

## Adults and drugs: levels of use and recent trends

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### Introduction

This summary presents the levels of use of the various psychoactive substances (licit and illicit) and recent trends observed in France as shown by the latest representative surveys of the adult general population. It is based, in particular, on the EROPP Survey on Representations, Opinions and Perceptions Regarding Psychotropic Drugs, 2002, by the OFDT, in which a part of the questionnaire dealt with consumption patterns and on the Health Barometer 2000 by the INPES [*National Institute for Health Education and Prevention*], which is interesting because it asked more questions and covered a larger sample. This issue of Tendances [*Trends*] documents several points and offers, to begin with, a horizontal approach, giving a perspective on the various drugs in relation to one another before examining the substances individually.

### Levels of consumption of the various psychoactive substances: horizontal approach

**Table 1: Estimated number of consumers of psychoactive substances in mainland France amongst 18-75 year-olds in 2002.**

	Alcohol	Tobacco	Psychotropic medicines	Cannabis	Heroin	Cocaine	Ecstasy
Experimenters	40.0 M*	34.2 M*	//	9.5 M	300,000	850,000	350,000
Occasional	38.6 M*	14.2 M	8.3M*	3.1 M	//	150,000	150,000
Regular	12.9 M	11.9 M	3.8 M*	600,000*	//	//	//
Daily	7.8 M	11.9 M	2.4 M*	350,000*	//	//	//

Sources: EROPP 2002, OFDT except for \*: Health Barometer 2000, INPES, as used by the OFDT.

// : not available

- Experimenters: persons admitting to consumption at least once in their life
- Occasional: have consumed during the last year (except tobacco: current smokers)
- Regular: alcohol at least 3 times a week, tobacco daily, sleeping pills or tranquillisers weekly, cannabis 10 times a month
- Daily use (except medicines: “daily or almost” in the last month)

NB: the number of persons between 18 and 75 in 2001 was about 41.7 million.

**Table 2: Experimentation with psychoactive substances at some time in their life (in %)**

	18-75 yrs.	18-25 yrs.	26-44 yrs.	45-75 yrs.	men	women
Alcohol*	95.9	93.9	95.9	96.9	97.9	93.9
Tobacco	82.0	80.0	84.7	80.5	88.3	76.0
Cannabis	22.8	48.3	30.7	8.4	28.5	17.4
Psychotropic medicines* <sup>1</sup>	19.7	13.1	16.3	24.7	14.1	25.3
Glues and solvents*	2.7	5.7	4.0	0.6	3.6	1.7
Cocaine	2.0	1.9	3.9	0.4	3.3	0.8
LSD	1.1	1.2	1.9	0.5	2.1	0.2
Amphetamines*	1.4	1.6	1.8	1.1	1.7	1.2
Ecstasy	0.8	2.3	1.1	0.1	1.4	0.2
Hallucinogenic mushrooms	1.1	2.3	1.6	0.3	1.4	0.9
Heroin	0.7	0.9	1.2	0.2	1.4	0.2

<sup>1</sup> use in the course of the last 12 months of anxiolytics (tranquillisers), hypnotics (sleeping pills) or antidepressants for whatever reason.

Example of reading: 95.9 % of 18.75 year-olds have drunk alcohol at some time in their lives

Source: EROPP 2002, OFDT except for \*: Health Barometer 2000, INPES, as used by the OFDT.

Amongst adults, alcohol and tobacco have been tried by the great majority of those surveyed: more than 9 and 8 out of 10 respectively. With the notable exception of cannabis, experimentation with illicit drugs is marginal. Psychotropic medicines tend to constitute a separate category because of the variety of uses made of them, ranging from strict respect of medical prescription to misuse (especially in association with alcohol) and including therapeutic use without medical prescription (the figures presented in this document cover all uses but certain distinctions can be made according to the grounds for use – see below).

Experimentation must not be interpreted otherwise than as a guideline, illustrating the penetration of the substances into national culture rather than any particular level of use. The observation of regular consumption (tables 1 and 3) is more instructive in this respect. In general, drug consumption chiefly affects young men. As is the case for experimentation, there is a large difference in the levels of consumption between licit and illicit substances.

**Table 3: Regular consumption of psychoactive substances (in %)**

	18-75 yrs.	18-25 yrs.	26-44 yrs.	45-75 yrs.	men	women
Alcohol	30.8	15.1	22.7	42.4	42.7	19.7
Tobacco	28.6	44.1	34.6	18.9	32.0	25.6
Psychotropic medicines*	9.1	2.2	5.8	14.0	6.1	12.0
Cannabis*	1.4	6.3	1.3	0.0	2.3	0.6

