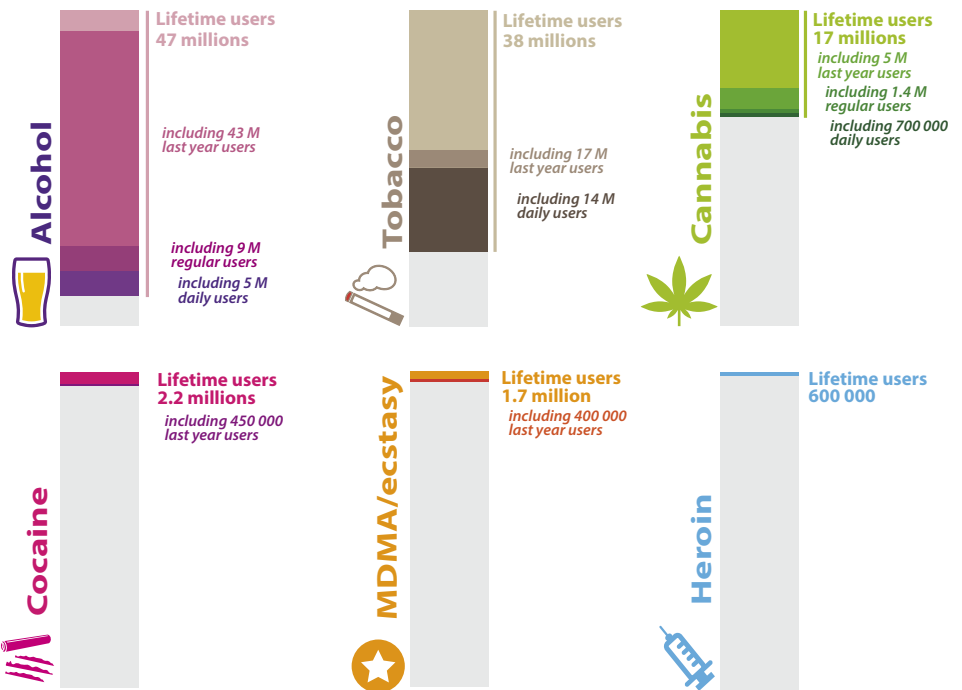


Drugs, Key Data

Drugs, Key Data gathers the most recent and most relevant statistical indicators in order to give an overview of the phenomenon of psychoactive substances in France.

Estimates of the number of psychoactive substance users in France, among 11–75-year-olds [1, 2, 3, 4]

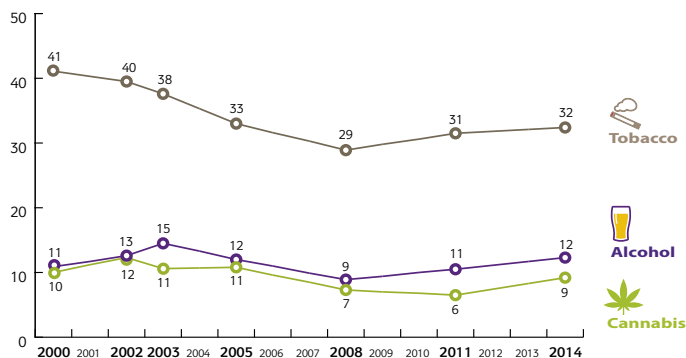


Sources: 2016 and 2014 Health Barometer (SPF), ESCAPAD 2014 (OFDT), ESPAD 2015 (OFDT), HBSC 2014 (Toulouse board of education)

In France, the number of 11–75-year-olds was approximately 50.7 million in 2017. These figures are orders of magnitude. Indeed, a margin of error exists, although this remains reasonable. For example, 17 million lifetime users of cannabis means that the number of people who used cannabis at least once in their life is probably between 16.5 and 17.5 million.

