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Drugs, Key Data

5th edition

Drugs, Key Data 2013

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The purpose of this publication is to periodically collect the most recent and most relevant key quantitative indicators of drug use, whether illegal substances, tobacco, alcohol or psychotropic medicines. These data constitute a common foundation of knowledge on which public authority actions are based, coordinated by the French Interministerial Mission for the Fight against Drugs and Drug Addiction (MILDT) placed under the authority of the Prime Minister.
This document, prepared by the French Monitoring Centre for Drugs and Drug Addiction (OFDT), relies on its own research as well as the work of other institutions. First and foremost, it summarises for the main substances the levels of use observed in the French population as a whole. Then, it provides detailed information on use, treatment, health and social consequences as well as trafficking data per product. When possible, trends in these areas are provided.

Estimates of the number of psychoactive substance users in mainland France among 11 to 75 year-olds [1, 2, 3]

	Cannabis	Cocaine	Ecstasy	Heroin	Alcohol	Tobacco	Psychotropic medicines*
Lifetime users*	13.4 M	1.5 M	1.1 M	500,000	44.4 M	35.5 M	16 M
including last year users*	3,8 M	400,000	150,000	//	41.3 M	15.8 M	11 M
including regular users*	1.2 M	//	//	//	8.8 M	13.4 M	
including daily users*	550,000	//	//	//	5.0 M	13.4 M	

Sources: Health Barometer 2010 (INPES), ESCAPAD 2011 (OFDT), ESPAD 2011 (OFDT), HBSC 2010 (medical department of the Toulouse education system)
// = not available
The number of individuals aged 11-75 years in 2010 was approximately 49 million.
These figures indicate an order of magnitude and should thus be considered as framework data. Indeed, a margin of error exists, although it is a quite reasonable one. For example, 13.4 million lifetime users of cannabis means that the number of lifetime users is probably between 13 and 14 million.
** the data pertaining to psychotropic drug users concerns 18-to-75 year olds.*

Trends in lifetime use of cannabis, cocaine, tobacco and drunken episodes from 2000 to 2011 in 17-year-olds (%) [1]

	2000	2002	2003	2005	2008	2011	2008-2011 Trend
Cannabis	45.6	50.2	50.3	49.4	42.2	41.5	→
Cocaine	0.9	1.6	1.6	2.5	3.3	3.0	↘
Drunken episodes	56.4	56.1	55.0	56.6	59.8	58.5	↘
Tobacco	77.6	77.2	77.0	72.2	70.7	68.4	↘

Trends in regular cannabis, alcohol and tobacco use from 2000 to 2011 in 17-year-olds (%) [1]

	2000	2002	2003	2005	2008	2011	2008-2011 Trend
Cannabis	10.0	12.3	10.6	10.8	7.3	6.5	↘
Alcohol	10.9	12.6	14.5	12.0	8.9	10.5	↗
Tobacco	41.1	39.5	37.6	33.0	28.9	31.5	↗

For these two tables, the up or down arrows indicate trends that are significant at a threshold of 0.05 (Chi2 test). The trend in cannabis lifetime use is not statistically significant.

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Cannabis

41.5% of 17-year-olds have tried cannabis and **6.5%** smoke it regularly

↘ **32.8%** of 18-to-64-year-olds have tried cannabis and **2.1%** smoke it regularly

↘ **54%** of 15-to-75-year-olds deemed cannabis to be dangerous at first use

↗ At least **38,000** people were treated in specialised addiction structures for their cannabis use

Driving under the influence of cannabis increases the risk of causing a fatal road accident by a factor of **1.8**

80,000 cannabis users sourced their substance exclusively by growing it themselves

122,439 arrests for cannabis use

* ** Arrows indicate mid-term trends*

Use (2010, 2011)

After a downward trend that started in 2002, cannabis lifetime use among 17-year-olds stabilised in 2008-2011 [1]. However, regular use dropped, from 7.3% of 17-year-olds in 2008 to 6.5%, and was more often seen in boys than girls (9.5% versus 3.4%). It is estimated that 5% of 17-year-olds show a risk of problematic use or dependency.