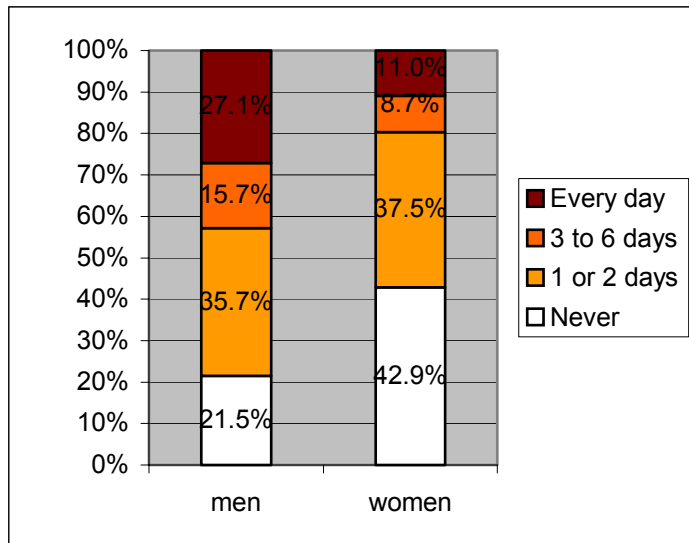
Source: EROPP 2002, OFDT except for \*: Health Barometer 2000, INPES, as used by the OFDT.

While the thresholds used to describe the uses of the different substances vary, certain points of comparison can be noted. Thus, the difference between cannabis and the licit substances (alcohol and tobacco) is considerable. The use of tranquillisers or sleeping pills on a weekly basis, while concerning nearly one adult in ten, occurs mainly amongst those over 45 and is twice as widespread amongst women – indeed, psychotropic medicines are the only type of psychoactive substance more frequently consumed by women. The declared uses of other illicit substances in the course of the year (see table 1) are found to be not very common, never exceeding 0.3 % amongst 18-75 year-olds and peaking at 1.3 % for ecstasy and 0.9 % for cocaine amongst the 18-24 year-olds. Daily use of these substances is too rare to figure in this table.

***Alcohol: predominantly male consumption, rising sharply with age***

In an enquiry in 2002, more than two thirds of 18-75 year-olds admitted to having consumed at least one alcoholic drink during the week preceding the survey. The question listed a number of examples, such as wine, beer, strong alcohol and also included cider and champagne, these last two sometimes being implicitly excluded from the category of alcoholic drinks on the grounds of their low alcohol content or of the festive and exceptional nature of their consumption. The majority of those having drunk during the previous seven days had done so once or twice (36.6 % of the total), 12.1 % of 18-75 year-olds having drunk more frequently but not daily and 18.7 % having drunk every day. Consumption amongst men is significantly higher than amongst women: three quarters (78.5 %) had drunk alcohol at least once during the week preceding the survey as against nearly six women out of ten (57.1 %). Finally, nearly three times as many men as women were recorded as daily drinkers.

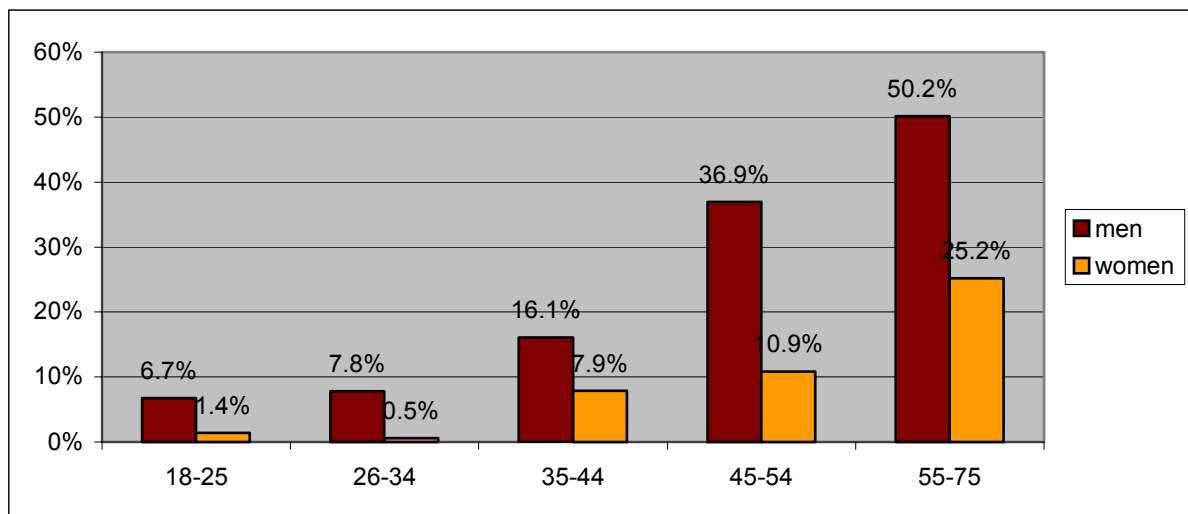
Figure 1: Use of alcohol during the last seven days in 2002 by sex



Source: EROPP 2002, OFDT

The most widely consumed form of alcohol is wine (83.6 % of 18-75 year-olds have drunk some during the year), ahead of strong alcohol (60.3 %) and beer (56.6 %). The daily use of alcohol during the week preceding the survey occurs mainly amongst the older generations: it rises from 3.9 % amongst 18-25 year-olds to 37.9 % amongst 55-75 year-olds. More generally speaking, alcohol and psychotropic medicines are the only psychoactive substances of which the consumption by adults increases with age.

