

CAARUD client profiles and practices in 2015

Aurélie
Lermenier-
Jeannet,

Agnès
Cadet-Taïrou,

Sylvain
Gautier

Support centres for the reduction of drug-related harms (CAARUDs), created by the French law of 9 August 2004 relative to public health policy, are designed to carry out harm reduction measures aimed at psychoactive substance users. Their main objectives are therefore to limit the impact of substance use on health (particularly viral infections) and to inform users about the risks associated with the products and practices, but also to promote their clients' access to entitlements (housing, social security cover, social integration, etc.) and to healthcare. CAARUDs receive populations who are often vulnerable in terms of living conditions and substance uses, without demanding any prior attempts to reduce or stop their substance use. Although they may also be being followed up by the general or specialist care system in the field of addiction medicine, the majority of the individuals attending CAARUDs demonstrate more problematic use than substance users as a whole.

In order to have descriptive indicators for the substance users looked after in these centres and to help improve the responses of professionals and public authorities to the changing needs of this population, the circular of 2 January 2006 stipulates that a national survey of users attending these centres, named "ENa-CAARUD", be carried out.

Previous surveys were carried out every two years between 2006 and 2012 [1-4]. This edition of *Tendances* presents the main results for the 2015 survey and a few changes over the 2006-2015 period, with a focus on medication use.

■ A participation rate that is slightly down

In principle, the survey concerns all CAARUDs in France, including French overseas departments. In 2015, data collection took place in 143 CAARUDs and branches out of the 167 registered¹, i.e. in 86% of them (compared to 93% in 2012). The survey included all substance users attending a CAARUD or met by a mobile team over the data collection period that ran from 14 to 20 September 2015 (one week) for facilities declaring weekly outpatient admissions of at least 30 people and until Sunday 27 September (two weeks)

The results of the fifth French national ENa-CAARUD survey on drug users visiting French Support centres for the reduction of drug-related harms



for smaller facilities. The questionnaire was completed during a face-to-face interview conducted by a staff member at the facility (e.g., social worker, educators, nurse, etc.). After the inclusion period, the centre was allowed another week to finish completing the questionnaire with the users included, if required.

A total of 3,129 questionnaires were returned to the OFDT by the CAARUDs and included in the statistical analysis. The data collection rate² was 64%, representing a decrease compared to the 2012 survey (74%). However the system for counting and providing a minimum of information on users not having responded was changed in 2015³, limiting the comparability with data collection rates for previous surveys.

Eighty percent of the questionnaires were collected in a permanent facility, 13% via a mobile unit, 6% via an outreach team and 20 questionnaires (less than 1%) by a team operating in prisons.

Geographically, the additional week allowed for data collection given to some facilities did not enable enough questionnaires to be collected for all the regions (figure 1). In the next survey, an extension of the data collection period should therefore be envisaged where this appears to be necessary.

1. On an administrative level, a total of 145 CAARUDs were counted throughout the country, but a number of branches (22) were identified separately for the survey since they were located a significant geographical distance away from their parent facility.

2. Number of users for whom the questionnaire was completed relative to all users met during the survey in the CAARUDs having taken part.

3. Up until 2012, a questionnaire was completed for each user attending the CAARUD during the survey, with a box to briefly describe non-responders, if applicable. In 2015, questionnaires were only completed for users responding to the survey and a list (without names) of individuals not having completed the questionnaire was drawn up by each facility on a separate sheet.