In 2011, levels of cannabis use among French 16-year-olds were higher than in other European countries; French students were ranked number one out of 36 countries in terms of use in the last month [2].

In 2010, approximately one third (33%) of adults aged 18 to 64 had tried cannabis. Regular use was much less frequent at 2.1% (3.4% in men and 0.9% in women), this proportion remained stable from 2005 to 2010 [3].

Opinions (2013)

The proportion of 15-to-75-year olds who deemed the substance dangerous from the first time they experimented with it was 54% in 2013. This level is similar to what it was in 1999, but down compared with 2008, when it had exceeded 62% [4].

Treatment (2010)

This number includes intensive and occasional cannabis users (80% of whom were men). The youngest users were generally admitted to "young outpatient drug clinics", which are often affiliated with a National Treatment and Prevention Centre for Addiction (CSAPA) [5, 6]. The large majority of young people seen in such centres did not require treatment for addiction. A total of more than 38,000 people were seen by a treatment professional in such centres for a cannabis problem. Users could also be treated in certain non-specialised hospitals with outpatient addiction medicine services or addiction medicine liaison teams, or be seen in a primary care setting.

More than half of the people seen in a CSAPA for a cannabis use problem had been referred by the judicial system following an arrest for use. The number of users treated in a CSAPA increased dramatically in the first half of the 2000s. The rise continued, more slowly, in the second half.

Hospital statistics provided by medicine, surgery and obstetrics departments in 2011 counted 1,082 hospital stays with a primary diagnosis of mental and behavioural disorders related to the use of cannabis products (871 in 2010, 641 in 2006) [7].

Mortality (2002, 2003, 2009)

This risk increases by a factor of nearly 15 when alcohol and cannabis are used together.

The annual number of deaths following a road accident caused by cannabis use was estimated to be 175 to 190 deaths at the end of the 2000s. This estimate takes into account a general decrease in the number of fatal accidents related to the reduction in speed limit on the roads during the year [8].

Global mortality related to the use of cannabis was demonstrated in a few studies to be abnormally high among users when compared with non users. These results, which are incomplete, are the subject of debate. Today, it is not possible to establish the causal role of cannabis, whose use is also related to other at-risk behaviours (e.g., risky sexual behaviours, other drugs use). However, the causal role of cannabis in certain pathologies has been established, and particularly in lung cancer, for which cannabis use increases the risk threefold [9].

Home-grown cannabis (2005, 2010)

In 2010, 2% of the people aged 18 to 64 (80,000 people) who had used cannabis in the last year stated having used only cannabis that they had grown themselves [3]. The 2005 data cannot be directly compared: 5% (200,000) of the people surveyed had stated occasionally sourcing cannabis in this way. A minimum of 32 tonnes of herbal cannabis (950,000 to 1.3 million plants) were produced in France in 2005. This domestic production represented 11.5% of the volume of cannabis smoked in France [10]. This clandestine phenomenon (outdoor or indoor cultivation) seems to have risen sharply in the last 10 years [9] and, recently, cooperatives of small growers called "cannabis social clubs" (CSC) have developed. Since 2011, the emergence of large-scale cannabis growing with plantations of several hundreds of plants controlled by organised crime networks has also been observed [11].

Arrests (2010)

Arrests for cannabis dropped slightly from 2009 to 2010 (-2%), and continued to represent 90% of arrests for narcotics use. The number increased fivefold from the early '90s.

Law enforcement services (police and *gendarmerie*) made 15,302 arrests for cannabis use-dealing and cannabis trafficking (not including arrests for use only) [12].

54.4 tonnes of cannabis seized

€6 for a gramme of resin
€8 for a gramme of herbal cannabis

Seizures (2012)

Cannabis seizures [12], whether cannabis resin (51.1 tonnes) or herbal cannabis (3.2 tonnes) are on the decline. Nearly 94% of these seizures were of resin coming from Morocco.
The annual quantities of resin seized, which had hovered around 60 tonnes since the mid-90s, increased to 110 tonnes in 2004 due mainly to exceptional seizures. These large seizures seem to have led dealers to seek new supply and transport routes, which would explain the decrease in the quantities seized in the last five years. The other reason for the decline in seized quantities is the positive results experienced by Morocco following its resin eradication policy. However, the emergence of Afghanistan as first worldwide resin producer may reverse this downward trend. In 2012, herbal cannabis experienced a net drop in seizures (-40%), indicating a reversal in a six-year trend of steady increases. Given the dynamic supply in France and Europe, it is highly unlikely for this decline to last [13].

