

## **Drugs and dependence. Indicators and trends in 2002**

Since 1995, the *Observatoire français des drogues et des toxicomanies* (OFDT) [French monitoring center for drugs and drug addiction], has been assigned the task of publishing a regular report on the state of the phenomenon of drugs and dependence. The plan adopted by the government in June 1999 broadened the skills of the *Observatoire* to all types of dependence (alcohol, tobacco, médicaments, dope practices) and highlighted the need for the authorities to have access to scientifically validated data produced by an independent body.

The fourth edition (2002) of its report *Drogues et dépendances: indicateurs et tendances*<sup>1</sup> [Drugs and dependence: indicators and trends] draws up an inventory which allows a better perception of the extent and the complexity of the phenomenon, the way it has evolved over the past years, as well as the measures implemented. The purpose of this document is to disseminate, after putting them in perspective, all the available elements of knowledge. Having become a reference tool, it is widely consulted in order to answer specific questions.

The objective is not to present a summary of it here, but to illustrate its possible use in answering some fundamental questions posed by the professionals or the public at large: How many drug users are there in France? Is the consumption of cannabis "widespread"? How do the French view drugs? What are the principal types of damage to health attributable to the use of drugs? Is the state of health of drug addicts improving? How is the ban on the use of certain drugs applied? What new drugs are being used today?

### **How many drug users are there?**

Putting into perspective the extent of the use of the various drugs requires "levels of use" to be specified. We will look at four of these, which establish a gradation in the intensity of use:

- Experimentation (the fact of having taken the product at least once in the course of one's life);
- Occasional use (at least once during the year);
- Repeated use (several times during the year but not every day);
- Daily use.

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<sup>1</sup> The title of this report has changed between the 1999 edition and the 2002 edition. Previously, it was entitled *Drogues et toxicomanies. Indicateurs et tendances* [Drugs and drug addiction: Indicators and trends]. This change takes into account the conclusions of the scientific research which is evolving towards a single model of dependence. On this basis, the authorities have, since 1999, broadened the notion of drug to include alcohol, tobacco, psychoactive drugs and dope.

**Estimate of the number of drug users in metropolitan France, in 2000**

Frequency of use	Alcohol	Tobacco	Psychotropic drugs	Illicit drugs	
				Cannabis	Other drugs
Experimenters	43 millions	36 millions	///	9.5 millions	1.5 millions <sup>(1)</sup>
Occasional users*	41 millions	15 millions	8.4 millions	3.3 millions	220 000 <sup>(2)</sup>
Repeated users*	14 millions	13 millions	3.8 millions	1.7 millions	///
Daily users	8.9 millions	13 millions	2.4 millions	280 000	///

(extrapolation made across all the 15-75 year-olds in metropolitan France, namely around 44 million people in 1999, from a study in the general population)

\* for the exact definitions, which may be different depending on the products, see the report

(1) Taking into account the products that are inhaled (glues, solvents), this number reaches 2.4 million.

(2) Taking into account the products that are inhaled (glues, solvents), this number reaches 300 000.

Sources: *Baromètre Santé 2000* [Health Barometer 2000], CFES [Comité français d'éducation pour la santé - French Centre for Health Education], OFDT handling (except for uses where there is a problem of illicit drugs)

Alcohol is the psychoactive product most deeply embedded in the culture and in consumption practices. It is most frequently the object of experimentation and occasional use. For daily use, it is outstripped by tobacco. A smoker is nearly always a daily smoker (at least 1 cigarette per day), and in two out of three cases a heavy smoker (10 cigarettes or more per day).

Psychotropic drugs are used therapeutically or are misused. The boundary between these two types of use is difficult to observe. Nevertheless, the use of these products is significant and occupies a place mid-way between alcohol, tobacco and illicit drugs.

Even if experimentation with illicit drugs is spreading, the number of declared or identifiable users of these remains considerably lower than for the products mentioned earlier. In this group of products, cannabis is by far the most frequently experimented with or used.

