

# CAARUD client profiles and practices in 2012

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*The results of the fourth French national survey on drug users visiting French Support centres for the reduction of drug-related harms.*



**Table 1 - Data collection rate by type of team activity and proportion of responders in the analysed sample**

	Data collection rate per team type	Weight of each modality in the sample
CAARUD site	78%	88%
Mobile unit	53%	9%
Outreach team	62%	3%
Total	74%	100%

Source: ENa-CAARUD 2012, OFDT

Support centres for the reduction of drug-related harms (CAARUDs) see populations that are often fragile. The harm reduction (HR) measures undertaken aim at limiting the impact of drug use (especially viral infections), providing information on the risks related to different substances and practices and promoting access to care, social benefits and acceptable living conditions, without, however, first requiring users to stop using drugs.

Subsequently, French CAARUDs mainly admit users who, although they can be followed up by French healthcare system services (whether or not specialised in addiction medicine), tend to have more uncontrolled problem use than users in general. They also tend to live in more precarious social situations.

In order to monitor the characteristics of treated drug users and help improve the responses of professionals and public authorities to the changing needs of this population, the National Health Directorate (DGS) announced, in the 2 January 2006 circular, a biennial national survey of treated users, named "ENa-CAARUD".

The first three surveys took place in 2006, 2008 and 2010. This issue of *Tendances* presents the results of the 2012 survey and focuses on the different types of users as well as the interregional variations likely to be observed. The next survey will be conducted in the Spring of 2015.

## ■ Survey approach

Data collection took place in 142 of the 153 CAARUDs surveyed in 2012 (93%, or two points higher than in 2010). In principle, the survey included all users seen in a centre or by a mobile team from 26 November to 2 December 2012. The questionnaire was completed during a face-to-face interview conducted by staff members (e.g., social workers, educators or nurses). After the enrolment week, the staff members had one additional week to complete the questionnaire with the users. There was a system for quantifying and providing a minimum of information on the users who did not complete the questionnaire.

HR activities carried out on the party scene were excluded from the scope of the survey because the content of the ques-

tionnaire was not adapted to this population. A total of 4,241 users were met the week the survey was conducted [1].

After eliminating non-respondents (1,037), double counts and questionnaires completed outside of the survey period (299), 2,905 individuals were included in the analysis.

The data collection rate<sup>1</sup> was 74%, or 14.5 points higher than in 2010. The increase, which is the result of the teams' major efforts during the survey week, is marked precisely where it had been the lowest, thereby narrowing interregional gaps (Figure 1).

This feedback on the collection rate, which had dropped 10 points from 2008 to 2012,

1. The proportion of users for whom the questionnaire was completed versus all users encountered in CAARUDs during the survey period and who took part in the survey

is accompanied by significant return to the sample population of people whose use profile is characterised by “typical” party scene substances<sup>2</sup> and by people who are more precarious.

As a result, the data will be more often compared to those of the 2008 edition rather than those of the 2010 edition. In parallel to the decrease in the number of non-responders (1,037 vs. 1,700 in 2010), the distribution of the reasons for not responding changed. In 2012, a lack of survey administrator time represented less than one third of the reasons (31% vs. 42%) and became secondary. In contrast, user refusal became the majority reason (45% vs. 30%), even though the absolute number decreased (465 vs. 535). The number of users not surveyed due to a language barrier declined (177 vs. 207), and their proportion among non-participants was 17% in 2012.

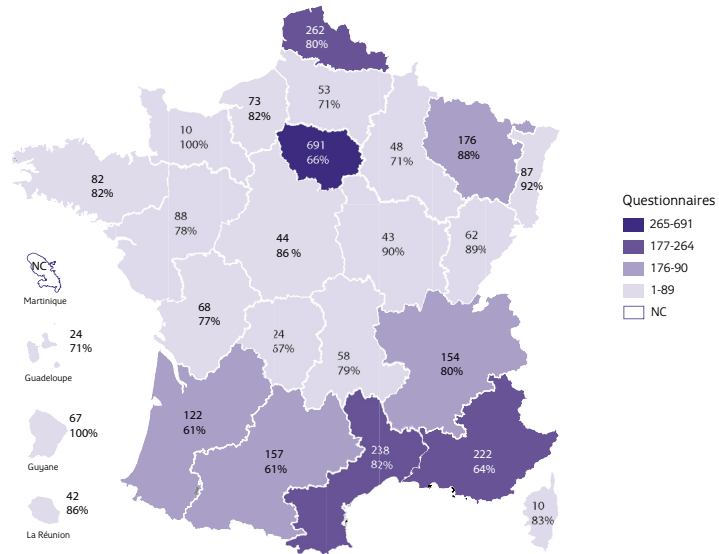
## Results

### User characteristics

The mean age of CAARUD clients continued to rise (33.4 years in 2006 vs. 35.9 years in 2012). However, there was an observed slowing in the ageing of the men in this population; the proportion of men over the age of 50 did not increase. The women are still younger than the men on average (33.7 years vs. 36.5 years), but the age structures of men and women are becoming more similar and the age difference is diminishing (4.4 years in 2008 vs. 2.8 years in 2012) (Figure 2). The “departure” of women from new patient intakes begins around the age of 25; this may be pregnancy-related [1]. However, more than half (55%) of women frequenting CAARUDs are mothers, and 30% of these mothers live with their children. In contrast, only 9% of fathers live with their children.

