

The eight national report from the TREND system

Highlights from 2006 and initial observations from 2007, from the Recent Trends & New Drugs system (TREND)

Agnès
Cadet-Taïrou

Michel
Gandilhon

Abdalla
Toufik

Isabelle
Evrard

This issue of Tendances presents the main results from the TREND system for 2006 [1] in addition to the initial observations for 2007, which are currently being analysed by the various sites in the TREND¹ network.

Since it was introduced in 1999, the Recent Trends & New Drugs scheme (Tendances ré-

Established in June 1999 in order to identify and describe changes in the trends and emerging phenomena related to illegal or misused substances, the **TREND system** is designed to produce useful information for decision-making in the field of drug abuse.

It draws upon:

- Qualitative continuous collection tools coordinated by the OFDT, and implemented by a network of local coordination offices (Bordeaux, Lille, Lyon, Marseille, Metz, Paris, Rennes, and Toulouse in 2006) using a common information collection and analysis strategy.

- The SINTES system (Système d'identification nationale des toxiques et des substances – National identification system for toxic substances and drugs), a drugs observatory focusing on studying the toxicological composition of illegal substances.

- Recurrent quantitative surveys, including among others PRELUD, carried out among users of front-line structures which have become CAARUDs (Centres d'accueil et d'accompagnement à la réduction des risques des usagers de drogues - Reception and Risk Reduction Support Centres for Drug Users) in 2006. This same year also saw the organisation of the Ena-CAARUD survey (CAARUD national survey) integrated within the institutional information system of these structures, of which several results are already available [2].

- Thematic qualitative or quantitative investigations to provide added depth for a particular subject.

- The use of results from partner information systems, namely:

- The OPPIDUM survey (Observation des produits psychotropes ou détournés de leur utilisation médicamenteuse - Monitoring of illegal psy-

chotrope et nouvelles drogues or “TREND”) has focused on population groups consuming psychotropic products far more intensively than the general population of an equivalent age. The observations made can therefore not be correlated to the whole of the French population.

The highlights from 2006-2007 are presented in two sections.

- The first features a general overview of numerous basic trends concerning users and practices.

- The second examines the individual substances consumed.

chotropic substances or those that are used for purposes other than medicinal) run by the CEIPs (Centres d'évaluation et d'information sur les pharmacodépendances – Drug Dependency Information/Evaluation Centres) which each year describes the users chiefly visiting the CSSTs (Centre spécialisé de soins spécialisés pour les toxicomanes – Specialised centres for drug addicts) [3].

- The RECAP information scheme (Recueil commun sur les addictions et les prises en charge – Common data collection on addictions and treatments) which each year gathers information concerning the usage patterns and treatments of each user welcomed in a CSST, a CCAA (Centre de cure ambulatoire en alcoologie – Outpatient Alcoholism Treatment Centre) or by a hospital liaison team.

- The Drame information system (Décès en relation avec l'abus de médicaments et de substances – Death involving abuse of medicines and substances) run by the CEIPs: a tool for the collection of data on deaths related to the abuse of substances or psychotropic medicines reported by the various partner laboratories carrying out toxicological analyses for medical/legal reasons.

Surveys into the use of drugs among the general population: the Baromètre Santé (INPES/OFDT) and the ESCAPAD survey (OFDT).

- Data from the OCRITIS (Office central de répression du trafic illicite des stupéfiants - Central Office for the Repression of Drug-related Offences) concerning among other things seizures and arrests related to drug use and trafficking [4].

All of this data is analysed by the local coordination offices generating the site reports, and is subsequently commented on at a national level.

The two key environments used for observation purposes by the scheme are the **urban environment** and the **festive "techno" environment**. The urban environment as defined by TREND chiefly covers front-line structures (syringe exchange centres and programmes) and open environments (the street, squats, etc.). Most of the people interviewed in this environment are problem users of illegal products whose living conditions are heavily characterised by precariousness. The festive techno environment refers to venues at which events organized around this musical scene are held. It includes the so-called "alternative" techno environment (free parties and teknivals, etc.) but also commercial venues (clubs, discotheques or private parties when these are "techno" parties). The choice of these two environments is justified by the high probability of discovering new or hitherto unobserved phenomena here, even if these environments alone do not encapsulate drug use in France as a whole. The use of drugs in more diffuse population groups may be the subject of specific surveys.