June 2017

Regular cannabis, alcohol and tobacco use among 17-year-olds from 2000 to 2014 (%) [2]



Source: ESCAPAD (OFDT)

Drugs, Key Data

Supervised by François Beck
 Coordination: Julie-Emilie Adès
 Coordination of the English version: Anne de l'Épervier
 Graphic design: Frédérique Million
 Documentation: Isabelle Michot
 Contributors: Anne-Claire Brisacier, Agnès Cadet-Tairou, Cristina Díaz Gómez, Michel Gandilhon, Éric Janssen, Olivier Le Nézet, Aurélie Lermenier-Jeanet, Magali Martinez, Thomas Néfau, Ivana Obradovic, Christophe Palle, Caroline Protais, Stanislas Spilka.

Definitions

- **Lifetime use:** use at least once during their lifetime (this indicator is mainly used to measure the spread of a substance in the population).
- **Last year use or current use:** consumption at least once during the previous year; for tobacco, this includes people who report that they currently smoke, even if only occasionally.
- **Regular use:** consumption of at least three alcoholic drinks per week, daily tobacco use, and cannabis use at least 10 times per month.

Alcohol

↘ * **11.9 litres** of pure alcohol per inhabitant aged 15 or older*

↘ **10%** of **daily drinkers** among 18-75-year-olds

↗ **12%** of **regular drinkers** among 17-year-olds

→ **Heavy drinking** in the last month for **17%** of 18-75-year-olds

↘ **49%** of 17-year-olds, i.e. almost one in two, report one case of heavy episodic drinking in the last month

↘ At-risk use for **8%** of 18-75-year-olds, i.e. **3.4 million** people

↗ **135,000** drinkers were seen in specialised centres

49,000 alcohol-related deaths each year

↘ **115,000** convictions and fixed penalty notices for driving under the influence of alcohol

Alcohol sales (2015)

This quantity is equivalent to on average two and a half units of alcohol per day and per inhabitant aged 15 years or older [5].

The quantities of alcohol sold in France have considerably decreased since the start of the 1960s mainly due to declining wine consumption. Between 2010 and 2015, the downward trend in sales continued, although at a slower rate. France is still a high alcohol-consuming country. In 2014, it was in 7th place in the EU Member State ranking [6].

Use (2015, 2014)

In 2014, 10% of adults aged 18-to-75 were daily alcohol users (15% men and 5% women) [1]. Nearly one in eight 17-year-olds (12%) reported regular alcohol use (18% among boys vs 7% among girls) [2]. In 2015, compared with other Europeans, French 16 year-olds ranked fifteenth out of thirty-five in terms of alcohol use in the last month, slightly above average among the participating countries: 53% against 47% [3].

Heavy episodic drinking (2015, 2014)

In 2014, 17% of 18–75-year-olds reported to have drunk at least 6 units on a single occasion in the last month. This proportion is stable relative to 2010 [1].

In 2014, 49% of 17-year-olds reported one case of heavy episodic drinking in the last month. This level, following a rise between 2005 and 2011, appears to be on the decrease (53% in 2011). The percentage of 17-year-olds reporting repeated heavy episodic drinking (at least 3 in the last month) has also decreased (from 23% to 22%) [2]. French 16-year-olds ranked 23rd in Europe (out of 35 countries) in terms of heavy episodic drinking in the last month in 2015 [3].

At-risk drinking (2014)

In 2014, 8% of 18–75-year-olds (3.4 million people) were considered at-risk users according to the Audit-C test (dependent or not). This at-risk use has decreased in 4 years (9% in 2010) and clearly concerns more men than women (11% vs. 4%) [1].

Treatment (2016, 2014, 2013, 2012, 2011, 2009)

135,000 people experiencing problems with alcohol came to a specialised treatment centre (CSAPA) as outpatients, but users in difficulty were also admitted in hospitals or primary care settings. In 2016, statistics from hospitals, excluding psychiatric services, revealed more than 136,000 stays with a main alcohol-related diagnosis of mental and behavioural disorders [7]. Two-thirds were related to acute intoxication (drunkenness) and were very short stays (one day on average). There were also approximately 58,000 stays for alcohol withdrawal [7]. Slightly more than 500,000 people were hospitalised in 2011 in medical, surgical and obstetric services, in a psychiatric hospital or in rehabilitation and aftercare services with a diagnosis related to alcohol use (not including hospitalisations for cancer or cardiovascular disease attributed to alcohol use) [8].