Prices and purity (2012)

From 1996 to 2008, resin lost one quarter of its value and the price per gramme of herbal cannabis practically halved [14]. These prices have been stabilising, or even increasing, since 2010, both for herbal cannabis and resin.
The mean content of THC (the active substance) has also risen, reaching 12% for resin and 11% for herbal cannabis [15, 16] due to the strong increase in the proportion of supply represented by high-potency cannabis varieties (>15% THC).

Cocaine, heroin - opioids

3.0% of 17-year-olds have tried cocaine
versus **3.8%** of adults

By the age of 17, **0.9%** of adolescents have tried heroin
versus 1.2% of adults

281,000 problem drug users

60,000 people seen in harm reduction centres for drug users

For **85%** of 15-to-75-year-olds, cocaine is dangerous at first use

For **90%** of 15-to-75-year-olds, heroin is dangerous at first use

Use (2010, 2011)

After an increase from 2000 to 2008, cocaine lifetime use among 17-year-olds seemed to decline from 2008-2011, from 3.3% to 3.0%. Cocaine was used more often by boys than by girls (3.3% versus 2.7%) [1].
Of people aged 18 to 64, 3.8% tried cocaine in 2010. Use in the last year increased between 2005 and 2010, from 0.6% to 0.9% [3].
Lifetime heroin use among 17-year olds increased between 2005 and 2008 and then declined. In 2011, 0.9% of these adolescents (1.0% of boys and 0.8% of girls) tried heroin [1]. In 2010, 1.2% of adults aged 18 to 64 had tried heroin and 0.2% (90,000 people) had used heroin in the last year [3]. This indicator increased significantly in men between 2005 and 2010.

"Problem drug users" (2010, 2011, 2012)

"Problem drug users" are defined by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) as injecting drug users or regular users of opioids, cocaine, or amphetamines during the previous year among the 15-64 age group [17]. The 2011 estimate for France demonstrated a much higher number of problem drug users than previously. Given the wide confidence intervals associated with these estimates, this increase is not statistically significant.
New patient intakes in CAARUDs (Support centres for the reduction of drug-related harms or low-threshold structures), including users being followed in permanent centres, mobile units and outreach interventions, was estimated to be approximately 60,000 people in 2010 [18]. These users were often in precarious situations with high psychiatric morbidity. Most of them were also polydrug users. Of the CAARUD clients, 27% had no income and lived through begging, prostitution or small-scale drug dealing, while 57% only received a social income benefit.
In 2012, the most commonly-used substances in a given month reported by these users were opioids (heroin 31%, as well as opioid substitution treatments, whether prescribed or not), cocaine (44%, which 6 out of 10 users consumed also or only as crack) and sleeping pills and anxiolytics, whether prescribed or misused (30%). One third drank very large quantities of alcohol (more than 10 drinks per occasion) [19].

Opinions (2013)

From 2008 to 2013, the proportion of people deeming cocaine dangerous at first use declined slightly from 89% to 85%.
The perception of the danger of heroin lifetime use is also down slightly, from 91% to 90% in 15-to-75-year-olds [4].