General overview

With the exception of those observations concerning the health field, the observations chiefly reinforce or confirm phenomena already identified during previous years (2003-2005).

Environments, products and patterns in drug use: an increasing degree of overlap

The festive techno and urban environments, which in the 1990s were characterised by separate cultural codes, each have their "star" products (opioids in the urban environment and stimulants in the festive environment) and their own specific patterns in drug use (incidence of injection in the urban environment, and oral consumption or sniffing in the festive environment). Since the mid-2000s however, the increasing porosity between these two environments related to the transfer of a number of users from one to the other has tended to reduce these differences. During this process, "unaffiliated" young people, referred to by the term "young wanderers" who wander from one environment to another in line with their needs (for drugs or for their vital necessities) play a decisive role.

Some users who have lost control of a drug habit which began in the festive scene and are now visiting risk reduction centres and treatment centres are also contributing to this phenomenon.

These two population groups are partially behind the spread of products and practices from one environment to the other. As a result, heroin has today become increasingly visible in the festive environment, whereas Ecstasy is beginning to appear in the urban environment. This spread of drugs outside of their traditional bastions may also be related to the current organization of minor drug trafficking around "multi-product" dealers, who no longer hesitate to operate in festive environments to which they were initially totally alien. Where consumption practices are concerned, injection (which was virtually absent from the festive environment in the early 2000s) is becoming increasingly present in this environment, even if it continues to be viewed negatively by the partygoers.

Another consequence of this contact between the various environments is that we are seeing a diversification of patterns in drug use for a large number of available substances: the specific drug consumption methods for the festive environment such as sniffing or smoking are being increasingly used to consume products such as heroin, whereas the opposite is also true with injection (traditionally the administration method preferred by marginalised drug users in urban centres) starting to spread as a consumption method for Ecstasy or amphetamines, substances which are usually specific to the festive environment. The growth in poly-drug use habits over the years, which is driven among some users by an ongoing quest for "experimentation", may also play a role in these observations. However, the reasons for which the user may choose to use or reject a particular drug use pattern varies very little, with injection remaining a practice favoured by precarious users who therefore seek to maximize the effects of the drugs; sniffing and smoking appear to be less risky drug use patterns, with the latter (according to the technique used) also offering the added benefit of discretion.

The spread of drug use to ever wider sections of society

A widening of the social groups concerned by the use of psychoactive substances has been visible over the years. The phenomenon initially concerned cocaine, which is today consu-

med by extremely diverse sections of society. It currently appears that the same process is underway for opioids. Heroin, HDB and sometimes even methadone are appearing where they would once not have been expected. Consequently, heroin use is being reported among socially well-integrated individuals, and drug consumption can be observed in rural environments. The spread of the use of buprenorphine in various professional groups (removal staff, dispatch riders, executives) for relaxation purposes has also been noted (chiefly in Paris). From a quantitative viewpoint, the scope of these practices is probably limited, as shown by the low experimentation levels observed in the general population. The emerging trend nevertheless requires continued attention as these users shun all contact with the "drug addicts world" as they view it (risk reduction, treatment or self-help centres), and sometimes appear badly informed of the best ways to reduce the risks pertaining to drug use in general and injection in particular.

Indications of a higher prevalence of young people and females among drug users

In 2006 and 2007, most of the sites witnessed a marked reduction in the age at which initial drug consumption took place, the age at which intensive use began, and in some cases the age at which injection started. This trend has been accompanied by a higher visibility of female problem drug use. This may be due to the increasing percentage of young and precarious users in which girls tend to account for a higher portion than among "traditional" users. It is also possible that these girls are more easily "spotted" than their male counterparts due to the occurrence of pregnancies in highly precarious circumstances, but also due to their frequent recourse to prostitution in order to finance their drug habits.

Increased "at-risk" drug use among precarious population groups

It is in these user groups characterised by the highest levels of social but also psychological or psychiatric problems that trends towards increases in injection and daily poly-drug consumption, in addition to massive alcohol dependency, are observed. The first group concerned is young "unaffiliated wanderers", who tend to live in conditions of great precariousness. Another (mainly urban) group is comprised of people who are also extremely vulnerable, chiefly from Eastern Europe, living in collective squats. Finally, the presence of individuals with a high degree of psychiatric morbidity, intensively consuming medicines including in particular morphine sulphate, has also been highlighted by the TREND system's observers. The common denominators in all of these groups are difficulties with socialization (including vis-à-vis other drug users) and problems with access to treatment. Their specific requirements (namely, the intricacy of their problems) make these groups particularly difficult to treat by current treatment schemes.