Figure 2: Daily use of alcohol during the last seven days in 2002 by sex and age



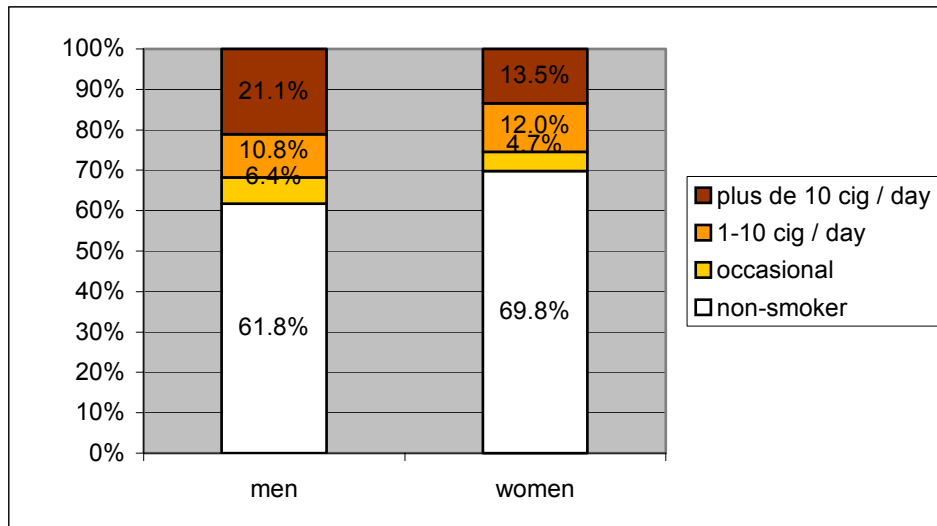
Source: EROPP 2002, OFDT

The proportion of daily drinkers (measured during the week) has been falling for some years. It fell from 22.6 % of adults in 1995 to 20.3 % in 2000 for a constant population structure. This is due, in particular, to a reduction in the daily consumption of wine (Legleye *et al*, 2001).

**Tobacco: a diminishing difference between men and women**

Amongst 18-75 year-olds, more than one third (34.1 %), admit to being current tobacco smokers, with 28.6 % being daily smokers and 5.5 % being occasional smokers. Amongst current smokers, about half smoke more than 10 cigarettes a day (55 % of men and 45 % of women).

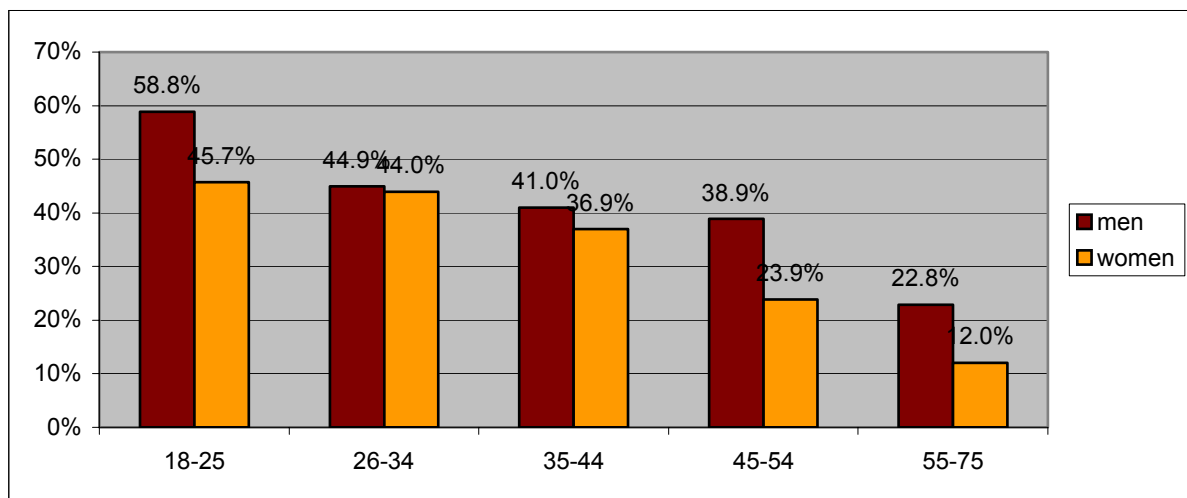
**Figure 3: use of tobacco in 2002 amongst 18-75 year-olds**



Source: EROPP 2002, OFDT

The proportion of current smokers amongst 18-75 year-olds drops sharply with age, especially after the age of 45. This fall is seen in both sexes but to a different extent<sup>1</sup>. Thus, the difference between men and women, which increases with the level of consumption, also increases with age and becomes greater above 45 years of age.