■ Results

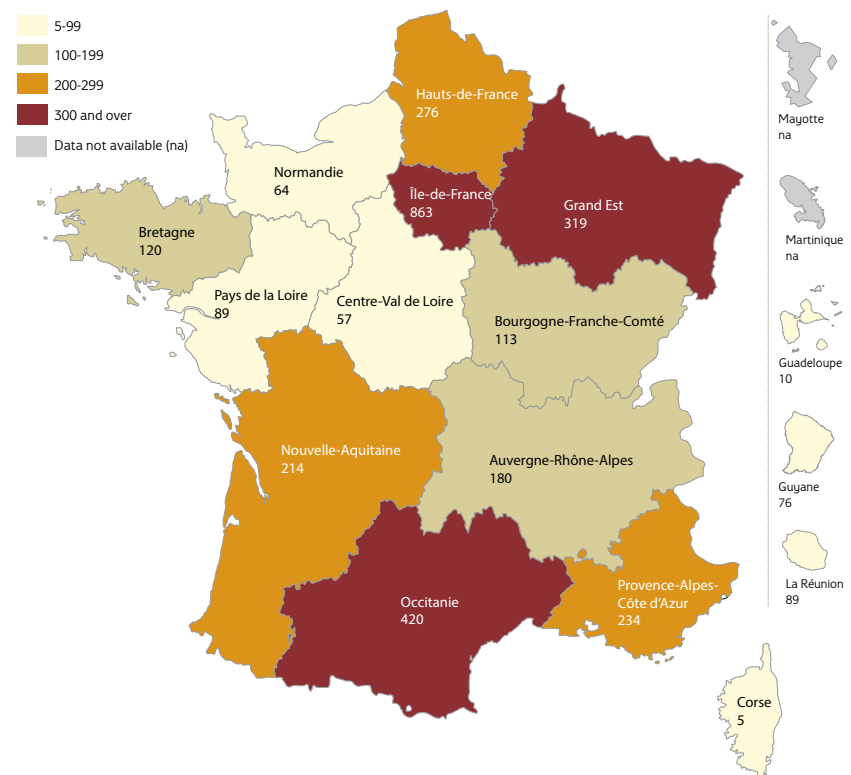
More users socially integrated

As in previous surveys, the population surveyed in 2015 includes just over 4 men to one woman (sex ratio of 4.4). Female users are still younger, on average, than male users (35.4 years versus 38.9 years^{**}). They probably stop attending CAARUDs sooner than men (probably due to pregnancies); therefore their proportion decreases after the age of 35. Between 2006 and 2015, the mean age of CAARUD clients increased by almost five years, from 33.4 to 38.2 years^{**}. This trend is observed in both men and women⁵, although the ageing appears to be a little more pronounced in the former (figure 2), with an increase in mean age of 2.4 years since 2012 compared to only 1.7 years for women. The majority (64%) of users questioned in 2015 live alone and 19% live with a partner; just over one in ten users (12%) live with a child/children, their own or otherwise. However, more women than men live with a partner (38% versus 14%^{**}) and/or with children (21% versus 10%^{**}).

According to a social instability score adapted to the population surveyed⁶, a little under one in five users (19%) are considered to be in a very unstable social situation, whereas 37% are in a “minimally” unstable situation and just under half have intermediate living conditions. A third of the people are living in accommodation that could be described as stable⁷, while it is unstable for 28% of them. Users under the age of 25 always appear to be the most concerned: 42% of them have very poor living conditions (high instability) versus 19% of 25 to 34-year-olds and 16% of those aged 35 and over; 57% of these young people do not have any legal or official income due to the absence of any social welfare benefits. Only one in five young users has stable accommodation, i.e. a proportion almost equivalent to that of the individuals in this age group reporting that they are homeless (20%), and 12% live in a squat. Finally, 21% say they have no medical insurance coverage at the time of the survey (not even State Medical Aid, AME), compared to 13% overall, and 3.5% do not know if they are covered by a social security scheme.

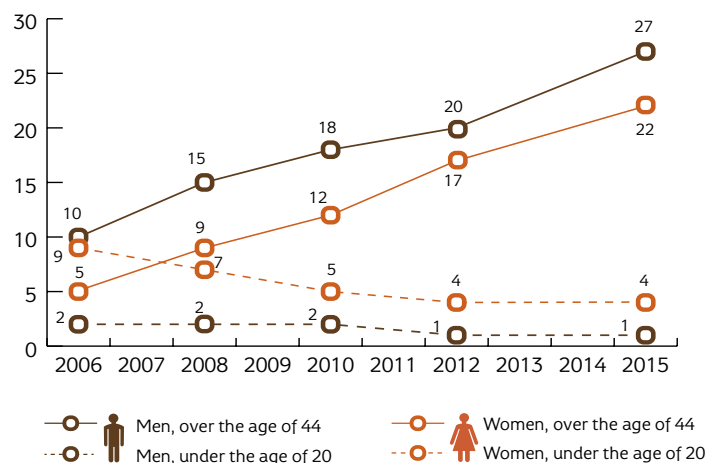
It should be noted that the questions relating to accommodation were detailed in 2015 and calculation of the resulting score was modified, reducing the comparability with previous surveys. However, monitoring of instability indicators (accommodation conditions, income and medical insurance coverage) over time suggests that the proportion of the least socially vulnerable users is continuing to increase [6].