Compared with 2008, the precarious user breakdown<sup>3</sup> changed slightly. The proportion of less socioeconomically fragile users grew (from 20% in 2008 to 24% in 2012). We observe a weak but steady downward trend in the proportion of homeless users or users living in squats (31% in 2008, 27% in 2012) that applies mainly to users under the age of 25 and over the age of 34. Users under the age of 25 always appear as the most precarious: 49% of them experience very poor living conditions (high instability) versus 29% and 33% respectively in users aged 25 to 34 and over 34; two thirds of these young users (67%) have no legal or official income since they do not receive social welfare, and one third of them are homeless or live in squats (31%), while 11% are not covered by the Social Security scheme<sup>4</sup> and 7% do not know if they are. Nevertheless, the majority (89%) do have valid identity documents.

Figure 1 - Number of questionnaires used for the analysis and data collection rate (%) per region and in French overseas departments



Source: ENa-CAARUD 2012, OFDT

Table 2 - Change in substances used by CAARUD clients in the month prior to the survey, from 2008 to 2012

Substances	2008 N = 3,129 (%)	2012 N = 2,906 (%)
Cannabis	72	73
Alcohol	63	66 *
<b>Opioids</b>	<b>69</b>	<b>73</b> *
Buprenorphine	40	37 *
Heroin	29	31
Methadone	24	27 *
Morphine sulphate	15	17 *
Codeine	not determined	7
<b>Stimulants</b>	<b>52</b>	<b>51</b>
Cocaine all forms	46	44
of which crack or freebase cocaine	22	26 *
Amphetamines	14	8 *
MDMA/Ecstasy	11	12
Ritalin	not determined	2
<b>Hallucinogens</b>	<b>7</b>	<b>16</b>
LSD	9	7 *
Ketamine	7	9
Hallucinogenic plants	11	8 *
Benzodiazepines	28	31 *
No substances used	3	2
Mean number of different substances used	3.8	3.9

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

N.B. Substitution medicine and morphine sulphate, sometimes used as such, are mentioned without describing why the user is taking them (therapeutic reasons or otherwise) or whether the user had obtained a prescription. CAARUD client situations with respect to these treatments are often complex.

Source: ENa-CAARUD 2012, OFDT

2. Stimulants, excluding cocaine and hallucinogens

3. A socioeconomic precariousness score was created using three variables categorised as follows: **Health coverage**: 0: affiliated to a Social Security scheme with complementary coverage; 1: affiliated to a Social Security scheme without complementary coverage (including people with CMU universal medical coverage or free health care for people on low incomes); 2: no Social Security scheme (with or without AME state medical assistance). **Housing**: 0: long-term (independent or with friends/family); 1: in an institution or temporarily with friends/family; 2: homeless or living in a squat. **Origin of income**: 0: employment income and/or unemployment benefits; 1: social welfare or funds from third parties; 2: other funds (illegal or unofficial) and no income.

The instability score corresponds to the sum of scores for each of these variables; this sum is then categorised into one of three classes: low (< 2), moderate (3 or 4) or high (> 4) level of instability. This classification has been adapted to the description of the CAARUD client population, members of whom are in extremely precarious situations compared with the general population. The results corroborate an ascending hierarchical tree clustering performed on the 2008 data using the same variables.

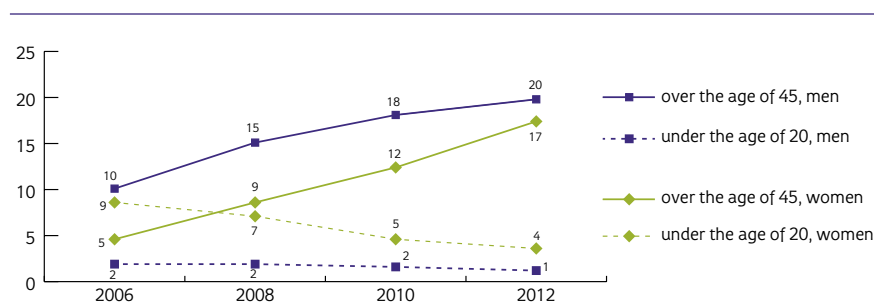
4. Of which one in five received state medical assistance (AME).