**Figure 4: Percentage of confessed smokers in 2002 by sex and age**

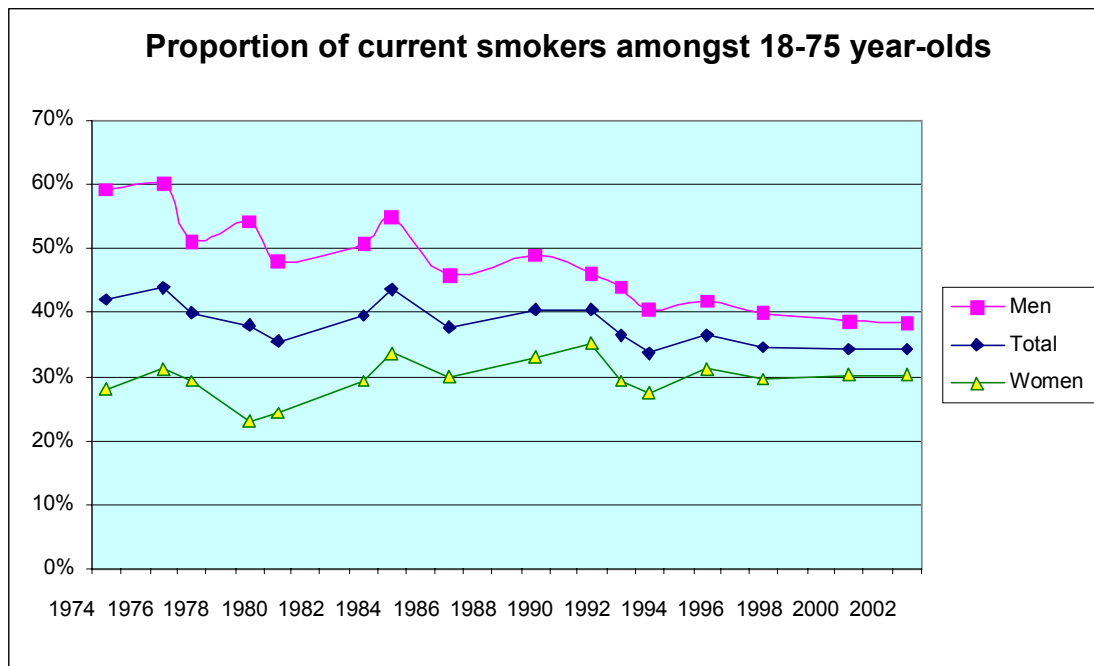


Source: EROPP 2002, OFDT

While smoking amongst men has been falling slightly since the seventies (Baudier *et al.*, 2000), there were still more male than female smokers in 2002 (37.9 % vs 31.0 %). The trend amongst women appears to be slightly upwards for this same period, even if short-term fluctuations and the small size of the sample in certain surveys give the curve a rather erratic appearance.

<sup>1</sup> This no doubt reflects a generation effect observed in the Health Barometer 2000 (Oddoux *et al.*, 2001).

Figure 5: Proportions of current smokers amongst 18-75 year-olds from 1974 to 2002



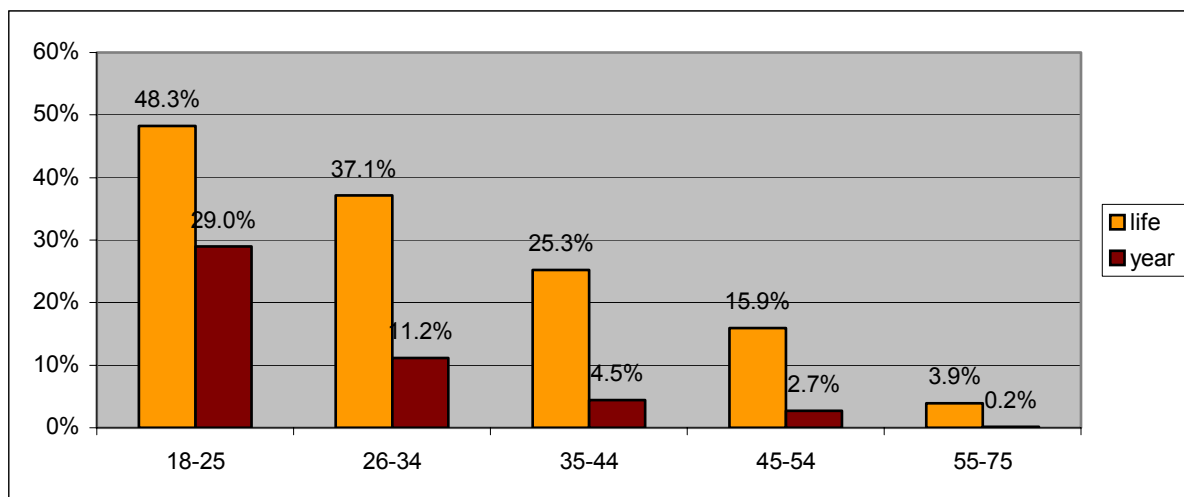
NB: As the methods employed in these surveys sometimes differ, it is appropriate to grant less importance to the levels of use shown here than to the long-term trend indicated.