However, these data do not cover people followed up on an outpatient basis for an alcohol problem. Primary care physicians saw approximately 50,000 patients each week for withdrawal (2009 data) [9].

The volumes of baclofen prescribed in the indication for treatment of alcohol dependence apparently increased ten-fold between 2010 and 2014, before declining by approximately 30%. It is not known to what extent this decline can be attributed to a reduction in individuals receiving this treatment and/or to a reduction in the doses prescribed [10].

Mortality (2009)

This estimate was updated using the data available in 2009 on mortality and on the increased risks of contracting certain diseases (cancer, cirrhosis) based on the quantity of alcohol consumed [11].

The number of deaths following an alcohol-related road accident was estimated to be 1,400 for 2007-2008 [12]. The risk of causing a fatal road accident increases by a factor of 8.5 [12] when a driver's blood alcohol level is not zero.

Driving under the influence of alcohol: convictions and fixed penalty notices (2015, 2014)

Prosecutions related to driving under the influence of alcohol have decreased in recent years, and account for 45% of convictions for driving offences, and 18% of all convictions for offences. In total, 115,000 convictions and fixed penalty notices were issued in 2015. In 2015, one in two offences for driving under the influence of alcohol (51%) led to a fine; 32% of offences led to prison sentences and 17% alternative sentences [13].

In 2015, more than 10 million controls for driving under the influence of alcohol were carried out against 11 million in 2014 (preventive controls in 97% of cases); 3% proved positive [14].

Social cost of alcohol and tobacco (2010)

Evaluation of social cost determines the monetary cost of the consequences of psychoactive substance use and trafficking. This calculation incorporates the external cost (value of human lives lost, loss of quality of life, together with loss of corporate and government output).

Social cost of **alcohol 120 thousand million** euros

Social cost of **tobacco 120 thousand million** euros

In addition, there is also the cost for public finances (difference between expenditure for prevention, law enforcement and treatment and tax revenue, together with savings related to unpaid pensions). Due to use-related mortality, the external cost accounts for 95% of the total for alcohol and 85% for tobacco use, respectively [15]. These costs cannot be added together as a substantial proportion of diseases and deaths included in the calculation of social cost are jointly linked to alcohol and tobacco use [15].

Tobacco, shisha and electronic cigarettes

55,700 tonnes of tobacco sold by tobacco retailers

Tobacco market (2016)

The levels of tobacco and cigarette sales in tobacconist retailer networks, which increased between 2014 and 2015 for the first time since 2010, have once again decreased. This modest decline (-1.1%) is almost entirely attributable to cigarettes, which represent 80% of total sales (44,900 tonnes), although the roll-your-own tobacco share has been increasing for several years [16].

Cross-border purchases are said to account for 15% of French tobacco use, and 5% is said to originate from duty-free, Internet and contraband purchases [17].

The revenue generated by tobacco sales amounts to 18 thousand million euros in 2016.

In 2016, customs seized 440 tonnes of contraband tobacco, while record levels were reached in 2015 with 630 tonnes [18].

29% of 18-75-year-olds and **32%** of 17-year-olds are daily smokers

Daily tobacco use and use in the last month (2016, 2015, 2014)

Between 2014 and 2016, daily tobacco use among 18-75 year-olds remained stable, for both men (33%) and women (26%) [1].

Among 17 year-olds, the downward trend in daily smoking observed between 2000 and 2008 reversed, with a slight increase over the 2008-2014 period. Daily tobacco use concerns 33% of boys and 32% of girls [2].

In 2015, French 16 year-olds ranked in eleventh place in Europe in terms of last-month tobacco use, above average among 35 countries (26% vs. 21%) [3].