Table 3 - Different use intensity and user profiles

Use and user profiles	Moderate polydrug use		Extensive polydrug use		Limited polydrug use		Total
	Integrated users, taking OST	Traditional precarious users	"Opioid" polydrug users	"Partygoing" polydrug users	Older users	Precarious young users	
Population size	414	564	367	496	659	405	2 905
Proportion of total (%)	14	19	13	17	23	14	100
Under 25 years of age (%)	12	0	2	26	0	38	12
25-34 years (%)	61	19	26	53	4	62	34
35 and over (%)	27	81	72	21	96	0	54
Proportion of women (%)	22	15	19	21	18	23	20
Moderate instability (%)	63	0	53	11	27	2	24
High instability (%)	0	59	2	44	24	61	33
Homeless or living in a squat (%)	7	58	14	51	31	57	38
Living with a partner (%)	32	15	24	29	18	23	23
Living alone (%)	53	68	61	48	70	58	61
Taking substitution treatment (%)	90	91	86	72	16	18	60
<b>Last-month use</b>							
Number of different substances used	3.3	4.2	5.6	7.1	1.7	2.2	3,9
Cannabis (%)	68	83	81	91	49	73	73
Alcohol (%)	57	75	72	82	49	61	66
<b>Opioids (%)</b> , of which	97	94	99	90	32	38	73
Heroin (%)	33	27	54	57	9	13	31
Buprenorphine (%)	72	69	15	47	10	8	37
Methadone (%)	20	28	78	34	7	10	27
Morphine (%)	6	11	49	32	6	9	17
<b>Stimulants (%)</b> , of which	34	59	69	92	26	27	51
Cocaine, all forms (%)	31	58	63	67	25	25	44
of which crack or freebase (%)	11	39	33	36	17	15	26
Amphetamines or MDMA/Ecstasy (%)	5	2	18	81	1	3	18
<b>Hallucinogens (%)</b>	2	2	16	71	1	2	15
Benzodiazepines (%)	26	46	59	40	12	6	31
Use of substances purchased online (%)	9	4	13	28	3	7	10
Last-month injection (%)	68	48	77	66	16	17	46
Sharing of at least one piece of equipment (%)	21	19	27	29	11	12	23
"IDF" region (Greater Paris) (%)	8	37	20	8	35	25	24
DOM (French Overseas Departments) (%)	1	3	1	1	10	9	5
Metropolitan France, excluding IDF (%)	91	60	79	91	54	66	72
Hospitalised in the last 12 months (%)	29	42	33	37	35	29	35
Seen in a CSAPA in the last 12 months (%)	41	53	63	44	36	36	45
At a CAARUD every day or almost (%)	10	23	16	17	21	24	19

NN.B. The colours help the reader visualise the characteristics of each group: violet (very high value), green (very low value).  
Source: ENa-CAARUD 2012, OFDT

Figure 2 - Change in the proportion of surveyed people under the age of 20 and over the age of 45, by gender (%)



Source: ENa-CAARUD 2012, OFDT

### Recent substance use

Overall, the use structure has not markedly changed (Table 2). Slightly more CAARUD clients than in 2008 recently<sup>5</sup> consumed alcohol and opioids<sup>6</sup>. Opioid use changed according to qualitative observations [2, 3]: buprenorphine use decreased while

5. Throughout the text, the term "recent" refers to use in the last 30 days.

6. The increase in the prevalence of opioid use is not related to the recent insertion of codeine into the scope of measurement: all codeine users consumed at least one other opioid.

more frequently prescribed methadone and often-misused morphine sulphate use increased [4]. Freebase cocaine use continued to increase. The increase in ketamine use from 2008 to 2012 is not statistically significant, but may correspond to a real phenomenon given the available qualitative data [5].

## ■ Use and user profiles

A statistical classification<sup>7</sup> with a descriptive purpose was implemented to identify several major user profiles that were already more or less qualitatively known in the survey population. Although it does not provide a detailed description of all existing situations, it does compare the proportion of each of the groups in CAARUD new patient intakes during the week of the survey and identifies key geographic differences. Of these six groups, two are comprised of moderate polydrug users (i.e., last-month users of a mean of three or four different substances, including alcohol and cannabis), two others feature extensive polydrug users (six or seven different substances) and the last two are characterised by a very low level, if any, of psychoactive substance use (a mean of one to two substances). These profiles differ with the range of used substances, the level of social integration or user practices.

### Moderate polydrug use

#### *Well-integrated OST patients*

This group (14% of the total) includes people of an average age range (25 to 34 years) who are fairly socioeconomically integrated: 35% mainly live with occupational income while 85% have long-term<sup>8</sup> housing. Nearly one-third of these individuals live with a partner, indicating, among the eldest of the group, maintenance of social integration. Their degree of polydrug use is moderate (3.3 substances in the last month). The opioid they tend to use is buprenorphine (for seven in 10), followed by methadone (two in 10), which they receive for substitution treatment. Only one-third (34%) of them also used stimulants, mainly cocaine. Party scene substances (i.e., amphetaminic or hallucinogenic stimulants) are not among the substances used by this group. Of these users, seven in 10 injected at least one substance in the last month: buprenorphine (seven in 10 users), cocaine (six in 10) or heroin (five in 10). Nine in 10 lived outside of Greater Paris.