↗ **62,000** people were treated in CSAPAS for their use of opioid, cocaine, or other stimulants and misused medications in the last year

↗ **170,000** people received opioid substitution treatment prescriptions in primary care settings or in a CSAPA

HIV prevalence among injecting drug users (at least once in a lifetime): **6.2%** to **7.4%**
↘ HCV prevalence among injecting drug users: **33.3%** to **46.0%**

↗ **392** fatal overdoses

↘ **75** HIV-related deaths in injecting drug users

↗ **7,255** arrests for heroin use

↗ **4,679** arrests for cocaine or crack use

↘ **701 kg** of heroin seized

↘ **5,600 kg** of cocaine seized

↗ **€65** for a gramme of cocaine

↘ **€35** for a gramme of brown heroin

Treatment (2009, 2011)

Opioid users represent the largest group undergoing treatment in CSAPA, but also used other substances [5]. Treatment only or mainly for cocaine, other stimulant, or misused medication use was rather infrequent. Users were also treated in hospitals or in a primary care setting. In 2011, statistics from hospitals, excluding psychiatric services, revealed 3,790 stays for withdrawal for people addicted to a drug other than alcohol [7] and nearly 6,400 stays for people treated due to their use of illicit drugs (excluding cannabis) or misused medications. However, hospital statistics did not provide information on the number of users treated in hospital outpatient addiction medicine services. Primary care physicians also saw many users, especially opioid-addicted patients under substitution treatment. In 2009, half of all general practitioners had seen at least one opioid-addicted drug user per month, and on average 3.6 users per month [20].

The number of opioid users receiving substitution treatment is estimated at approximately 170,000 people in 2010 [21]: 150,000 were reimbursed for opioid substitution medicines dispensed in a retail pharmacy and 20,000 received their methadone from a CSAPA. Buprenorphine (Subutex® and/or generics) still prevailed: 65% of beneficiaries. However, more methadone (35%) has been prescribed in recent years.

Although the majority of patients used buprenorphine for therapeutic purposes, a small proportion misused it for their own use or dealt it like a drug.

Morbidity (2010, 2011)

These data on the reported-prevalence of HIV and HCV among injecting drug users come from a national survey conducted among users seen in CSAPAs (upper value of the range) and a national survey of users seen in CAARUDS (lower values) [22, 19]. These reported data are likely to underestimate actual prevalence, especially for HCV. However, HCV prevalence has been steadily declining in the last few years. In 2004, HIV-positivity was estimated to be 11.3% while HCV-positivity was estimated to be 73.8% among drug users that had injected at least once in their lifetime [23]. People treated for heroin or cocaine use often had a psychiatric history: 37% had already been hospitalised for a psychiatric problem. These people were often in more unfavourable socio-economic situations than others [22].

Mortality (2010)

These deaths due to illicit drug or opiate medication use often involved multiple substances. After a sharp decline in the late '90s, fatal overdoses started to rise again in 2003 [24]. Today, their number is likely underestimated, since certain are classified as "case of death unknown". In contrast, fatal morphine overdoses occurring mainly among 50-year-olds in palliative care, whether accidental or suicidal, might wrongly be included in the fatal overdose statistics. To overcome this bias, one possibility is to focus on the number of deaths by overdose among 15-to-49-year-olds, which numbered 300 in 2010 and had remained stable since 2008.

With 75 HIV-related deaths in 2010 among injecting drug users (data corrected for delays and under-reporting), the decrease that began in the mid-90s slowly continues [25].

Men arrested for heroin, cocaine or crack use have an overall risk of death 5 times higher than other men. For women, this risk of death is 9 times higher [26]. Overdoses, HIV-, HBV- and HCV-related deaths and increased exposure to road accidents, suicides and circulatory, respiratory and digestive diseases explain this abnormally high level of mortality.

Arrests (2010)

The number of arrests for heroin use decreased fourfold from 1995 to 2003, and then increased again. In 2010, their number increased by 2% over the previous year.

Law enforcement services also arrested 3,382 heroin user-dealers and traffickers, which in 2010 was up 14% compared with 2009. Up 6% compared with 2009, arrests for cocaine and crack use quadrupled since 1995. Arrests for cocaine and crack use-dealing and trafficking reached 2,789 in 2010 [12].

Seizures (2012)

Heroin and cocaine seizures have been experiencing an upward trend since the early 2000s. Although they remained historically high, they clearly decreased in 2012. Heroin seizures were at their lowest since 2004 (non-definitive data).

Cocaine seizures also markedly dropped. Due to an exceptionally high level of seizures, 2011 was a record year in France (11 tonnes) [12].

