health authorities to exercise caution, as illustrated by a warning issued in mid-2024 regarding the growing circulation of opioids by the French Ministry of Health and the National Agency for Medicines and Health Products Safety (ANSM). This vigilance is all the more necessary because certain synthetic opioids (such as fentanyl or nitazenes) could serve as alternatives to heroin and their use may increase, in the context of a possible decline in heroin supply in Europe following the ban on opium production in Afghanistan.

SINTES observations in 2024–2025: new synthetic opioids

New synthetic opioids continue to be closely monitored by the entire health surveillance system due to their high level of risk. However, their circulation appears to have remained limited nationally in 2024–2025, with the majority of supply mainly through the darknet.

In 2025, among the 11 samples that identified the presence of new synthetic opioids, 8 indicated that they had been sourced via darknet markets. This finding is consistent with the ongoing phenomenon of counterfeit oxycodone tablets, which first emerged in 2024 and continued to be observed in 2025. Although France reports significantly fewer cases than other European countries, this is an international phenomenon marked by the widespread detection of counterfeit oxycodone tablets, with over 50 000 units seized in 2024 according to the EUDA (EUDA 2025). Samples collected as part of drug checking in

harm reduction measures identified four tablets obtained as oxycodone, which in fact contained a combination of metonitazene and protonitazene. Active monitoring of this type of substance has therefore been implemented.

In addition, several cases of heroin substituted or adulterated with synthetic opioids have been documented. Two samples of heroin hydrochloride were found to be adulterated with metonitazene, one of which was linked to a drug overdose episode treated with naloxone. An alert had been communicated to the EUDA early-warning system (EWS). Following various health alerts involving new psychoactive substances (NPS) from the nitazene family, the ANSM carried out a generic classification of all benzimidazole derivatives in 2024. The detection of new synthetic opioids, outside the nitazene class, has also been reported, including cyclorphan and chlorphine (sold as protonitazene). These NPS belong to the chemical class of benzimidazolone derivatives. In addition, methiodone – a compound structurally related to methadone – was also identified for the first time in Europe from a sample collected in 2024. Lastly, two cases of heroin adulterated with fentanyl were reported, one in 2024 and the other in 2025. Both were found in substances obtained via the darknet (Cherki and Feng 2026).

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 2024, the number of last-year injecting users is estimated at 89 400 (85 100–93 700), i.e. a prevalence of 2.1‰ (2.0‰–2.2‰), confirming the decline seen since 2019.

Injecting is no longer a consequence of heroin use, due to the increase in patterns such as smoking and inhalation, and affects a diverse population. Injection of 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)

See above

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)*

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 trends in the use of new psychoactive substances (NPS) See T.4.2 of the 2021 Drugs Workbook.

Prevalence and changes in the use of other less widespread psychoactive substances

For the first time, the 2023 edition of the EROPP survey included nitrous oxide (Spilka *et al.* 2024). (For data on ketamine, poppers and GHB/GBL, see the 2025 Drugs WB, section D, T1.1.)

Nitrous oxide

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). Observations collected by the TREND scheme show varied patterns of use, from occasional intensive use – often described as "proto-binge" episodes (up to 5 to 10 canisters in a single night) – to regular or even daily use, associated with sought-after effects of a sedative or "opioid-like" nature. These patterns may coexist among certain users.

Outside recreational venues, use is observed in vehicles and public spaces, but also at home, either in groups or occasionally alone. Use is also frequently reported in the vicinity of dealing points. For some adolescents (aged 14-15), nitrous oxide may be the only substance used. Young girls are particularly identified in these contexts. Links with situations of prostitution are also frequently reported.

The health consequences of problematic uses have become more apparent in recent years. These include neuropathy and paraesthesia, cognitive disorders, dependence and tolerance phenomena, burns (mouth, legs, thighs), risk-taking behaviours (prostitution, driving, with road traffic accidents reported in almost all départements). An increase in requests for treatment at Youth Addiction Outpatient Services (CJC) has been observed.

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 Rhônes-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 properties[4]. 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%. In 2025, the use of this substance had become very much less visible, leading to the hypothesis that most of the individuals who had tried it did not continue their use because of their dissatisfaction with its effects.

T4. Additional information

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

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

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

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

SECTION E. SOURCES AND METHODOLOGY

T6. Sources and methodology

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

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

2017 Health Barometer Survey from *Santé publique France*
2022 ENCLASS survey
2023 EROPP survey
2022 RECAP data, for estimating the number of problematic users
SINTES scheme
TREND scheme

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. **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.

The collection of the latest survey in 2022 took place in 147 middle schools, and 90 high schools across metropolitan France (OFDT, 2024). 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)

Coordinated by the French Monitoring Centre for Drugs and Drug Addiction (OFDT), the National Identification System for Toxics and Substances (SINTES) is a tool for observing the composition of illicit psychoactive substances and serves as a public health surveillance instrument at both national and European levels. It enables the analysis of the composition of psychoactive substances collected as close as possible to drug users in response to specific situations. The scheme also documents the context of use for each sample, by means of a questionnaire administered to the user at the time of collection. The

questions concern the substance (price, form, route of administration), the user (age, gender), and their use (substances used in combination, desired and experienced effects, frequency of use, and, since 2025, reasons for use and places of use).

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, the most recent reference year, the total number of people receiving care stood at 332 600 across the 497 CSAPA.

T6.3. Bibliography

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