#### *“Traditional” precarious users*

These users represent 19% of the sample. Six in 10 live in a highly precarious situation. Nearly one third do not have any legal or official income and nearly one in five do not have or

no longer have identity papers. These users are relatively old (mean age 40) and tend to live alone (68%). As in the preceding group, their use is mainly of opioids (nine in 10 receive opioid substitution medications, mainly buprenorphine), and they never use substances that tend to circulate on the party scene. However, nearly 60% of them had taken cocaine in the last 30 days, and seven in 10 of these users had used crack or freebase cocaine. Nearly one in two users had taken benzodiazepines. Just over one in two users are also recent injecting drug users. These precarious users are characterised by their high rate of last-year imprisonment (20%) as well as their frequent use of health public facilities (hospitalisation, CSAPA, CAARUD). Finally, 37% of people classified in this group were encountered in the Île-de-France region versus 24% of the entire sample population.

### Extensive polydrug use

#### *Opioid polydrug users*

These users represent 13% of the sample. Using a mean of 5.5 different substances each month, this group is characterised by opioid use of a trio of substances: methadone (77%), heroin (55%) and morphine sulphate (49%), which seven in 10 of these users associated with stimulants, mainly cocaine (once again, seven in 10 users). One third of the group use the cocaine in freebase form while 40% inject it. In contrast with the previously-examined profiles, in addition to the high benzodiazepine consumption typically seen in this group (59%), 27% of this group recently incorporated substances typically seen on the party scene (stimulants other than cocaine and hallucinogens). Overall, this group is socioeconomically fairly similar to the first profile, although there is a small difference. In contrast, there is a high proportion of users over the age of 35 who often live alone. Nearly eight in 10 are recent injecting drug users and 27% of them recently shared at least one piece of injection equipment. They tend to go to CSAPAs (National treatment and prevention centres for addiction): 63% had been to one in the last year, and seven in 10 had been over ten times.

#### *Partygoing polydrug users*

This group (representing 17% of the total) includes drug users who probably frequented the party scene. It is characterised not only by intense polydrug use (i.e., a mean of seven substances), but also by the taking of multiple risks. About 90% of the people in this group were engaged in recent use of cannabis, opioids and stimulants. Seven in 10 users had taken hallucinogens while eight in 10 had drunk alcohol. In this group, in which 72%

of users stated having received substitution treatment, the most widely used opioid was heroin. Another characteristic of this group is ketamine use, in which 42% had engaged in the last month. In addition, 28% of these users stated having used a substance that was purchased, perhaps by a third party, online (vs. 10% of the whole group). Individuals classified in this group appear to be fairly young (26% under the age of 25). They mainly fall either into the category of people who receive social benefits or, to a lesser extent, of people who live in a highly precarious situation (one quarter live in a squat, one fifth are homeless and 36% have no legal resources).

Somewhat fewer than one-third (29%) live with a partner, but these are different from the proportion of those “living with friends” (18%), which appears to be consistent with the proportion of those living in a squat. Like the preceding group, this group frequently injects (66%) and shares equipment (29% of recent injecting drug users). Moreover, one in five (22%) recent injecting drug users was helped by a third party in the last month<sup>9</sup>. A sign of risk-taking, 13.5% of them stated having already overdosed in the last 12 months (vs. 7% of the whole group), and about the same proportion reported having been hospitalised for trauma in the last 12 months also. Nearly all (91%) were encountered in CAARUDs outside of the Île-de-France region.

### Near monodrug use

At the extremes of the age range, two groups stand out (see below). The commonality between them is that they are practically monodrug users of psychotropic substance (1.7 and 2.2 different substances used in the last month: 0.8 and 0.9 if alcohol and cannabis are not considered) characterised by relatively little “interest” in opioids compared with other groups. Respectively 16% and 18% only stated taking OST. Some do not report any recent use (approximately 6% of this group). Despite this limited use, they faithfully frequent CAARUDs: nearly 64% go at least once a week, and half of this group go every day or almost every day. It is hypothesised that some clients overstate use to justify their presence in a CAARUD, which also offers amenities such as food and heat. Concurrently, fewer of this group vs. the other

7. K-means clustering; entered variables: age class, precariousness class, last-month injection, recent use (RU) of heroin, RU of buprenorphine, RU of methadone, RU of morphine sulphate, RU of MDMA and/or ecstasy, RU of crack, RU of at least one hallucinogen, RU of benzodiazepines, OST prescription; number of classes empirically set as six. The software used was SPSS 18.0.0.