Changes in the prevalence of declared positive serology for hepatitis C in front-line structures between 2003 and 2006

	N 2003	N 2006	2003	2006	2006 standardized*
<25 y.o	131	193	17.6%	8.4%	8.8%
25-34 y.o	299	344	45.8%	29.4%	28.1%
>35 y.o	213	273	55.9%	54.4%	52.3%
All	643	852	43.4%	34.0%	33.5%

*According to the weight of the 2003 sites and age groups

Source: *Première ligne 2003, PRELUD 2006, TREND / OFDT*

Where health is concerned, trends need to be confirmed

Concerning the transmission of viral infections, in the absence of available biological data in order to assess the changes underway, the data received from declarations appears to show a reduction in the prevalence of HIV infection but also in hepatitis C among the under-35 age group between 2003 and 2006. This initial sign of a decline for hepatitis C still needs to be confirmed, particularly via biological data.

Another point to be stressed, (despite the absence of quantitative data at the end of 2007, which would have made it possible to state this point with certainty), concerns overdoses. In view of the current situation marked by an increased availability and consumption of heroin (which does not look set to slow down in view of the record production levels in Afghanistan over the last two years and due to the progressive distribution of methadone on the black market), we may reasonably anticipate a rise in the number of overdoses in France during the years to come.

A product-based approach

In both 2006 and 2007, the common denominator when we examine the concerns of illegal drug users (regardless of the drug in question) concerns the composition of the substances and, in particular, the nature of the diluting products. The increasing number of scams encountered in the festive environment (with a large number of medicines or mCPP

being sold as ecstasy in addition to the circulation of cannabis leaves "bulked-up" with glass beads), and atropine intoxication from certain batches of cocaine in 2005, have all contributed to bring about a heightened state of suspicion among users. It is probable that the growth in the "home growing" of herbs (cannabis for example) is driven more by concerns of this kind rather than a wish to guarantee a stable source of supply.

Another general characteristic is the fact that the use of alcohol, (already widely associated with illegal drugs), now seems to be increasingly focused on the aim of "getting stoned" regardless of the environment concerned. Observers (whether from the social, health or policing branches) state that massive use is now increasingly commonplace and note that this is accompanied by a wish to bring about a fast and powerful consciousness-altering experience for heroinomans.

Heroin's "comeback" is confirmed

It appears that in 2006, the return to the significant use of brown heroin (with the so-called "white" variety being far rarer) is very much a reality even if this substance never really completely disappeared from the drug scene. Its price, which had increased in 2005, has now fallen back to the level of previous years and hovers around 40 per gram. The increased availability of this product has now been noted at all TREND observation sites with the exception of Marseille. Among those users encountered during social-healthcare treatments (OPPIDIUM), the declared use of heroin during the week preceding the survey

rose from 12.6% in 2004 to 16.6% in 2006 [2]. Among those people interviewed in front-line structures in 2006 [5], 34% had consumed it during the last month, a total of four percentage points more than in 2003. Following the regular reductions observed since 2001, this data clearly reveals the emergence of an upward trend.

Even though we may legitimately view this surge in use among traditional users of opioids as a "comeback", the increased usage witnessed outside these population groups nevertheless represents a new factor.

The availability of heroin is also increasing in the festive environment, as reported by practically all sites, and particularly in the underground festive environment. A survey carried out in 2004 and 2005 [6] showed that 26% of persons encountered in this environment have consumed heroin at least once during their lifetime (41% of persons attending alternative techno events) and 8% the previous month (15% in the alternative environment). The increased availability of heroin in this environment and the less negative image of this opioid among youngsters are encouraging its spread to wider sections of society, including to relatively young and socially well-integrated population groups. Here, heroin is believed to be increasingly consumed for its specific effects (pleasure) and not only to help users "come down" from stimulants, including in the festive environment.

However, this phenomenon cannot be compared to the "epidemic" of the 1970s and 1980s. Since this period, the availability of substitution treatments has transformed the situation. Furthermore, the circulation of stimulants in powder form has introduced fans of psychotropic substances to other, less risky practices (occasional usage or sniffing). Finally, the development of polydrug use habits has made consumption dynamics rather more complex, with heroin being encountered most frequently in contexts of already established drug use.