Figure 1 - Number of questionnaires collected for the analysis per region and in French overseas departments



Source: ENa-CAARUD 2015 (OFDT)

Figure 2 - Change in the proportion of CAARUD clients surveyed under the age of 20 and over the age of 44, by gender (%)



Source: ENa-CAARUD 2006, 2008, 2010, 2012 and 2015 (OFDT)

First of all, in the over 34s, a moderate but continuous tendency towards an improvement in accommodation conditions and access to minimum welfare benefits has been observed since 2006. The proportion of users under the age of 35 who are homeless or living in squat, for example, fell from 29% in 2006 to 23% in 2015^{**}. A large share of this evolution is probably related to the ongoing increase within this age group in the numbers of the oldest users, who have the least unfavourable living conditions. Some of these changes are partially found among 25 to 34-year-olds.

4. Throughout the document, * means that the difference between two values is statistically significant with an error risk of less than or equal to 5%, ** means that the error risk does not exceed 1%.

5. If we look more closely at the structure by five-year age bracket, among men, the proportion of 20 to 29-year-olds decreased significantly between 2006 and 2015 with an increase in the 45 and over age bracket; for women, the change in age structure is much less clearly defined.

6. This socio-economic instability score was created on the basis of 3 variables: medical insurance coverage, accommodation and the period of income (see footnote no. 3 in *Tendances* issue 98).

7. The accommodation stability variable is produced by comparing two questions about users' type of accommodation and the period of time they think they will be able to live in this accommodation. Stable accommodation = lives in own accommodation or with relatives, or in an institution with the prospect of staying there for at least six months following the survey. Unstable accommodation = prospect of staying in the current accommodation for less than a month, irrespective of its type, or user accommodated in a hotel room or van/caravan for a planned period of less than 3 months or in a squat for a period of less than 6 months, or homeless. Semi-unstable accommodation corresponds to all other situations.

In addition, between 2012 and 2015 there was a break in the trend that had been observed since 2006 in the under 25s: the proportions of young users living in their own accommodation or with relatives and those receiving income from employment or unemployment benefits increased relatively markedly (56% vs 49%** in 2012 and 27% vs 19%* in 2012, respectively). These changes are probably partially the result of “recruitment” changes by CAARUDs, with a more varied population – socially integrated despite being users of illegal drugs – attending these facilities in order to easily access increasingly diversified harm reduction equipment [4, 7].

At the same time, although the very large majority of users report that they are covered by a social security scheme, an increase in the proportion of users without cover or who do not know their status (20% vs 13%** in 2012) is observed, whereas the figure had oscillated between 11% and 13% since 2006 [2-4]. This increase is spread across all age groups, although it is more marked in the under 25s (+ 12 points).

Recent substance use

Overall, the breakdown of substance uses has not changed significantly, with alcohol and cannabis still representing the predominant share (table 1). However, in line with the qualitative data from the TREND scheme, the use of methadone (therapeutic or otherwise), more often prescribed in the context of an opioid substitution treatment, is continuing to increase, with a decrease in buprenorphine use [8]. Morphine sulphate (slow-release morphine) use is also increasing [9]. Cocaine use, in whatever form, has been increasing since 2010 (41%), following a period of decline just before this date (46% in 2008). This diffusion, despite a 25% increase in the average price per gram of cocaine between 2010 and 2015 [10], is underpinned by a continuous increase in the purity of the retail product since 2012 and, above all, the marked efforts of dealers in recent years to make the drug more accessible to the most vulnerable users by adapting sales units [11]. Use of the base form, under the name of either crack⁸ or freebase⁹, concerns an increasing proportion of these users: in 2015, almost a third of CAARUD clients used freebase cocaine. Finally, there has been a marked increase in benzodiazepine use, particularly between 2012 and 2015, as well as MDMA/ecstasy use.

8. Cocaine sold directly in base form on the crack market, only present in the Île-de-France (Greater Paris) region and in the French Antilles- Guiana region.

9. Cocaine generally converted into base form at home by users, in small amounts.

Risk-taking

Recent injection remains stable

In 2015, 63% of users have already injected during their lifetime (“lifetime injectors”) and 47% have injected in the last month (recent injecting drug users). The proportion of users never having injected any substance has been increasing gradually since 2006 but the prevalence of recent injection has stagnated since 2008. Given the role that CAARUDs play in terms of supplying equipment, particularly for injecting, it is important to take into account the appeal they may hold for injecting drug users when considering this indicator [14].

The average age of the first injection is 22.3 years (compared to 21 years** in 2012). A quarter of lifetime injectors began injecting before the age of 18 years (27%); at 25 years old, 70% had already begun injecting. Overall, the results suggest a delay in the average age of the first injection since 2010; however, we should be cautious when comparing the data given the presence of increasingly older people among CAARUD clients. However, it is nonetheless likely that this delay also reflects a change in methods of initiation to substance use (snorting and vapour inhaling), resulting in injection being avoided or delayed once users have become dependent and are seeking to “get the most value” from their substance use [12].