8. That is, for at least six months.

9. Practice that is conducive to hepatitis C infection.



profiles have frequented a CSAPA in the last year (36% vs. 45% of all users).

#### The “seniors”

This group (23%) includes users in different situations who have in common a relatively high age (44 years) and no or no more polydrug use. They mainly consume alcohol and/or cannabis, to which they add another substance: one-third add an opioid, one-quarter add cocaine (seven in 10 of whom use it freebased) and 12% add benzodiazepines. Injecting drug users represent a small proportion (16%), and others had stopped (one-quarter) or had never started (approximately 60%). Seven in 10 live alone. They experience varied levels of precariousness and are overrepresented in the Île-de-France region.

#### Precarious or wandering youths

This profile represents 14% of users. Even younger than the partygoer profile (four in 10 are under the age of 25, and their mean age does not reach 27), they are a highly fragile group: 61% are in a highly precarious situation, over half

have no legal resources and 37% live in a squat or are homeless. The structure of the use is basically the same as that of the previous group, except that there are proportionately more alcohol and cannabis users.

These groups are not found consistently throughout France, and certain geographic areas have a marked presence of specific profiles (e.g., partygoers for the West, precarious crack and buprenorphine users as well as “older” users in the Île-de-France region, and integrated OST users in the East of France etc.). To obtain quantitative estimates, the regions were grouped into interregions so as to have large enough population sizes. The regional groups were formed based on geographic proximity as well as on similarities in use (Table 4).

#### The primary substances: opioids first and foremost

Each surveyed user was asked to identify the substance used in the last 30 days that, according to the user in question, was the primary (most problematic)

substance. Due in part to the frequency of use, the most frequently mentioned substance since 2010 is alcohol, mentioned by one in five users, and not buprenorphine, whose proportion has declined over the years, as has its use. The proportion of users of a particular substance who considered it to be the primary substance (Table 5, primary/use ratio) provides some insight into the perceived dangerousness of the substances by the users. The classification of substances did not truly vary: the primary substances for users were still buprenorphine, morphine sulphate, crack and heroin (for each, more or less one-third of users), as well as alcohol (28% of users) and Ritalin® (methylphenidate, 21%), for which the prevalence of use is very low (1.9%).

#### ■ Risk-taking

##### Routes of administration

In 2012, 64% of users had engaged in lifetime injection and 46% had injected

Table 4 - Breakdown of CAARUD clients from each interregion by profile, 2012

Interregions	Use and user profiles	Included regions	N	Moderate polydrug use		Extensive polydrug use		Limited polydrug use		Total (%)
				Integrated users, taking OST (%)	Traditional precarious users (%)	“Opioid” polydrug users (%)	“Party-going” polydrug users (%)	Older users (%)	Precarious young users (%)	
Northwest		Nord-Pas-de-Calais, Haute-Normandie, Basse-Normandie, Picardie	398	18	18	10	9	23	22	100
West		Bretagne, Pays de la Loire, Poitou-Charentes	238	17	11	16	36	9	11	100
IDF		Île-de-France (region that includes Paris and Greater Paris)	691	5	30	11	6	34	15	100
East		Alsace, Lorraine, Champagne-Ardenne, Franche-Comté	373	27	18	14	15	12	14	100
Centre		Centre, Bourgogne, Auvergne, Limousin	169	24	12	20	25	11	9	100
Rhône-Alpes		Rhône-Alpes	154	16	18	17	25	18	6	100
PACA and Corsica		Provence-Alpes-Côte d’Azur, a region in south-eastern France and Corsica	232	8	21	14	23	22	12	100
Southwest		Aquitaine, Languedoc-Roussillon, Midi-Pyrénées	517	15	15	13	28	20	10	100
DOM (French Overseas Depatments)		(French) Guiana, Guadeloupe, Réunion	133	3	14	2	3	51	26	100
France			2,905	14	19	13	17	23	14	100

N.B. The colours help the reader more easily visualise the characteristics of each group: violet (very high value), green (very low value).

Source: ENa-CAARUD 2012, OFDT

in the last month. The latter information confirms the stagnation of the prevalence of this practice since 2008 (46% recent injecting drug users) in a CAARUD-frequenting population after several years of a downward trend<sup>10</sup> [6, 7]. The average age at first injection was 21 years. Three in 10 injecting drug users (30%) first engaged in injection prior to the age of 18. Three-quarters (74%) of recent injecting drug users had already injected at the age of 25. These results have been stable since 2010. The first substance injected was still heroin (63%), but this drug's preponderance has declined with each generation (74% in users over the age of 35, 51% in users under the age of 25). Users aged 24 to 35 are characterised by a noteworthy frequency in the use of cocaine as the first injected substance (26%), while the substance used at first injection was more varied for users under the age of 25: cocaine 18%, buprenorphine 13%, morphine sulphate 10%, amphetamines or MDMA 5%.