Prices and purity (2012)

The median price per gramme of cocaine increased after five years of stability. Nevertheless, it was down 50% from the early '90s [12, 14, 15]. The mean price of brown heroin, which dropped from €70 to €40 per gramme over a ten-year span to stabilise for a brief period, seems to be decreasing again.

The purity of cocaine samples seized on the street was 10 to 20% versus 40 to 50% in 2010. Brown heroin samples seized by the police had a mean purity of 7%, representing a sharp drop over the previous year [16]. This phenomenon can be explained by a shortage of supply, which was also observed in other European countries.

Synthetic drugs

1.9% of 17-year-olds and **2.7%** of adults have tried ecstasy

203 arrests for ecstasy use

157,000 ecstasy tablets seized

60 new psychoactive substances recorded between 2008 and 2012

€6 for an ecstasy tablet

Use (2010, 2011)

Ecstasy lifetime use has been dropping since 2002, and occurs in 1.9% of 17-year-olds (2.2% of boys and 1.6% of girls) [1]. In 2010, 2.7% of adults aged 18 to 64 tried ecstasy and 0.3% (130,000 people)[3] had used ecstasy in the year.

Arrests (2010)

Arrests related to ecstasy use have been declining since 2005. In 2010, 203 ecstasy/MDMA users and 63 ecstasy/MDMA user-dealers or traffickers were arrested [12].

Seizures (2012)

Ecstasy seizures (non-definitive 2012 data) sharply dropped to 1/10 of the previous year's levels, reaching an historical low level. Given the fact that the data are erratic, it is difficult to draw any conclusions on the market.

France being a transit country, much of the quantities seized are intended for European neighbours (United Kingdom and Spain in particular) [12].

NPS availability (2011, 2012)

New psychoactive substances (NPS) refer to a range of products that imitate various illegal substances (ecstasy, cocaine or cannabis). Often available for on-line sale, most are not listed as narcotics when they appear [27].

From 2008 to 2012, 60 new substances that had circulated in France at least once were registered. Over 200 substances have been registered in Europe since 1997, with one new substance identified each week in 2011 and 2012. The large majority of these NPS belong to the synthetic cathinones or the synthetic cannabinoids group. A study of what is available through the Internet revealed 32 websites of on-line sales in French language in late 2011. Interest in these NPS is starting to spread to fairly experienced groups of drug users. The marketing strategies of sellers also target a young, inexperienced population. Several cases of intoxication have been reported.

Price (2012)

The price per tablet of ecstasy (which dropped from €15 in 2000 to €6 in 2006) stabilised at around €6. MDMA is now also sold in powder form at a price of approximately €60 per gramme. There are wide variations in the prices of these substances. Most NPS are offered at a price of €8 to €20 per gramme [27]. The formal classification of a substance as an NPS does not necessarily lead to its disappearance, but it can increase their price.

All illicit substances combined

50,092 convictions for drug-related offences

4,500 users (all illegal substances combined) are required to take an awareness-building training course each year

Support fund proceeds (all illegal substances combined): **€10.02 million**

Convictions (2011)

Judicial statistics do not provide details of convictions by substance. However, since cannabis was the reason for over 90% of arrests [12], drug-related offences sanctioned by the judicial system are probably dominated by cannabis-related convictions. Drug-related offences reached a level of 50,092, representing 9% of all convicted offences. These offences are broken down as follows: use (29,202 or 58%), possession, acquisition (10,173 or 20%), commerce-transport (7,045 or 14%), import-export (1,449 or 3%), dealing and selling (2,107 or 4%), aiding and abetting, which may comprise incitement to use and facilitation of use (27 cases) and other (89 cases). Prison sentences, some partially suspended, are handed down in 30% of the convictions for illegal drug use [28].

Awareness-building training courses (2011)

Ever since the 5 March 2007 law relating to the prevention of delinquency and the 9 May 2008 application circular, persons arrested for possessing and using narcotics may be sentenced to pay for and take a mandatory "awareness-building training course on the dangers of narcotics use".

Some 1,800 to 1,900 awareness-building training courses were implemented from 2007 to 2011 [29] by about 100 service providers. These courses have enrolled 18,000 to 19,000 users since 2008 (94% cannabis users), that correspond to 4,500 trainees per year. This number has consistently risen.