Sources: CFES surveys from 1974 to 2000 and EROPP 2002, OFDT

**Cannabis: increasing consumption amongst the young**

Even more than the consumption of tobacco, cannabis consumption is highest in the youngest age-groups: above 45 years of age, use during the year is very rare.

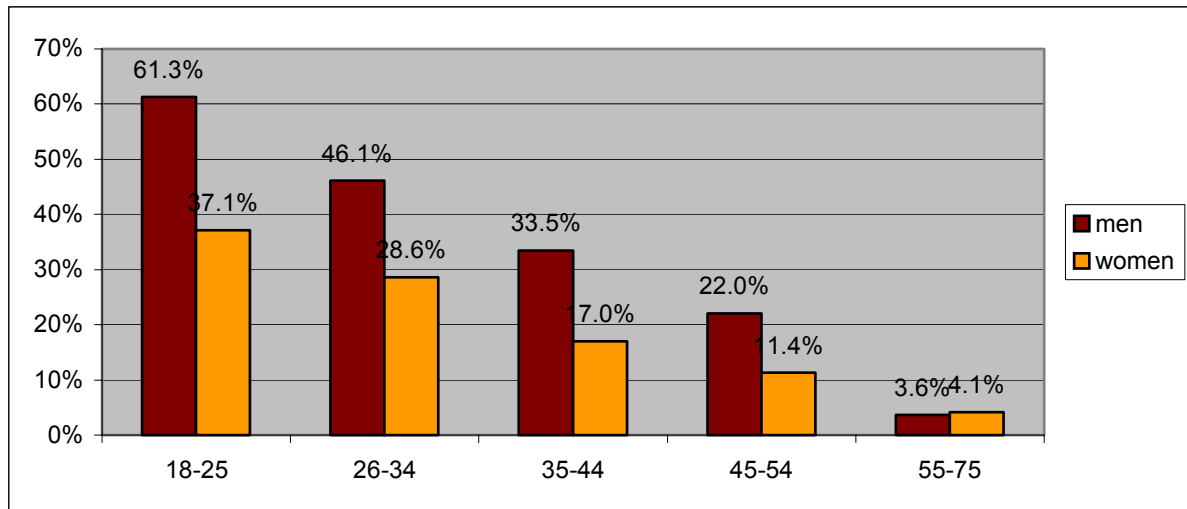
Figure 6: Use of cannabis at some time during life and during the year in 2002 by age



Source: EROPP 2002, OFDT

Furthermore, the main consumers are men, whatever the age-group or level of use observed (with the limitation that, above 55 years of age, use is so rare that the differences between the sexes are no longer significant). Thus, we see that use during the year concerns 9.2 % of men as against 5.9 % of women.