The routes of administration of different substances (Figure 3) continued to change: heroin injection continued to decline, while heroin snorting (52% in 2012 vs. 42% in 2008) and vapour inhalation (chasing the dragon, 32% vs. 24%) rose. Cocaine purchased in powder form is also increasingly smoked after freebasing (33% vs. 23%). Overall, snorting also seems to have slightly declined (39% in 2012 vs. 46% in 2010).

### Equipment sharing

The extent of equipment sharing seems to be on a slight downward trend, but the observed differences are not significant (Table 6). As in previous survey editions, users under the age of 25 and women more often share injection equipment (sharing of at least one piece of equipment, 36% and 31% respectively). Finally, 18% of injecting drug users received help from a third party in the last month.

Of the people who stated having snorted at least one substance in the last 30 days, 15% reported having shared their straw, a practice that is on a sharp decline since 2008, when 30% reported straw-sharing. Of the 27% who recently chased the dragon with a cup or a crack pipe, nearly half (47%) stated having shared their equipment.

### Hepatitis C

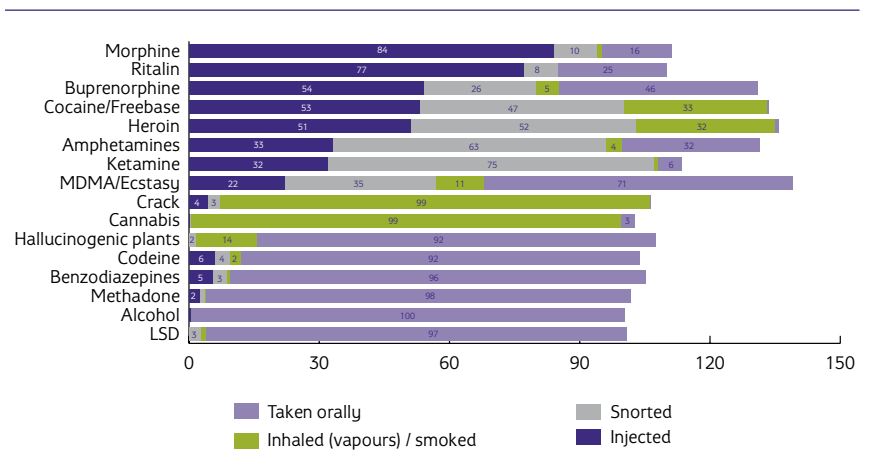
Since the first edition of the survey, the prevalence of reported seropositivity has been on the decline (Table 7), a phenomenon that is probably supported by an effective decline in biological prevalence. This trend is confirmed by the latest available laboratory data within the scope of the Coquelicot study [8].

**Table 5 - Substance used in the last 30 days that, according to the user, is the primary (most problematic) substance**

	Proportion of users N = 2,470	Ratio problem/use
<b>Opioids, of which</b>	<b>40%</b>	<b>46%</b>
Buprenorphine	16%	38%
Heroin	12%	32%
Morphine sulphate	7%	36%
Methadone	4%	13%
Codeine	0.2%	3%
<b>Stimulants, of which</b>	<b>16%</b>	<b>27%</b>
Cocaine	8%	19%
Crack	7%	34%
Amphetamines	1%	5%
MDMA/Ecstasy	0.4%	3%
New psychoactive substances	0.2%	
<b>Hallucinogens</b>	<b>0.7%</b>	<b>4%</b>
<b>Prescription drugs, of which</b>		
Benzodiazepines	4%	12%
Ritalin®	0.5%	22%
Cannabis	7%	8%
Alcohol	22%	28%
Other	0.2%	
Several substances	0.6%	
None	9%	

Source: ENa-CAARUD 2012, OFDT

**Figure 3 - Route of administration of substances taken by CAARUD clients in the month preceding the interview (% of recent users for each substance) in 2012**



Interpretation: for every 100 recent morphine users, 84% injected, 10% snorted and 16% inhaled (total is over 100 due to the use of several routes for a given user).

Source: ENa-CAARUD 2012, OFDT

In parallel, the rate of users who had never undergone testing, whether for HIV or HCV, continued to decline from 13% in 2010 to 9% in 2012 and from 16% to 13% respectively.

### Regional approach

From a problem drug user's point of view, the regional situations seem to vary. The geographically varied presence of substances is due both to type of demand (in which cultural, socio-economic or other elements come

into play), as well as the geography of the supply, as evidenced by heroin use trends along France's northeast border.

The Île-de-France region stands out with its more masculine CAARUD client population, and the oldest user population in France. It is also cha-

<sup>10</sup> One must be aware of the follow-up limitations of such an indicator, which is highly dependent on the relative weight of the different groups comprising CAARUD new patient intakes. However, this point is likely to vary from one survey to another.