"Narcotics" support fund proceeds (2012)

The proceeds of the sales of assets confiscated as part of narcotics criminal proceedings have reached a total of €79.61 million since the support fund's creation in 1995. These proceeds are supervised by the MILDT: 90% go to the ministries responsible for combating trafficking to fund procurement of equipment or services to combat drugs and the remaining 10% are used to fund illegal drug prevention efforts. After sharply rising between 2008 and 2011 [30], these proceeds dropped from €22.76 million in 2011 to €10.02 million in 2012.

Tobacco

62,133 tonnes of tobacco sold by tobacco retailers

€14 billion in taxes collected by the State

31.5% of 17-year-olds and **30.0%** of adults aged 18 to 75 smoke on a daily basis

41% of 15-to-75-year-olds deemed tobacco dangerous at first use

2,4 million smokers use treatments to help them stop smoking

73,000 tobacco-related deaths each year

Tobacco market (2012)

Most of the 62,133 tonnes of tobacco sold in tobacco retail shops in 2012 was in the form of cigarettes (51,456 tonnes or millions of units). This net decrease compared with 2011 (-3.4%) was the sharpest drop since 2005 [31]. However, one out of five cigarettes smoked in France was not purchased in a French tobacco retail shop. Cross-border purchases represented three quarters of the cigarettes smoked, and the remainder came from duty-free, Internet and contraband purchases [32]. In 2012, customs seized 371 tonnes of tobacco, or 20% less than in the record 2011 year [33]. The turnover (TO) generated by tobacco was €17.9 billion in 2012, up 2.3% compared with 2011. Nearly 9% of TO went to the tobacco retail shop owners, 13% to manufacturers and distributors, and practically 78.5% to the State, which thus collected €14 billion in taxes (including VAT) in 2012, nearly 1.8% more than in the prior year [34].

Daily use and use in the last month (2007, 2010, 2011)

After an observed decrease in daily tobacco use from 2000 to 2008 among 17-year-olds, the trend reversed from 2008 to 2011, increasing by 10%. In this age group, 32.7% of boys and 30.2% of girls smoked on a daily basis [1]. In 2011, young French 15-to-16-year-olds ranked 6th in Europe in terms of tobacco use in the last month [2]. Daily tobacco use among 18-to-75-year-olds was up from 2005 (28%) to 2010 (30%). This increase was greater in women than in men [3].

Opinions (2013)

In 2013, 41% of 15-to-75-year-olds deemed tobacco dangerous at first use. This level has been stable since 2008 (43%), but has nearly doubled the level seen in 1999 (21%) [4].

Treatment (2009, 2012)

In 2012, nicotine substitutes accounted for 95% of treatments sold in pharmacies to help user stop smoking (oral form 49.6%, patches 45.4%) while less than 4% were Champix® (Varenicline) [35]. Tobacco treatment services saw an average of 15.2 new patients per month in 2012, and 53% of these new patients had been referred by a health professional [36]. In 2009, in a given week, approximately 90,000 people seeking help in quitting smoking were seen by a general practitioner [20].

Mortality (2004, 2006)

In 2004, an estimate was conducted of the annual number of tobacco-related deaths, i.e. deaths due to tobacco-related cancers (lung, UADT), respiratory illness (including COPD) and cardiovascular disease [37]. Approximately 73,000 deaths were allegedly caused by tobacco, and 59,000 of these were in men.

In 2006, the number of tobacco-related cancer deaths was estimated to be 36,990 of which 22,645 were due to lung cancer [38]. Even though the proportion of men is declining, four times more men than women are affected [39].

Alcohol

12 litres of pure alcohol per inhabitant aged 15 and over

€5.97 billion were collected in tax revenue on alcoholic beverages

€16.7 billion spent on alcoholic beverages

€11.4 billion generated through alcoholic beverage exports

Alcohol sales (2011)

This quantity which represents a mean of just over 2.5 alcoholic drinks per day per inhabitant over the age of 15 [40], has sharply declined since the early '60s, due largely to the decrease in wine consumption. Since 2005 sales are still on the decline, even if it is a slow one. Sales level was stable from 2010 to 2011. Even so, France remains one of the highest alcohol-consuming countries in the world. However, France was near the middle of EU Member State ranking in terms of alcohol consumption in 2008 [41].