During the 1990s, uses changed: a decline for tobacco (except for women), stability for alcohol and psychotropic drugs (with the exception of antidepressants whose use is growing) and an increase for cannabis.

Among young people, the findings are relatively similar but with certain notable differences. In contrast to the adults, the use of tobacco among the young is on the increase and has reached the same level for girls as for boys. The use of psychotropic drugs, outside medical prescription, is on the increase.

**Is the use of cannabis "widespread"?**

The use of cannabis has clearly increased during recent years, particularly among young people. In 2000, one French person in five had already used cannabis. At the end of adolescence, more than half had used it.

**Frequency of the use of cannabis among young people at the end of adolescence in 2000, by gender, age and type of use**  
(en %)

Type of use	Definition	Girls, aged 17	Boys, aged 17	Boys, aged 18	Boys, aged 19
Abstainer	Never	59.2	49.9	45.1	39.8
Experimenter	Already used, but not during the year	5.0	5.4	6.5	8.2
Occasional	Between 1 and 9 times per year	23.3	20.9	19.9	19.4
Repeated	More than 9 times per year and fewer than 10 times per month	7.4	9.3	9.9	10.1
Regular	Between 10 and 19 times per month	2.6	6.4	6.2	6.8
Intensive	20 times and more per month	2.6	8.0	12.4	15.8

Source : ESCAPAD 2000 [Enquête santé et consommation au cours de l'appel de préparation à la défense –Survey on Health and Consumption during the Call to Preparation for Defense], OFDT

Among these young people, use is often occasional but becomes increasingly regular and intensive with age. Thus, among the boys aged 19 who have experimented with cannabis (60%), more than one in three of them use it regularly or intensively, in the sense of the table above.

This use exists in all social circles. It is still very closely linked to age and, to a lesser extent, to gender: strong use among adolescents and young adults which then decreases and becomes marginal after the age of 50; more significant use for men. However, the difference between the sexes is less pronounced for the young generations of users.

The use of cannabis is very frequently associated with the use of tobacco and alcohol. In party contexts, cannabis is very much in evidence, often accompanying, when these are encountered, the taking of stimulating agents and hallucinogenic products.

## **How do the French view drugs?**

The French grade the potential dangerousness of the various drugs: heroin, cocaine and, to a lesser extent, ecstasy are placed clearly at the top, cannabis being associated, as are alcohol and tobacco, with a lesser danger.

The perceptions are linked to certain characteristics of the individuals, principally their age and their consumption behaviour. This is particularly recognised in the case of cannabis. The perception of its dangerousness, the belief that use of it will lead to the use of more harmful drugs and the opinions on its legal status are strongly divided by the fact of whether or not one has already used it. Those individuals who have a certain amount of familiarity with the product question its dangerousness and its prohibition far more frequently.

The support of the French for public policies is strong: overall, they are in favour of the risk reduction measures, the substitution treatments and the alternatives to penal proceedings for drug users. They remain attached to the existing prohibition. In the case of cannabis, two French people out of three remain in favour of its ban, the others advocate instead a system of regulation.

## **What are the principle types of damage to health attributable to the use of drugs?**

The uses of licit drugs have the most serious consequences as regards health. In France, it is estimated that there are 45 000 deaths due to alcohol and 60 000 due to tobacco. Even though it is difficult to estimate, the actual number of deaths due to illicit drugs is in the order of a few hundred per year (through overdoses recorded by the police, through deaths related to drug dependency recorded by the doctor or through AIDS).

The impact on the death rate of the various drugs cannot be compared absolutely, for the data on illicit drugs is incomplete and the estimated deaths do not involve the same population. Indeed, they affect, above all, a population aged over 50 in the case of alcohol and tobacco, and a younger population, aged 30 on average, in the case of illicit drugs.

The types of damage to health linked to alcohol and tobacco (increased risk of cancer, cirrhosis or other diseases) are much more significant for men than for women on account, principally, of a more significant male use of these products in past years. Nevertheless, in the case of tobacco, the increase in female use and the concomitant reduction in male use should lessen this difference in years to come.