Table 1 - Substances used in the month prior to the survey (in %)

	2008	2012	2015	2012-2015
Number of users surveyed	3,129	2,906	3,129	
Cannabis	72	73	76	↗ **
Alcohol	63	66	69	↗ *
Opioids	69	73	73	
Buprenorphine [△]	40	37	35	
Heroin	29	31	32	
Methadone [△]	24	27	34	↗ **
Morphine sulfate [△]	15	17	19	↗ *
Codeine [△]	not determined	7	10	↗ **
Stimulants	52	51	57	↗ **
Cocaine, all forms	46	44	50	↗ **
of which cocaine base (crack or freebase)	22	26	32	↗ **
Amphetamines	14	18	17	
MDMA/ecstasy	11	12	15	↗ **
Ritalin [△]	not determined	2	5	↗ **
Hallucinogens	17	16	15	
LSD	9	7	10	↗ **
Ketamine	7	9	7	↘ **
Hallucinogenic plants	11	8	7	
Benzodiazepines [△]	28	31	40	↗ **
No substances used	3	2	2	

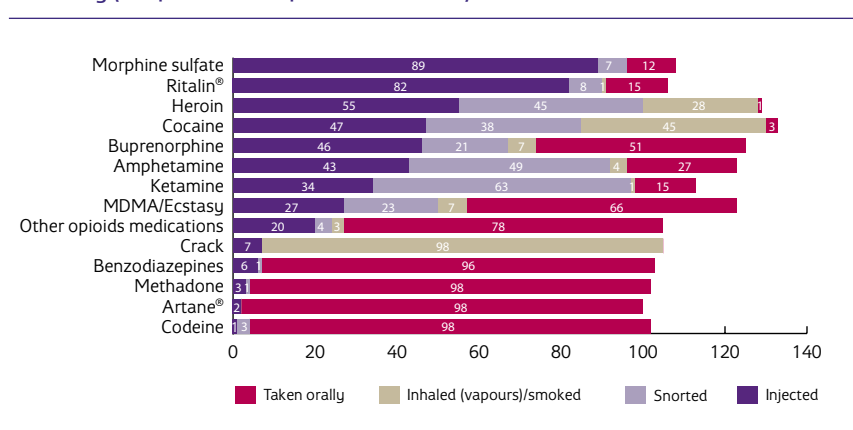
* Statistically significant difference with an error risk of $\alpha < 5\%$

** Statistically significant difference with an error risk of $\alpha < 1\%$

[△] Medicines are mentioned without describing why the user is taking them (therapeutic reasons or otherwise) or whether the user had obtained a prescription.

Source: ENa-CAARUD 2008, 2012 and 2015 (OFDT)

Figure 3 - Methods of use of substances taken by CAARUD clients in the month preceding the survey (% of recent users for each substance) in 2015



Source: ENa-CAARUD 2015 (OFDT)

Interpretation: out of 100 recent morphine sulphate users, 89 have injected, 7 have snorted and 12 have taken it orally (total over 100% due to the use of several methods for a given user).

The first substance injected is still most frequently heroin (59%), although its proportion has declined over time (69% in 2010) and with each generation (49% among the under 35s compared to 65% among users aged 35 and over). This gradual decline in heroin use has occurred in favour of morphine sulphate for younger users (11% of the under 25s cite it as the first substance injected, compared to 4% of users aged 35 or over) and buprenorphine for 25 to 34-year-olds (11%, compared to 5% of over 34s), but also cocaine, which 23% of the under 35s used for their first injection (compared to 15% of older injecting drug users).

Two thirds of injecting drug users inject at least daily, with almost 9 out of 10 doing so repeatedly over the course of the day. Methods of use of the various substances are continuing to evolve (figure 3): while heroin injection¹⁰ had fallen since 2008, in favour of snorting and inhaling (“chasing the dragon”), these two administration routes are in decline (respectively 45% and 28% of recent heroin users, compared to 52%^{**} and 32%^{*} in 2012). Injection of morphine sulphate had increased (89%), whereas it had declined between 2008 and 2012; injection of buprenorphine continues to decline (46%, compared to 56%^{**} in 2008).