Indirect alcohol duties (2011)

Tax revenue on alcoholic beverages is proportional to the volumes sold in the domestic market. In 2011, tax revenue was €3.24 billion, 82% of which was from spirits, 11% from beer and 4% from wine. Including VAT on alcoholic beverages (€2.73 billion), total tax revenue from alcoholic beverages was approximately €6 billion in 2011 [42].

Alcohol purchases and exports (2011)

The French spent €16.7 billion in 2011 on alcoholic beverages, of which 56% were for wine, 32% for spirits and 10% for beer. Alcoholic beverage exports represented €11.4 billion in 2011: 63% wine, 35% spirits and 2% beer. Imports cost €2.4 billion (50% spirits, 25% wines, 19% beers, 6% other alcoholic beverages) [43].

10.5% of 17-year-olds and **19.9%** of adults drink regularly

Regular use (2010, 2011)

The proportion of 17-year-olds (10.5%) stating regular alcohol use (10 times per month) in 2011 was higher compared with 2008 (8.9%) after having declined from 2003 to 2008. Drinking was much higher among boys (15.2%) than among girls (5.6%) [1]. In 2011, French 15-to-16-year-olds were ranked third in Europe in terms of alcohol use in the last month [2]. In 2010, regular alcoholic beverage use was seen among 19.9% of adults aged 18 to 75 (29.5% men and 10.6% women) [3].

Repeated drunken episodes was seen in **27.8%** of 17-year-olds

Heavy episodic drinking for **53.2%** of the 17-year-olds in the last month

8.0% of adults aged 18 to 75 stated having experienced repeated drunken episodes

Drunken episodes and heavy episodic drinking (2010, 2011)

The percentage of 17-year-olds who had been drunk at least three times in the last year (repeated drunken episodes) was stable from 2005 to 2008 and then clearly rose (from 25.6% to 27.8%). The trend is the same for regular drunken episodes (10 times or more in the last year), which rose from 8.6% to 10.5% [1]. In 2011, compared with other Europeans of the same age, French 15-to-16-year-olds were average in terms of drunken episodes in the last 12 months (15th out of 35 countries) [2].

With regard to heavy episodic drinking (five or more drinks on a single occasion), this involved 53.2% of 17-year-olds in 2011 compared to 48.7% in 2008 [1]. French 15-to-16-year-olds ranked 12th in Europe (out of 33 countries) in terms of heavy episodic drinking in the last month in 2011 [2].

Adults experienced drunken episodes much less frequently. In 2010, 8.0% of people aged 18 to 75 had experienced repeated drunken episodes (three or more times in the last year), and this concerned four times as many men (12.9%) than women (3.3%) [3]. In 2010, 36.7% of adults aged 18 to 75 stated having drunk at least six drinks on a single occasion in the last month [3].

3.8 million at-risk drinkers among adults

At-risk drinking (2010)

In 2010, approximately 3.8 million drinkers (addicted and not-addicted) aged 18 to 75 were considered at-risk by the Audit-C test (short version of the "Alcohol Use Disorder Identification Test") [3]. This at-risk drinking increases considerably with age and mainly affects men (3.2 million versus 0.6 million women).

For **11%** of 15-to-75-year-olds, alcohol is dangerous at first use

Opinions (2013)

From 1999 to 2013, the perception of the dangerousness of drinking alcohol rose: the proportion of people aged 15 to 75 considering alcohol to be dangerous at first use increased from 6% to 11% [4].