Substitution: the emerging black market for methadone

Very few changes were observed in 2006 concerning the misuse of substitution products. The availability of high dose buprenorphine on the local black market has returned to its original level despite the measures adopted by the health insurance system over the previous two years, whereas at the same time international trafficking has intensified, particularly to countries such as Russia and Georgia². The initial feedback from the observations carried out for 2007 suggest however that a fall in the availability of Subutex® is underway (with price increases), probably due to its partial replacement by generic products which are not particularly popular for black market use.

2. In these countries in which the price of an 8 mg tablet can reach 100 dollars (67 euros). In view of the price for the same product, which varies from 3 to 4 euros on the black market in France, the profits from trafficking are very high.

Frequency of consumption in the user's lifetime (up to the present) and over the last month, among the users of the CAARUD, N=1017, 2006

	At least 10 times in his/her life	The previous month	Every day*
= 10 glasses of alcohol per occasion	30%	21%	
Cannabis	95%	86%	54%
Heroin	77%	34%	11%
HDB	69%	44%	31%
Methadone		12%	
Simply to get stoned	44%	24%	17%
Simply to get stoned		4%	
Morphine Sulphate	34%	16%	7%
Simply to get stoned		9%	
Codeine	33%	4.6%	1.2%
Rachacha	36%	5%	-
Cocaine or crack	79%	40%	7%
Chlorhydrate		34%	5.3%
Base		16%	2.6%
Ecstasy	65%	20%	0.9%
Amphetamines	60%	22%	2%
Benzodiazepines	56%	30%	18%
Simply to get stoned		11%	
Hallucinogenic mushrooms	53%	8%	-
LSD	57%	14%	0.6%
Ketamine	30%	9%	0.6%
Solvents/Poppers	46%	5%	0.4%
Injection	62%	42%	

* These prevalence figures are calculated based on the whole sample interviewed including non-users of the product in question. For medicines, the question specifically stated "to get stoned, including to help manage a craving or to return to reality after getting a high."

The use of HDB and its injection in a highly precarious population subgroup appears to be continuing its upward trend. Indeed, in 2006, in the PRELUD survey carried out among users attending front-line structures, 58% of HDB users declared that they had injected it during the month preceding the survey. This figure stood at 47% in 2003.

As for methadone, despite the rise in the number of patients treated, its circulation on the black market remains moderate, even though it has increased significantly at certain sites (Paris, Bordeaux, and Toulouse). This market chiefly comprises small doses exchanged among the patients treated, in order to help one another out, even if the preliminary observations from 2007 reveal the emergence of a more "commercial" market. At certain sites, (in particular Lille, since 2006) just like HDB earlier, methadone now appears to be used as a means for opioid-dependent individuals to begin a self-substitution treatment.

In Paris, the trend towards the intensification of morphine sulphate trafficking and its misuse in certain highly precarious user groups continued throughout 2006.

The ever increasing availability of cocaine

The structuring and growth of cocaine supply at a local level are continuing, due to the fact that this product is now being included among those offered by pre-existing minor trafficking networks, including in some cases the complete reconversion of these networks over to cocaine sales [7]. A consequence of this process is the unprecedented rise in availability and accessibility of cocaine in the festive environment, including the commercial, "non-techno" environment, but also the penetration of this product into areas in which it was previously absent such as poor suburban areas. This may partly explain the appearance of street sales of cocaine, a sales method previously reserved for heroin and cannabis. Today, the average price for a gram of cocaine is approximately €60.00 after having virtually halved during the second half of the 1990s. However, the level of accessibility varies according to the quality of the product sought. Consequently, access to what is considered to be the purest cocaine would require contact with certain ad hoc networks, a good knowledge of supply chains and suitable financial resources. The other users are believed to have access to street cocaine, considered as being diluted to a much greater degree.

The increase in cocaine consumption appears to be continuing among users with a low level of purchasing power and in precarious situations as well as among better integrated population groups where it tends to circulate in a varied range of socio-cultural circles. At the same time, new forms of use are emerging, as alternatives to sniffing. As a response to the ongoing quest for ever more intense effects, the use of free base cocaine, which is usually smoked, is continuing to gain ground beyond the underground festive environment where it has existed for several years now. A similar trend, aimed at achieving increasingly intense sensations involving the injection of cocaine,

and frequently leading to compulsive practices which are extremely harmful both physically and psychologically, is continuing among a population group comprised chiefly of poly-drug users in urban centres and even appears to be intensifying in Paris and Toulouse. In the quest for a more discreet form of use, some users have now adopted the cocaine "joint" (with the powder being mixed with tobacco or cannabis in order to be smoked).