In contrast, cocaine purchased in powder form continues more and more to be smoked after “freebasing” (44%, compared to 33% in 2012 and 23% in 2008), the main reason for diffusion of the use of crack pipes or cups. Indeed, in 2015, over a third of users (36%) had used this method, compared to just over a quarter in 2012.

Syringe sharing on the rise

Whereas it was relatively stable between 2008 and 2012, syringe sharing, a major vector for transmission of HIV and viral hepatitis, had increased markedly in 2015 among recent injecting drug users. Although the difference is not statistically significant for small injection equipment as a whole (table 3), a slight upturn is observed for sharing of each individual piece of equipment, a trend that needs to be confirmed with the next survey.

As in previous surveys, users under the age of 25 and women more often share injection equipment (35% and 34% respectively). Reusing their own syringes – thereby multiplying the opportunities for equipment contamination – is common practice among users: 70% of injecting drug users surveyed in 2015 report that they have done so at least once in the month preceding the survey. Finally, 35% say they have been helped by a third party (excluding professionals) to give the injection¹¹, although this practice can lead to handling errors and germ sharing.

Opioid substitution treatments

In 2015, 55% of clients surveyed reported that they were receiving an opioid substitution treatment (OST) in a medical context. This proportion is stable relative to 2012. OSTs are prescribed, in equal proportions, by general practitioners or by a treatment and prevention centre for addiction (40% each). Methadone is now prescribed as frequently as buprenorphine (46%), including Suboxone, except in women (50% for methadone vs 38% for buprenorphine). It can be observed that 2.5% of clients on an OST are receiving Suboxone. Morphine sulphate, which does not have an opioid substitution medication status, is more frequently prescribed to female clients (11% compared to 6% among men).

Significant daily drinking for a third of users

Specific questions relating to alcohol drinking in the 12 months preceding the survey were asked in the 2015 survey (table 2). More than a third of the CAARUD clients say they had drunk alcohol every day over the past year and almost as many (33%) report daily heavy drinking (the equivalent of 6 glasses or more on a single occasion) over this same period. One in two users reports at least one episode of heavy drinking each week. In line with what is observed in the French population as a whole [5], men are predominantly concerned, but a not insignificant proportion of women also drink very heavily. Hence, over the previous year, 31% of female CAARUD clients have drunk alcohol every day and one in four report daily heavy drinking.

With respect to differences according to age, a larger proportion of abstinence over the past year is observed in clients aged 35 and over, but also a higher proportion of people reporting that they drink alcohol every day (38% of the over 34s compared to 23%^{**} of the under 25s). The same is true for heavy drinking, where the extremes (never over the previous year and every day or almost) are more strongly represented in clients aged 35 or over.

Table 2 - Alcohol use according to gender and age among users in 2015 (in %)

	Men	Women	Less than 25 y.o.	25-34 y.o.	35 y.o. and more	Together
Number of users surveyed	2,535	576	205	961	1,911	3,129
Alcohol use within the month	72	63	72	72	69	70
Daily alcohol use within the year	38	31	23	35	38	36
Daily or almost daily heavy drinking within the year	35	27	24	33	34	33
Heavy drinking within the year	22	25	19	18	25	22

Source: ENa-CAARUD 2015 (OFDT)

Among the 36% of users inhaling their drug using a cup or crack pipe in the 30 days preceding the survey, half (as in 2012) state that they shared their equipment.

HIV and hepatitis C: decline in screening

The percentage of clients never having undergone screening, for either HIV or HCV, is no longer falling in 2015: this proportion has stabilised at 10% for HIV and increased by 3 points for HCV, up to 17%.

In lifetime injectors alone, a significant increase is also observed in the proportion of clients stating that they have never been screened for hepatitis C (from 8% in 2012 to 11%^{**} in 2015). All age groups appear to be concerned¹², but the difference is more marked among the over 34s (+ 4 points).

The proportion of negative tests performed within the past 6 months (reflecting the regularity of testing) also

stagnated over the 2012–2015 period, at 47% for HIV and 46% for HCV. The prevalence of HCV tests reported as positive among lifetime injectors has stagnated at 33%, following a period of continued decline since 2006 (figure 4). While these are continuing to decrease substantially for users aged 35 years and over, they are increasing below this age, particularly in the under 25s. Among these HCV-positive lifetime injectors, 35% say they had received treatment for the infection. The proportion of users who do not know the results of their last test remains stable, at 3.3%.

10. Between 2012 and 2015, the use of the injection route among heroin users over the previous month remained practically identical (51% in 2012 and 55% in 2015).