**Table 6 - Rate of injection equipment sharing among recent injecting drug users, 2008 to 2012**

	2008	2010	2012
	N=1,340	N=1,102	N=1,222
Syringes	9%	9%	8%
Water for rinsing	10%	8%	7%
Recipient/spoon	18%	16%	15%
Cotton/filter	14%	13%	12%
Water for preparation	17%	14%	15%
At least one piece of equipment excl. syringes	23%	23%	22%

Source: ENa-CAARUD 2012, OFDT

**Table 7 - Prevalence by age class of declared hepatitis C seropositivity among CAARUD clients from 2006 to 2012**

	2006	2008	2010	2012
	N=1,681	N=1,630	N=1,594	N=2,228
< 25 yrs	23%	14%	9%	5%
25-34 yrs	44%	29%	23%	12%
> 35 yrs	59%	54%	50%	35%
Total	47%	40%	36%	25%

Source: ENa-CAARUD 2012, OFDT

### CAARUD clients and the Internet

The issue of the use of substances acquired online has been raised with the appearance of new psychoactive substances (NPS). One in 10 users states having already used substances that they themselves purchased online (four in 10) or that another person purchased (six in 10). These clients are usually under the age of 35. The substances purchased are mainly (i.e., for more than half) hallucinogenic mushrooms and plants. For one in six users (N = 47) who used a substance purchased online, the substance in question was an NPS. Already in 2012, traditional substances (or at least substances presented as such) sourced online were being used (cannabis: 33 users, MDMA/Ecstasy: 22 users and amphetamines: 13 users).

racterised by a high level of precariousness (the highest level in metropolitan France). This region is higher than the French average for the three measured dimensions: 49% of users are homeless or living in a squat, two in 10 users have no access to the Social Security scheme and over one third have no official income. More than one in two users (48% vs. 18% for France in general) use freebase cocaine (primarily crack). CAARUD clients allegedly use other substances less often than elsewhere, and particularly when it comes to drugs used on the party scene.

CAARUD clients from different French overseas departments (DOM) all have a very high level of precariousness. Users from French Guiana are older in general (40 years) than in Guadeloupe (37 years) and La Réunion (35 years), and three in 10 are foreigners. In French Guiana and Guadeloupe, the most frequently used substance is still freebase cocaine (67% and 54%), the large majority of which is purchased in crack form. However, this substance is almost non-existent in La Réunion. Cannabis use is essentially more limited than in metropolitan France, especially in French Guiana, where alcohol is also less present (one in two users). In contrast, users from

**Table 8 - Sociodemographic indicators and use prevalence in different interregions, 2012**

	National (%)	Northwest (%)	West (%)	IDF (Ile-de-France region) (%)	East (%)	Centre (%)	Rhône-Alpes (%)	PACA (Provence-Alpes-Côte d'Azur, a region in south-eastern France) and Corsica (%)	Southwest (%)	French Overseas Departments (%)
<b>Sociodemographic data</b>										
Proportion of women	19	19	24	15	19	22	20	20	22	20
Under 25 yrs	12	21	13	5	14	18	7	9	12	11
35 and older	54	49	36	70	41	37	50	64	53	66
Moderate instability	24	24	28	18	27	30	27	18	30	8
High instability	33	32	27	48	22	15	34	35	26	51
<b>Last month prevalence</b>										
Cannabis	73	75	80	63	73	76	76	79	78	62
Alcohol	66	63	72	62	63	69	69	63	69	62
Opioids	73	69	88	62	89	91	86	76	75	14
Heroin	31	40	54	20	47	40	42	16	23	5
Buprenorphine	37	34	45	26	52	47	35	40	42	6
Methadone	27	26	32	27	28	38	34.6	30.7	22	4
Morphine	17	3	30	18	12	28	28	20	22	2
Cocaine - all forms	44	34	50	58	40	35	41	44	40	47
of which crack or freebase	26	20	26	51	12	12	14	12	15	43
Amphetamines and MDMA/Ecstasy	20	10	36	7	13	24	26	25	31	3
Hallucinogens	15	8	28	6	15	22	24	18	26	2
Non-opioid prescription drugs, of which	33	33	30	23	42	41	37	49	38	14
Benzodiazepines	30	31	26	21	40	38	30	45	34	13
Ritalin®	2	0.3	0.4	0.1	1	2	4	13	2	0

N.B. The colours help the reader more easily visualise the characteristics of each group: violet (very high value), green (very low value).

Source: ENa-CAARUD 2012, OFDT

La Réunion have high levels of alcohol and cannabis use (approximately 85% for both territories) and of non-opioid psychoactive medicine<sup>11</sup> use (at least 38%) as well as of opioid use (24% substitution medicine, buprenorphine in six in 10 cases and methadone in the remaining cases). Heroin use did not exceed 5%.