This increased use is resulting in a greater impact on health, noticeable by health professionals even if it cannot be precisely measured.

Synthetic stimulants: powders and crystals are gradually replacing tablets

Although the traditional "swallowable" ecstasy tablet is still highly present in festive environments, this no longer meets the requirements of experienced users who are exploring other forms and drug use patterns in an effort to experience more intense effects and more distinctive practices. Ecstasy is now being increasingly seen as a "beginners" drug, resulting in a change in the perception of the drug which is now frequently seen as a "soft" drug, the dangerous nature of which is often overlooked.

Despite the erratic existence of products circulating under the "methamphetamine" label, the claimed presence of this substance in France has not been borne out by any objective proof. None of the products analysed under this name in 2006 or 2007 as part of the SINTES survey was actually methamphetamine.

Hallucinogens: LSD and GHB are both gaining ground

With the exception of the use of hallucinogenic mushrooms, which is fairly common among drug users, the consumption of hallucinogens continues to be confined to specific population groups. Within this general perimeter, we should nevertheless note that the attraction for hallucinogenic substances (whether natural or synthetic) continues to increase gradually. In particular, in 2006, an increase in the presence of LSD in the alternative festive environment was recorded at virtually all sites, a trend which appears to be continuing in 2007. The presence of this drug outside its usual circles was noted in Toulouse and Bordeaux in particular. However, its potential for circulation is probably limited by the ambivalent image of this legendary product so characteristic of the 1970s counterculture but also seen as a drug which is difficult to cope with, leading users to fear bad trips.

Finally, the (voluntary) use of GHB³ (gamma-hydroxy-butyrate) in homosexual dubbing environments significantly increased in 2006 and probably in 2007 (Paris, Marseille and Toulouse) leading to an increase and even a generalisation of fainting spells and comas related to its use. This substance can be extremely difficult to measure out, particularly when alcohol is taken at the same time.

3. An anaesthetic whose euphoriant and empathogenic effects are followed by a period of sedation and amnesia

References

1- Cadet-Taïrou (Agnès) et al., *Phénomènes émergents liés aux drogues en 2006/2007. Huitième rapport national du dispositif TREND*, Saint-Denis, OFDT, 2008.

2-Centre d'évaluation et d'information sur la pharmacodépendance (CEIP) de Marseille, *OPPIDUM. Résultats de l'enquête 18 (octobre 2006)*, Saint-Denis, AFSSAPS.

3-Toufik (Abdalla) et al., *Enquête ENA-CAARUD 2006*, à paraître.

4-Office central pour la répression du trafic illicite des stupéfiants (OCRTIS), *Usage et trafic des produits stupéfiants en 2006*, Nanterre, OCRTIS, 2007.

5-TREND / OFDT, *Enquête PRELUD 2006*.

6-Reynaud-Maurupt (Catherine), *Les pratiques et les opinions liées aux usages des substances psychoactives dans l'espace festif « musique électronique »*. Étude de faisabilité d'une enquête en « population cachée » à partir d'un plan de sondage ethnographiquement raisonné, Saint-Denis, OFDT, 2007.

7-Gandilhon (Michel), « Le petit trafic de cocaïne en France », *Tendances* n° 53, OFDT, avril 2007.

Tendances

Chief Editor
Jean-Michel Costes

Editorial Committee
Marie-Danièle Barré, Sylvain Dally,
Alain Epelboin, Jean-Dominique Favre, Claude Got,
Serge Karsenty, Annette Leclerc, Thomas Rouault

Editorial Secretary
Julie-Émilie Adès

Graphic Designer
Frédérique Million

Printing
Imprimerie Masson / 69, rue de Chabrol
75010 Paris

ISSN 1295-6910
Legal publication registration

French Monitoring Centre for Drugs and
Drug Addictions
3, avenue du Stade de France
93218 Saint-Denis La Plaine cedex
Tél : 01 41 62 77 16
Fax : 01 41 62 77 00
e-mail : ofdt@ofdt.fr



www.ofdt.fr