11. This proportion appears to be much higher than in 2012 (18%), but the presentation of the question had changed to address a very high non-response rate (45%) in 2012. This rate fell to 4% in 2015, limiting the comparability of the responses with respect to the previous survey.

12. The difference is not statistically significant for the two age categories below the age of 35 years.

The prevalence of HIV appears to still be falling among lifetime injectors (4.5% vs 6.2% in 2012). Among the under 35s, the proportion of those who do not know their result (2.9%) puts the low prevalence reported into perspective (1.6%).

Focus on the use of medications

Compared to previous surveys, the 2015 survey made it possible to investigate in more detail the use of medications, including opioid substitution medications (buprenorphine and methadone), with questions focusing on misuse via the effects sought (figure 5) and whether or not the products were obtained by prescription.

Apart from opioid substitution medications, benzodiazepines¹³ are the medications most taken by the users surveyed in 2015: 40% have taken some in the preceding month and 63% take them daily. After having increased between 2008 and 2012, from 57% to 63%, the proportion of daily users has stabilised in 2015. More of the over 34s tend to take these medications and they do so much more frequently than younger users (68% daily users compared to a third in the under 25s). However, it seems that this use is more often in a medical context because the misuse indicators for these products are lower in this population: for example, fewer of them inject (4%, compared to 11% of the under 35s) and the reason for taking them is less frequently indicated as “to get stoned” (19% compared to 28%), with the medication more often having been obtained by prescription than in the under 35s.

The recent use of codeine medications (cough suppressants or analgesics in the form of syrups or tablets) concerns 10% of CAARUD clients in 2015, compared to 7%** in 2012. Although there is no difference according to gender, it is, however, more common in the under 35s, without any particular use pattern (method of taking, effects sought, etc.) emerging as significant compared to the other age groups.

Methylphenidate (Ritalin®) and trihexyphenidyl (Artane®) have been used in the month preceding the survey by respectively 5% and 2% of the individuals met in the CAARUDs in 2015. Of all the substances cited in the questionnaire, these are the least used, but they are also the ones for which users most often report their objective as being “to get stoned” (more than 75% of them), rather than a therapeutic objective. These substances are also the two medications that were the least frequently obtained by medical prescription, another sign of a high level of misuse. Trihexyphenidyl particularly concerns the under 25s, but they do not appear to misuse it any more often than

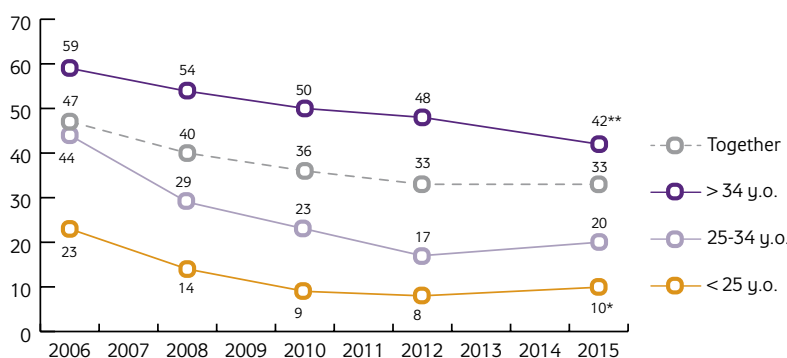
Table 3 - Rate of injection equipment sharing among injecting drug users in the month preceding the survey, from 2008 to 2015 (in %)

	2008	2010	2012	2015	2012-2015
Number of users surveyed	1,340	1,102	1,222	1,443	
Syringes	9	9	8	14	**
At least one piece of equipment excluding syringes	23	23	22	24	ns
Water for rinsing	10	8	7	10	**
Recipient/spoon	18	16	15	19	**
Cotton/filter	14	13	12	15	*
Water for preparation	17	14	15	19	**

*: statistically significant difference with an α risk of < 5% **: statistically significant difference with an α risk of < 1%
 ns: difference not statistically significant.