The CAARUDs in the **West** region see a more female-dominated population, mainly aged 25 to 34 years and characterised by extensive polydrug use integrating substances typically used on the party scene: hallucinogens and stimulants. This is in addition to a strong presence of opioids, especially heroin and morphine sulphate. The **Southwest** represents an intermediary between the West and the PACA/Corsica regions. There is also marked polydrug use, but less than in the West, and the level is close to the neighbouring inter-regional area to the East, with lower levels of heroin and slightly higher levels of prescription drug use than in the West and a majority of users over the age of 34. The group formed by the **PACA** (Provence-Alpes-Côte d'Azur - a region in southeastern France) and **Corsica** regions is characterised by a relatively old population, limited heroin use and a higher prevalence of non-opioid medication use. The **Rhône-Alpes** region is like the "West", with lower levels of polydrug use. It is also similar in terms of the proportion of people who had recently used morphine sulphate, a characteristic of a geographic swathe running from the borders of the northeast of France down to those of the Southwest. This region stands out for its buprenorphine to methadone ratio, which is nearly 1 like in the Île-de-France region. The **East** and **Centre** regions have heavily opioid-centred use profiles. However, they differ in their relative predominance of each substance of this category. While in the East, heroin and buprenorphine are more frequently used, in the Centre interregion, methadone and morphine sulphate predominate. Moreover, nearly one in five users seen in a CAARUD in the Centre zone was under the age of 25, which makes it the second youngest inter-region in terms of user age. Finally, the **Northwest** group is characterised by the highest national proportion of

users under the age of 25 seen in CAARUDs, as well as by their relatively low level of polydrug use compared with the rest of the territory. The majority of recent use prevalences are among the lowest, with the exception of prevalence of non-opioid prescription drugs.

## Conclusion

The concerted effort of the CAARUD team for the 2012 edition of the survey not only provided better CAARUD client representation, but also facilitated nationwide geographical analyses with fewer methodological reservations. The noteworthy elements of this edition of the survey include the likely continued decline of the hepatitis C epidemic. However even though there is increased smoking, there is recent, still-frequent injection use that has not diminished, and there are new injecting drug users. Demographically, the cohort of CAARUD clients continues to get older, but the phenomenon seems to be slowing among men, which could be explained by a likely "departure" from new patient intakes after the age of 50. At the same time, the female age structure is approaching that of men, with more people from the highest age group and fewer young people in the sample. These observations need to be confirmed during the next survey. The 2012 survey will also help elucidate the issue of identifying different user profiles. Moreover, the analysis reveals characteristics that differentiate regions from each other. However, the disparity in the use and social integration profiles reiterates the extent to which CAARUD recruitment variations from one year to the next cannot only affect the activity of the staff members, but also the indicators monitored by such a survey.

11. The category essentially corresponds to benzodiazepines, to Artane® (trihexyphenidyl), which is mentioned in the "other used substances" category, to Ritalin® and to other spontaneously-mentioned medications, recoded.

## Bibliography

1. SAÏD S., CADET-TAÏROU A. and MARTINEZ M., Résultats ENa-CAARUD 2012. Profils et pratiques des usagers, Saint-Denis, OFDT, 2015, In press.
2. CADET-TAÏROU A., GANDILHON M., LAHAIE E., MARTINEZ M., DAMBÉLÉ S. and SAÏD S., "Markets, products, users: recent trends (2011-2012). French summary report on the TREND scheme's observations on illegal or misused psychotropic drugs", Tendances, OFDT, n°86, 2013, 8 p.
3. 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.
4. CADET-TAÏROU A. and GANDILHON M., Morphine sulphate consumption by French drug users: recent trends (2012-2013). Memo 2014-9, Saint-Denis, OFDT, 2014, 17 p.
5. GANDILHON M., CADET-TAÏROU A. and MARTINEZ M., Use of ketamine in France: recent trends (2012-2013). Memo 2014-7, Saint-Denis, OFDT, 2014, 8 p.
6. CADET-TAÏROU A., Résultats ENa-CAARUD 2010. Profils et pratiques des usagers, Saint-Denis, OFDT, 2012, 6 p.
7. CADET-TAÏROU A., COQUELIN A. and TOUFIK A., "CAARUD: client profiles and practices in 2008", Tendances, OFDT, n°74, 2010, 4 p.
8. JAUFFRET-ROUSTIDE M., WEILL-BARILLET L., LEON L., LE STRAT Y., BRUNET S., BENOIT T., CHAUVIN C., LEBRETON M., BARIN F. and SEMAILLE C., "Estimation de la séroprévalence du VIH et de l'hépatite C chez les usagers de drogues en France - Premiers résultats de l'enquête ANRS-Coquelicot 2011", BEH - Bulletin épidémiologique hebdomadaire, n°39-40, 2013, pp. 504-509.

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