133,000 drinkers were seen in specialised centres

Treatment (2009, 2011)

These 133,000 people who were experiencing problems with alcohol came to a CSAPA as an outpatient [44], but users in difficulty were also seen in hospitals or in primary care settings. In 2011, statistics from hospitals, excluding psychiatric services, revealed 147,000 stays with a main diagnosis of mental and behavioural disorders related to the use of alcohol (139,200 in 2010) [44]. Two-thirds were related to acute intoxication (drunkenness) and were very short stays. In 2011, there were also 48,800 stays for alcohol withdrawal (44,300 in 2010) [7]. Including stays with alcohol as a related diagnosis, 470,000 hospitalisations mentioning a problem with alcohol were recorded in 2011, 280,000 of these were addiction-related [45] and involved 180,000 patients.

These hospital statistics do not include hospital outpatients. Primary care physicians saw approximately 50,000 patients per week for withdrawal (2009) [20].

49,000 alcohol-related deaths each year

Mortality (2009)

This estimate was updated using the latest data available in 2009 on mortality and on the increased risks of contracting certain diseases (cancer, cirrhosis) based on the quantity of alcohol consumed [46]. The resultant increase corresponds to the re-evaluation of the role of alcohol in certain pathologies and not to an increase in alcohol-related mortality that is declining. The number of deaths following an alcohol-related road accident was estimated to be 1,400 for 2007-2008 [8]. For a driver whose blood alcohol level is not zero, the risk of causing a fatal road accident increases by a factor of 8.5 [8].

150,556 convictions for driving under the influence of alcohol

Convictions (2011)

These convictions include all penalties and fixed penalty notices handed down for driving under the influence of alcohol; of these, 2,348 convictions were for causing bodily harm (1,828 for grievous bodily harm by an intoxicated driver and 183 for involuntary manslaughter) [47].

This crime represents 24% of convictions for offences, reflecting the response by the judicial network of the testing done by law enforcement (police and *gendarmerie*. In 2011, nearly 11.2 million controls for driving while under the influence of alcohol (preventive, in over 80% of the cases) were conducted: 3.5% of these tests turned out to be positive [48].

Psychotropic medicines

2.7 boxes are reimbursed per French inhabitant aged 20 or older

18.3% of people aged 18 to 75 had taken psychotropic medicines in the last year

30.5% of CAARUD clients had taken an anxiolytic or sleeping pill in the last month

Sales of psychotropic medicines (2011)

Sales of anxiolytics, sleeping pills and antidepressants have been stable for the last 10 years, with 2.7 boxes of such products reimbursed on average per inhabitant aged 20 or older [49].

Use (2010, 2011, 2012)

One out of ten French people (10.4%) had taken anxiolytics in the last year, 6.3% sleeping pills and 6.2% antidepressants. The proportion of people who had used psychotropic medicines in the last year increased from 15.1% to 18.3% between 2005 and 2010. This increase is explained mainly by an increase in use among women aged 55 to 75 [3].

In 2011, 15% of 17-year-olds stated having taken anxiolytics in their lifetime: 11% hypnotics and 5.6% antidepressants. At the age of 17, 18% of girls and 10% of boys had taken anxiolytics in the last year. These levels were down between 2008 and 2011 [1].

Drug users frequently take benzodiazepines (the active substance in most anxiolytics and sleeping pills). Nearly three out of ten CAARUD clients had taken psychotropic medicines in the last month as a treatment. Higher levels of misuse are seen in young, male, addicted users who often suffer from psychiatric disorders and live in precarious situations [19].

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Supervised by
Maud Pousset

Drafting coordination and editing:
Julie-Émilie Adès

Contributors:
Tanja Bastianic, Anne-Claire Brisacier, Agnès Cadet-Taïrou, Sayon Dambélé, Cristina Díaz Gómez, Michel Gandilhon, Éric Janssen, Emmanuel Lahaie, Aurélie Lermenier, Olivier Le Nézet, Magali Martinez, Carine Mutatayi, Ivana Obradovic, Christophe Palle, Stéphane Said, Marie-Line Tovar

Documentation:
Anne de l'Eprevier, Isabelle Michot

Graphic design:
Frédérique Million

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OFDT
3, avenue du Stade-de-France
93218 Saint-Denis-La-Plaine cedex
Tel : +33 (0)1 41 62 77 16
Fax : +33 (0)1 41 62 77 00
e-mail : ofdt@ofdt.fr

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