Figure 7: Us of cannabis during life in 2002 by sex and age

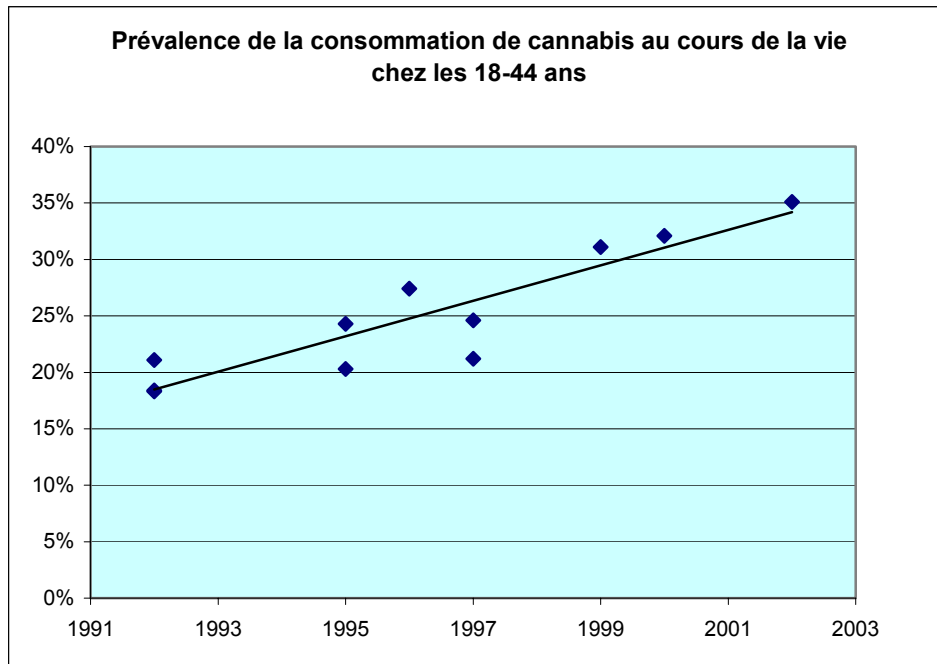


Source: EROPP 2002, OFDT

Looking at recent trends, a fairly clear rise in experimentation was seen between 1999 and 2002 from 19.6 % to 22.8 %, however, this is in line with the increase observed since the beginning of the nineties. While the change this time is not significant, the use during the last twelve months follows the same trend, rising from 6.0 % to 7.5 % between 1999 and 2002 and thus confirming that cannabis is becoming a fact of everyday life in France. This is particularly evident amongst young adults.

To illustrate this trend, we can compare the levels of experimentation with cannabis in an age-group common to all the recent French surveys of adults, the 18-44 year-olds. For this age-group, experimentation with cannabis reached 35.1 % and use during the year reached 13.0 % in 2002. Figure 8 underlines the increase in experimentation since 1992. The specific youth surveys, mainly carried out in schools (Choquet *et al*, 2002, Beck *et al*, 2002) or on the occasion of the Journée d'appel et de préparation à la défense [*Call-Up and Preparation for Defence Day*] (Beck *et a.*, 2003), confirm this trend. At present, however, it seems premature to attempt to predict whether the use of cannabis will spread or the current young consumers will stop using it as they grow older.

Figure 8: Growth in the use of cannabis during life amongst 18-44 year-olds since 1992



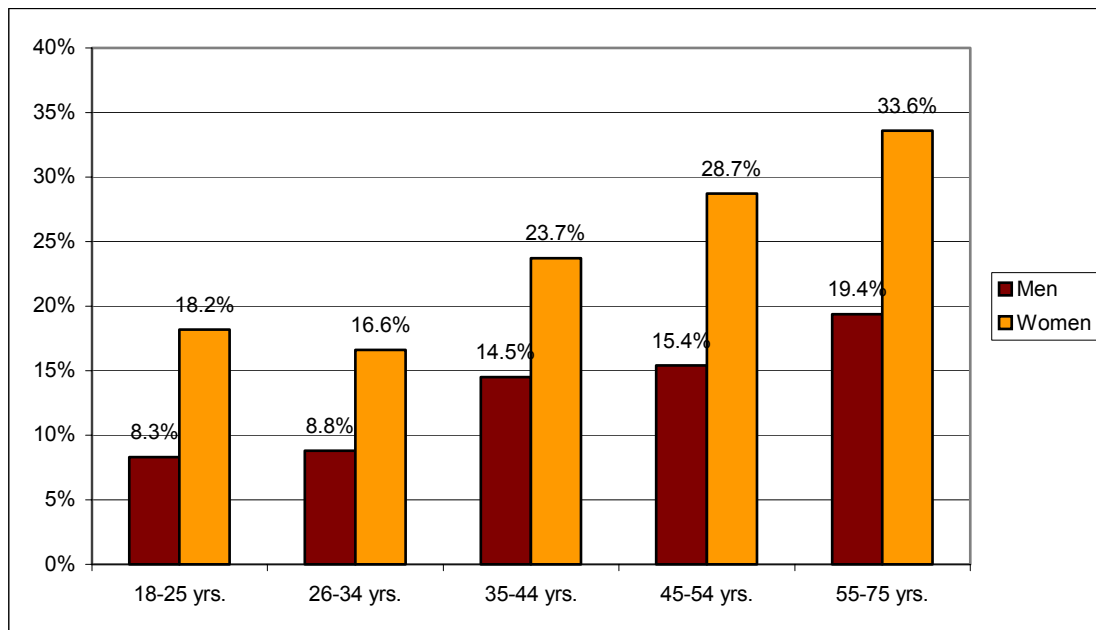
The straight line approximation through the scattered points shows a net upward trend for the decade 1992 to 2002 (1.57 percentage points increase per year on average).

Sources: SOFRES 1992; CFES 1992, 1995, 1996, 2000; IFOP 1997; Publimétrie Grande Écoute, 1997; EROPP-OFDT 1999, 2002

***Psychotropic medicines: predominantly female consumption, increasing with age***

The use of psychotropic medicines during the year concerns 14.1 % of men and 25.3 % of women. Medicines differ from other psychotropic substances in being consumed more by women. 6.0 % of men and 12.4 % of women had used antidepressants during the year, the figures being 11.7 % and 20.3 % respectively for the category including tranquillisers (anxiolytics) and sleeping pills (hypnotics). As for the daily use of alcohol, the use of psychotropic medicines during the year increases with age, rising from 6.6 % between 18 and 25 years of age to 11.3 % amongst the over-55s for antidepressants and from 9.3 % to 22.6 % for tranquillisers and sleeping pills. Amongst 55-75 year-olds, about one woman in three had consumed psychotropic medicines during the last twelve months, as against one man in five.