Source: ENA-CAARUD 2008, 2010, 2012 and 2015 (OFDT)

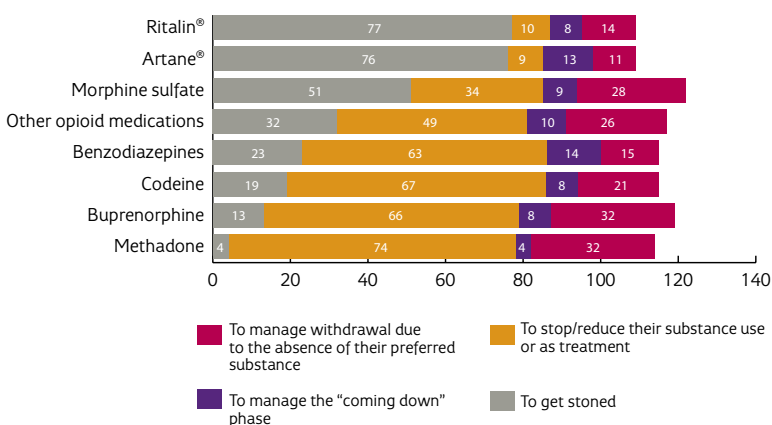
Figure 4 - Evolution per age category in reported HCV positivity among clients having injected at least once in their lifetime (%)



*: difference statistically significant between 2012 and 2015 with an α risk of < 5%
 **: difference statistically significant between 2012 and 2015 with an α risk of < 1%

Source: ENA-CAARUD 2006, 2008, 2010, 2012 and 2015 (OFDT)

Figure 5 - Effects sought by users when taking medications in the month preceding the survey (% of recent users for each substance) in 2015



Source: ENA-CAARUD 2015 (OFDT)

Interpretation: out of 100 recent Ritalin® users, 77 took it "to get stoned", 10 to stop or reduce their substance use or as treatment, 8 to manage a "coming down" phase, 14 to manage withdrawal from another substance (total over 100% due to several effects potentially sought by a given user).

older users. Furthermore, misuse of this medication is very specific to a particular geographic region, Reunion Island, where the problem has been well known since the 1970s. Hence in 2015, a third of CAARUD clients on Reunion Island have used the substance in the month preceding

the survey, whereas the levels never exceed 2% in the other regions (this product is not even cited in some of them).

13. The term was indicated as is in the questionnaire, with CAARUD staff being able to give numerous examples: Valium®, Tranxene®, Rivotril®, Temesta®, Lexomil®, Xanax®, etc.

■ Conclusion

The ENa-CAARUD 2015 survey confirms the increasing attendance of CAARUDs by socially integrated substance users, with an instability level that nonetheless remains much higher than in the general population. This trend reflects the presence of ever older clients, whose situations are less unstable than those of younger clients, but also probably reveals the extension of problem use among the socially integrated population. Although the proportion of users in an unstable situation is falling steadily among older age groups, the reduction among young people under the age of 25 differs from what has previously been seen in this age category. These new CAARUD clients appear to be more anchored in the work environment and have more stable accommodation conditions. Conversely, a decline in access to medical coverage is observed in all age groups, which is still to be explained.

Regarding substance use, for the first time, the study reveals the central position of alcohol drinking by illegal drug users, regularly highlighted by professionals. The study makes it possible to estimate that, in addition to other addictions, a third of the clients surveyed drink the equivalent of at least 6 glasses of alcohol daily on a single occasion, and that they do this throughout the year.

Cocaine use is increasing, probably related to the increased segmentation of the doses sold, to adapt to the financial capacities of the “poorest” users and with an average cocaine purity that has been increasing since 2011. The proportion of clients using base product, bought in the form of crack or freebased subsequently, continues to grow. As regards medication, the 2015 focus confirms the qualitatively known disparities in their status among CAARUD clients, between “getting stoned” and treatment. Morphine sulphate and methadone use became markedly more widespread between 2008 and 2015, as did benzodiazepine use. In the case of methadone, this progression is largely related to its growing use in the context of opioid substitution treatment. One of the key points of this year’s sur-

vey concerns the stabilisation – or even trend inversion – of several indicators, which used to reflect the diffusion of harm reduction practices. More in-depth investigations are required to explore the different factors that may be potential sources of these observations: an increase in equipment requirements related to repeated injections of stimulants, more difficult access to CAARUDs in the context of disruptions relating to urban safety measures [13] or due to distance, addition of new clients not familiar with harm reduction to new outpatient admissions. Whatever the case, the issue of access to equipment and its use remains crucial. In fact, the frequency of risky practices may be much higher still in problem users who do not or only rarely attend CAARUDs.

In parallel, recent injecting has not fallen since 2008 and has stabilised at a relatively high level. However, the proportion of users never having injected continues to rise and the age at which they start is increasing. It would be worth exploring this trend more precisely, by age category, to differentiate between the effect of the ageing of the populations seen at CAARUDs and any real change in practices.