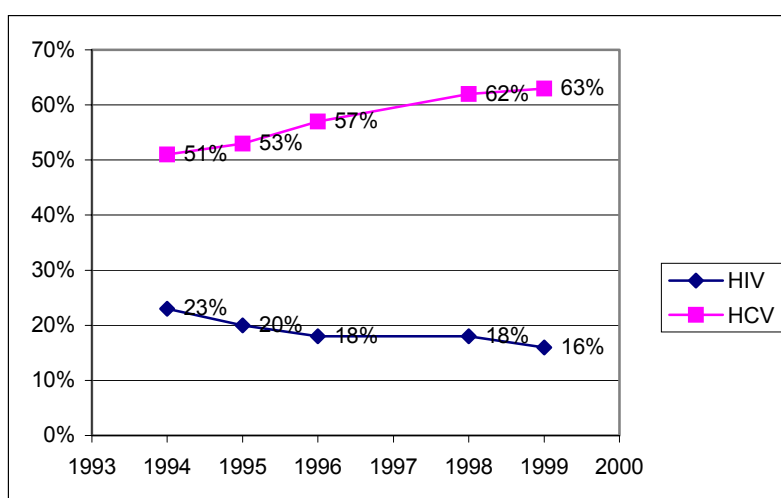
The problematic consequences of the use of illicit drugs are still largely dominated by the use of heroin, which remains the principal product at the root of the health and social care given to users of illicit drugs even if the users in question are very often multi-users, combining, in particular, cocaine, benzodiazepines and alcohol equally. The use of cocaine is also very frequently encountered, usually in association with opiates. There are estimated to be between 150 000 and 180 000 opiate or cocaine users "with problems".

## Is the state of health of drug addicts improving?

With the knowledge as it currently stands, only a partial response can be given to this question. Whereas the death rate linked to the use of illicit drugs, HIV infection and hepatitis is well documented, the other areas are not currently described. For instance, it is impossible to determine a trend in the development of the psychiatric comorbidity of drug addicts even if it can be presumed to be significant.

The declared prevalence of HIV for the injecting users continues the decline started at the beginning of the 1990s: 16% in 1999 compared with 23% in 1994. Conversely, the prevalence of HCV for injecting users is increasing and has reached a very high level: 63% in 1999 compared with 51% in 1994.

### **Declared prevalence of HIV and HCV among injecting users who frequent the specialist establishments**



*Source: Study on the care of drug addicts in November, DREES/DGS [Direction de la recherche, des études, de l'évaluation et des statistiques/Direction Générale de la Santé – Department of research, studies, evaluation and statistics/General Health Authority]*

The number of deaths linked to the use of drugs, tracked by the health system or by the police services, has greatly reduced since 1994. Thus, the number of fatal overdoses recorded by the police in 2000 (120 deaths) is nearly a fifth of what it was in 1994 (564 deaths). The portion of these linked to heroin is falling but is still more than half (6 out of 10).

The positive trends observed in the second half of the 1990s should be seen in relation to the strong increase in the number of users undergoing substitution treatment, the improvement in the accessibility of injection equipment and the reduction in the practices of intravenous injection during the same period. At the beginning of 2001, there were estimated to be 85 000 users benefiting from a substitution treatment, principally high dose buprenorphine (Subutex®). There were only a few thousand of these five years earlier.

## How is the ban on the use of certain drugs applied?

Under the terms of the 1970 law, the use of narcotics is banned. It sets out penal sanctions ranging right up to a fixed prison term. A user of illicit drugs can therefore be arrested, followed, or not, by a sentence, and possibly imprisonment.

Violations of the narcotics legislation led to more than 100 000 arrests in 2000. Constantly on the increase since the 1970s, these primarily involve users (around 95 000 arrests for use or resale-use, namely 93.5% of the total) and, in particular, cannabis users.

During the 1990s, the movement in the number of arrests followed four major trends: the explosion in the number of arrests in relation to cannabis, the sharp fall in the number of arrests in relation to heroin use since 1985, the growth in the number of arrests in relation to cocaine, and the appearance of and the increase in the number of arrests in relation to ecstasy use.