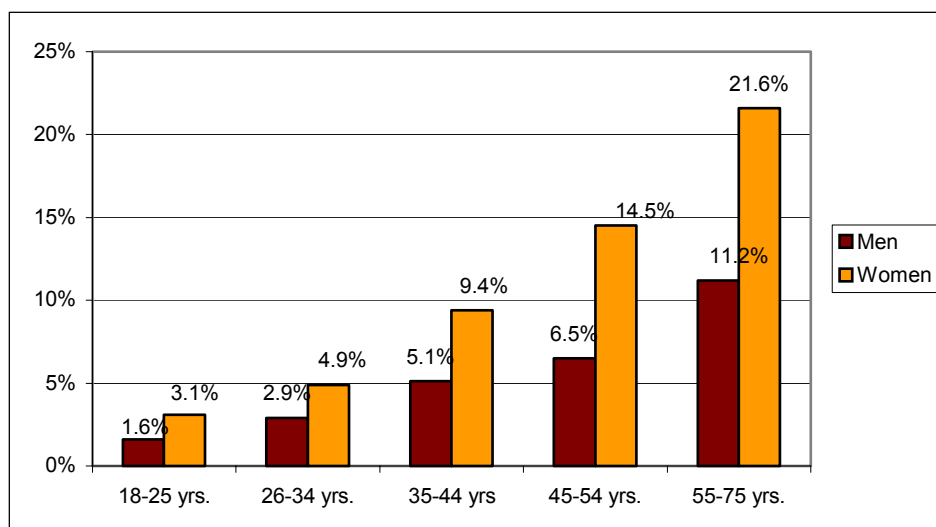
**Figure 9: Use of psychotropic medicines (tranquillisers, sleeping pills, antidepressants) during the last twelve months amongst 18-75 year-olds in 2002 by sex and age**



Source: Health Barometer 2000, INPES, as used by the OFDT.

Nearly one in ten of adults between 18 and 75 years of age (9.1 %) admitted having consumed tranquillisers or sleeping pills during the week before the survey, twice as many being women as men (12.0 % vs 6.1 %). Such regular use was found to be relatively frequent amongst the oldest age-groups. One woman in five and one man in ten are concerned in the 55-75 age-group.

**Figure 10: Consumption of tranquillisers or sleeping pills during the past week amongst 18-75 year-olds in 2002 by sex and by age**



Source: Health Barometer 2000, INPES, as used by the OFDT.

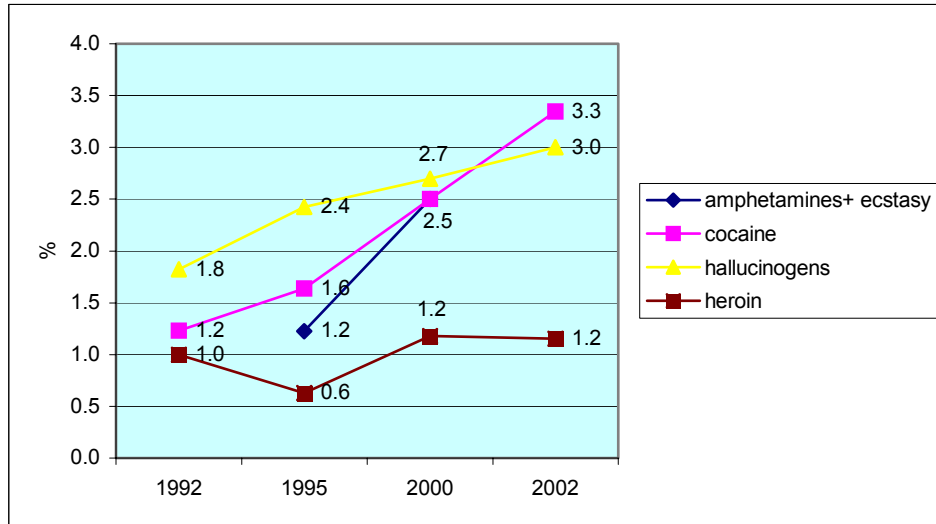
The context in which medicines taken during the year are obtained gives an indication of the type of use. In three quarters of cases, they had been prescribed by a doctor. They can also be left over from an old prescription for the individual (12.1 %) or for another member of the family (4.7 %) or have been prescribed by a pharmacist (7.3 %). More rarely, they are



obtained from somebody else (2.2 %). In the course of the last ten years, the consumption indicators for anxiolytics and for hypnotics have remained relatively stable. The trend for the consumption of antidepressant, on the other had, shows a significant rise.