65% of 17-year-olds have tried shisha

Shisha use (2014)

Six per cent of 18-75 year-olds claim to smoke shisha (or hookah), the large majority reporting occasional use [1]. This use has developed among adolescents in the past few years. In 2014, two in three 17 year-olds had already tried it (65%), with 40% having used it more than ten times, i.e. a quarter of 17 year-olds [2].

3% of 18-75-year-olds and **2%** of 17-year-olds are daily vapers

Electronic cigarette use (2016, 2014)

In 2016, one out of four French 18-75-year-olds (24%) had already tried electronic cigarette and 3% were daily vapers (3% of men and 2% of women) [1].

Among 17-year-olds, more than one in two adolescents (53%) had already tried an electronic cigarette: this concerns 56% of boys and 50% of girls. 2% of 17-year-olds are daily users [2].

2.1 million smokers use treatments to help them stop smoking

Treatment (2016)

In 2016, the number of persons turning to smoking cessation treatments increased by 16.5% relative to 2015 which had already shown a strong increase in this trend. This has resulted in more than 2 million patients being treated. The main treatments are still oral substitutes (60%), ahead of patches (35%), showing a marked increase [19].

Smoking cessation services saw an average of slightly over 14 new patients per month in 2016, with 6 out of 10 being referred by a health professional [20]. Furthermore, the «Moi(s) sans tabac» campaign (a collective challenge to stop smoking) in November 2016 attracted 180,000 smokers registering on the campaign website [21].

73,000 tobacco-related deaths each year

Mortality (2013)

An estimate of the annual number of tobacco-related deaths was conducted for 2000-2013, according to a methodology taking into account the main tobacco-related cancers (lung, upper respiratory tract, etc.), respiratory illness (including chronic obstructive pulmonary diseases) and cardiovascular disease. Approximately 56,000 male deaths and 17,000 female deaths are said to be attributed to tobacco use, mainly due to cancer (46,000 cases, 60% of which correspond to lung cancer) [22].

Cannabis



- **42%** of 18-64-year-olds have tried cannabis and **11%** are current users
- ↗ **48%** of 17-year-olds have tried cannabis and **9%** smoke it regularly
- Problematic use for **2%** of 18-64-year-olds and **8%** of 17-year-olds
- ↗ **56,000** people were treated in specialised addiction centres for their cannabis use including **22,000** young cannabis users attending CJC
- ↘ Driving under the influence of cannabis increases the risk of fatal road accident by a factor of **1.8**
- ↗ **71 tonnes** of cannabis seized including **18 tonnes** of herbal cannabis
- ↘ **126,400** plants seized (154,000 in 2015)
- ↗ **€7** for a gram of resin
- ↗ **€11** for a gram of herbal cannabis

Use (2016, 2015, 2014)

In 2016, 42% of adults aged 18-to-64 had tried cannabis. Last-year use was 11% (15% in men and 7% in women); this proportion has remained stable compared to 2014. Estimated regular use in 2014 concerned 3% of the population [1].

After a period of decline starting in 2002, followed by a stabilisation, lifetime cannabis use among 17-year-olds increased markedly between 2011 and 2014, from 41% to 48% in 2014 [2]. Likewise, after a long period of decline, regular use rose steeply, concerning 9% of 17-year-olds compared to 6% in 2011, and was more often reported by boys than girls (12% versus 6%).

In 2015, levels of cannabis use among French 16-year-olds were higher than in other European countries (French students were ranked number one out of 35 countries in terms of cannabis use in the last month) [3].

Problematic use and dependence (2014, 2011, 2010)

According to the Cannabis Abuse Screening Test (CAST), a scientific scale used to identify problem cannabis use, in 2014, 21% of current users aged 18-64 years have a high risk of problem use or drug dependence, which has remained stable since 2010. This represents 2% of all 18-64-year-olds [1].