Finally, the proportion of users never having undergone an HIV and HCV test is no longer falling, and is even increasing for HCV. Although the over 34s remain the age category with the fewest clients not having been tested for hepatitis C, in parallel it seems to be among this age group that screening has declined the most. Furthermore, an upturn in reported HCV positivity is observed in the under 35s, following a continuous fall since 2006. Given the subjective reporting nature of these data and the biases inherent in a survey like ENa-CAARUD, the results of which are affected by “recruitment” changes at the facilities, these points should be interpreted as signals to be explored.

bibliography

1. TOUFIK A., CADET-TAÏROU A., JANSSEN E. and GANDILHON M., [The first national survey on users of the CAARUD centres](#), Tendances, OFDT, n° 61, 2008, 4 p.
2. CADET-TAÏROU A., COQUELIN A. and TOUFIK A., [CAARUD: client profiles and practices in 2008](#), Tendances, OFDT, n° 74, 2010, 4 p.
3. CADET-TAÏROU A., [Résultats ENa-CAARUD 2010. Profils et pratiques des usagers](#), Saint-Denis, OFDT, 2012, 6 p.
4. CADET-TAÏROU A., SAÏD S. and MARTINEZ M., [CAARUD client profiles and practices in 2012](#), Tendances, OFDT, n° 98, 2015, 8 p.
5. BECK F., OBRADOVIC I., PALLE C., BRISACIER A.C., CADET-TAÏROU A., DÍAZ GÓMEZ C., LERMENIER-JEANNET A., PROTAIS C., RICHARD J.-B. and SPILKA S., [Usages de drogues et conséquences : quelles spécificités féminines ?](#), Tendances, OFDT, n° 117, 2017, 8 p.
6. CADET-TAÏROU A., « Précarité des usagers des CAARUD : ce que disent les chiffres », Swaps, n° 78, 2015, pp. 8-12.
7. CADET-TAÏROU A., GANDILHON M., LAHAIE E., CHALUMEAU M., COQUELIN A. and TOUFIK A., [Drogues et usages de drogues en France. État des lieux et tendances récentes 2007-2009. Neuvième édition du rapport national du dispositif TREND](#), Saint-Denis, OFDT, 2010, 281 p.
8. BRISACIER A.-C., [Tableau de bord TSO 2017](#), Saint-Denis, OFDT, 2017, 17 p.
9. CADET-TAÏROU A. and GANDILHON M., [Morphine sulphate consumption by French drug users: recent trends \(2012-2013\)](#), Saint-Denis, OFDT, 2014, 17 p.
10. CADET-TAÏROU A., GANDILHON M., MARTINEZ M., NÉFAU T. and MILHET M., [Psychoactive substances, users and markets: recent trends \(2015-2016\)](#), Tendances, OFDT, n° 115, 2016, 8 p.
11. CADET-TAÏROU A., GANDILHON M., MARTINEZ M. and NÉFAU T., [Illegal or misused substances: recent trends \(2013-2014\)](#), Tendances, OFDT, n° 96, 2014, 6 p.
12. CADET-TAÏROU A., GANDILHON M. and LAHAIE E., [Noteworthy phenomena and emerging trends in illegal drugs \(2010-2011\)](#), Tendances, OFDT, n° 78, 2012, 6 p.
13. CADET-TAÏROU A., GANDILHON M., MARTINEZ M. and NÉFAU T., [Psychoactive substance use in France: recent trends \(2014-2015\)](#), Tendances, OFDT, n° 105, 2015, 6 p.
14. DÍAZ GÓMEZ C. and MILHET M., [Overview of CAARUDs in 2014. Coverage, populations and harm reduction supplies distributed](#), Tendances, OFDT, n° 113, 2016, 6 p.

Acknowledgements

We would like to thank all CAARUD clients and staff for the time they took to carry out this survey.

Thanks to Soraya Belgherbi for preparing the survey.

Thanks to Anne-Claire Brisacier, Anne de l'Éprevier, Thomas Néfau, Ivana Obradovic, Christophe Palle for their meticulous review work.

tendances

Director of publication
Julien Morel d'Arleux

Editorial Committee

Henri Bergeron, Emmanuelle Godeau, Bruno Falissard, Aurélie Mayet, Isabelle Varescon, Frank Zobel

Editor in chief

Julie-Émilie Adès
Graphic designer / Frédérique Million
Documentation / Isabelle Michot

French Monitoring Centre for Drugs and Drug Addiction

3, avenue du Stade-de-France
93218 Saint-Denis La Plaine cedex
Tel. : (+ 33) 1 41 62 77 16
Fax : (+ 33) 1 41 62 77 00
e-mail : ofdt@ofdt.fr



www.ofdt.fr