### ***Other psychoactive substances***

**Figure 11: Development in use during life of other psychoactive substances since 1992 amongst 18-44 year-olds**



Sources: Health Barometer 1992, 1995, 2000, INPES as used by the OFDT; EROPP 2002, OFDT. NB: until recently, amphetamines were still included in the pharmacopoeia and, as such, were not necessarily regarded as drugs. Precise measurement of their use requires a survey using more precise questions than EROPP 2002, which aimed principally at recording representations.

If the use of illicit substances other than cannabis remains marginal in France (see tables 1 and 2), certain substances have, nonetheless, become more widespread during the nineties, such as cocaine and, to a lesser extent, hallucinogens (LSD and hallucinogenic mushrooms). The same applies to synthetic substances, such as ecstasy or the amphetamines, experimentation with which more than doubled between 1995 and 1999, increasing amongst 18-44 year-olds from 0.7 % to 1.6 % for women and from 1.8 % to 3.5 % for men. The level of experimentation with heroin, on the other hand, remained relatively stable throughout the period and concerns about 1 % of 18-44 year-olds.

### ***Methodological points of reference***

The data used come from the OFDT Survey on Representations, Opinions and Perceptions Regarding Psychotropic Drugs (EROPP), 2002, and the Health Barometer 2000, co-ordinated by the INPES [*National Institute for Health Education and Prevention*] (former CFES)<sup>2</sup>. The level of precision provided by EROPP is, in fact, relatively modest because of the size of the sample: it is therefore necessary, for certain purposes, to make use of the results obtained in 200 by the Health Barometer.

<sup>2</sup> Financed by: the CNAMTS, the DGS, the DRESS, the OFDT, the FNMF, the HCSP and the MILDT.

The **EROPP 2002** survey was carried out by telephone (CATI<sup>3</sup> system). It is based on a sample by quotas<sup>4</sup> of 2009 persons aged from 15 to 75 years and representative of the population of mainland France. Its representative character is ensured by an adjustment using an iterative technique on the data from the 1999 census of the population, updated by the INSEE [*National Institute for Statistics and Economic Studies*] employment survey of 2000. Another sample of 201 individuals with mobile phones but no fixed line was also surveyed in order to try and evaluate the impact of such a lack on the base of the survey. The results from these individuals gave rise to an exploratory study presented in the report (Beck *et al*, 2003).

The objective of this survey is to observe and monitor the development of opinions on public policy and the measures to be taken with regard to the perceptions of the substances and to the risks. EROPP constitutes the second exercise in monitoring the developments in beliefs and opinions of the French regarding drugs, describing the diversity of these perceptions and giving an account of certain impacts of the policies conducted in the matter. This survey obtained the approval of the CNIS [*National Council of Statistical Information*] and was awarded the public interest label by the Comité du Label.

The **Health Barometer 2000** [*Baromètre Santé 2000*] is a survey of the general population carried out in November and December 1999 using the CATI system (Guilbert *et al*, 2001). The sample is based on a doubly random poll: the telephone numbers of the households were first obtained by random generation based on the telephone directory, followed by an iteration. Before the calls were made, a letter of notice was sent to all the households (except for those on the red list under the letter head of the CFES, who received the proposal in arrears), emphasising the importance of the study in order to reduce the number of refusals. To be eligible, a household had to include at least one person aged between 12 and 75 and speaking French. The numbers were automatically redialled after 30 or 90 minutes if there was no answer or they were engaged. Up to 12 attempts were made, at different times and on different days if necessary, with the enquiry agent hanging up after 8 rings. The individual selected within the household was the one whose birthday was next to come. If the selected individual was not present or available at the time of the call, a telephone appointment was offered and if he refused to participate, the household was dropped from the survey.

The data were weighted by the probability of selection within the household (to compensate for the fact that an individual in a large household has less chance of being selected at random) and compared with the data from the last census in 1999. The refusal rates were as follows: 25.1 % for the households, 6.6 % for the individuals with a further 1.9 % of individuals giving up in the course of the interview. The sample contained 13,685 persons from 12 to 75 years of age.

For these two surveys, anonymity and confidentiality were assured by a procedure deletion of the telephone number approved by the CNIL [*National Information Technology and Liberty Commission*].

Only surveys of a representative sample of French adults make it possible to appreciate the levels of consumption of these substances in the whole population. However, it is difficult for these surveys to provide information on the less frequent consumptions amongst the French population. While the use of cannabis has recently been sufficient to be appreciated by these surveys, this is not always true for substances like heroin, cocaine or ecstasy for which it seems more prudent to limit observation to trends in experimentation. Furthermore, certain marginalised populations, which include relatively large numbers of drug takers, are missed by the traditional telephone or personal call survey techniques. For these reasons, an estimate of the number of opiate or cocaine users must be based on other methods (Costes, 2002).

## **Sources:**

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<sup>3</sup> Collection of information Assisted by Telephone and Information system

<sup>4</sup> The criteria used for the quotas are sex, age, profession of the reference person in the household, the region and the category of built up area.

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