Being arrested for use can have a judicial outcome and can be followed by a sentence (15 000 in 1999). The offence of use in these sentences is frequently encountered as a associated violation, usually with another infringement of drug law (trafficking). The number of sentences for use has been stable for several years. Imprisonments for use are infrequent, (200 people in prison at November 1st) and fell during the 1990s.

The number of arrests and the number of sentences and imprisonments can be related to the number of users of illicit drugs (1.7 million people involved in repeated use). Of these, 5% were arrested the year, less than 1% were sentenced and only a few hundred were imprisoned. Alternatives to judicial proceedings are very frequently applied, thereby following the recommendations of the circular from the ministry of Justice in June 1999. In 2000, it is rare for solely the use of illicit drugs to lead to a prison term but this situation is still encountered.

## Which new drugs are being used today?

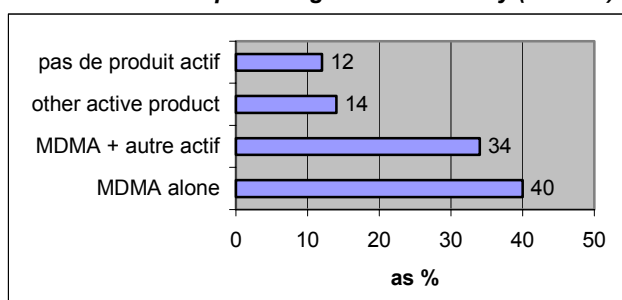
The number of new products – in the sense of their use having never been observed before in the national territory – is in fact extremely limited. Thus, since the setting up in 1999 of the *système national de surveillance des drogues de synthèse* (SINTES) [national identification system for drugs and toxic substances], the instances of a new product being detected have been rare: DOB, 2CB, 4MTA, 2CT7, PMA, amphetamine substances the extent of whose circulation seems very limited. How can we define the subject to be described under the phenomenon of "new drugs"? It would be preferable to describe it as the emergence of new uses of products or drugs which may be old rather than the emergence of new substances. One could thus single out a few recent trends:

- The development of the use of all the stimulants (cocaine, amphetamines, ecstasy) and hallucinogenic products (LSD, mushrooms) in certain party contexts;
- The integration of these uses into the more widespread use of alcohol, tobacco and cannabis;
- The more marginal use of smoked heroin and misused drugs, in particular some anaesthetics such as ketamine or GHB, by young people in these same party contexts;
- The development of a "management" of these uses, the effect of one product lessening, modifying or accentuating the effect of another.

Nevertheless, the use of ecstasy, a product which is symbolic of the "new drugs", remains relatively limited and above all restricted to young adults and to party contexts. Among young people, experimentation with ecstasy varies between 1% and 7% depending on gender and age.

A database on the composition of toxic substances drugs has been built up since 1999 (SINTES base). Out of the 3491 samples collected, MDMA is the molecule detected most often. An analysis of the results also shows that the substances actually consumed do not tally with what the names of the products would have one believe. Thus, whereas MDMA is found to a very large extent in the samples purchased under the ecstasy label, these frequently include other active products, in particular medicinal molecules which can lead to problematic health consequences. The dosages of the active product are also extremely disparate from one tablet to another: among the samples containing MDMA, the doses range from 1 mg to 427 mg per tablet. The majority have a dose lower than 100 mg of MDMA.

### Content of the samples alleged to be ecstasy (n=1272)



Source: *SINTES*, OFDT

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This article has been reread and approved by the members of the editorial committee of the report, Fran  ois BECK, Cristina DIAZ-GOMEZ, Alain LABROUSSE, St  phane LEGLEYE, Carine MUTAYATI, Christophe PALLE, Abdalla TOUFIK, and also by Thierry DELPRAT and Hassan BERBER.

**For further information**

For any additional information or details on methodology, please refer to the report *Drogues et d  pendances. Indicateurs et tendances 2002*, Paris, OFDT, 2002, 368 p. It can be accessed on the Internet site [www.droques.gouv.fr](http://www.droques.gouv.fr)