Among 17-year-olds, problem use increased between 2011 and 2014, from 18% to 22% of current users (26% in boys and 17% in girls), i.e. a proportion of 8% out of all 17-year-olds versus 5% in 2011 [2].

Treatment (2015, 2014, 2013, 2010)

This number includes intensive and occasional cannabis users (80% male). The youngest users were generally admitted to one of the 540 «Youth Addiction Outpatient Clinics» (CJC), which are often affiliated with a specialised treatment centre (CSAPA) [23, 24]. The number of young cannabis users admitted to these facilities is estimated at 22,000 in the past year. More than 56,000 individuals were seen by healthcare professionals for a cannabis problem, while other professionals (hospitals, general practitioners) were also liable to see users.

A little more than 40% of the people seen in a CSAPA for a cannabis use problem had been referred by the criminal justice system following an arrest for use. The number of people describing cannabis as the primary drug in CSAPAs rose by 40% between 2010 and 2014: from 40,000 to 56,000 [23]. This development is explained by the increase in the population concerned and the expansion of CJC.

Mortality (2014, 2009, 2003, 2002)

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 [12].

Approximately 20 deaths related to cardiovascular toxicity due to cannabis were reported in 2014 [25].

Seizures (2016)

The herbal cannabis market in France is extremely dynamic, as shown by the level of seizures, which reached a historical record in 2016. Plant seizures are on the decline but still at high levels [26].

Practically all resin seizures originate from Morocco where the cultivation of hybrid varieties is developing, contributing to higher THC concentrations [27].

Cultivation in France (2016, 2010)

In 2010, 2% of the people aged 18 to 64 years (80,000 people) who had used cannabis in the last year reported to have only used cannabis that they had grown themselves [1].

Furthermore, the constant increase in plant seizures since 2010 [26] indicates the establishment of large-scale cannabis cultivation, notably including cannabis plantations controlled by organised criminal networks [28]. Commercial cultivation by individuals seeking to make profit has emerged more recently [29].

Price and potency (2016, 2015)

Since 2011, after years of stability, the average price per gram of cannabis resin paid by users has been constantly rising [29]. A similar phenomenon is observed for herbal cannabis [29], its price per gram having increased considerably since 2006 [26]; this change appears to be related to the steep rise in THC levels. Hence, the average potency of cannabis resin has tripled in ten years to reach 23%, whereas the potency of herbal cannabis is now stabilising at 11% [30].

Psychoactive medicines

→ **3.5** packs of psychoactive medicines are reimbursed per inhabitant aged 20 years or older

→ **13%** of the population receiving reimbursement for benzodiazepines at least once in the year

→ **40%** of users admitted in CAARUD have taken an anxiolytic or sleeping pill in the last month

Sales of psychoactive medicines (2016)

Sales of anxiolytics, sleeping pills and antidepressants have slightly declined in the past 5 years, with 3.5 packs of medications reimbursed on average per inhabitant aged 20 or older in 2016 [31].

Sales of methylphenidate (Ritaline® or other) increased by 84% between 2012 and 2014, then fell by 21% between 2014 and 2016 (reaching 745,000 reimbursed packs) [31].

Use (2015, 2014, 2012, 2010)

In 2015, 13% of the French population received at least one reimbursement for benzodiazepines (the active substance in the majority of anxiolytics and sleeping pills) over the year, 10% for anxiolytics and 6% for hypnotic drugs.

Women account for 65% of benzodiazepine users. The number of benzodiazepine users fell by 6% between 2012 and 2015. This decline is more marked for hypnotic drugs than for anxiolytics [32].

Psychoactive medicine use also concerns adolescents. In 2014, 16% of 17-year-olds claimed to have taken anxiolytics in their lifetime, 13% hypnotics, and 6% antidepressants [2].

Use in the context of polydrug use (2015)

Drug users are increasingly taking non-opioid psychoactive medicines. These primarily include benzodiazepines (or related substances). Nearly four out of ten users in support centres for the reduction of drug-related harms (CAARUD «low-threshold structures») had taken these in the past month (three out of ten in 2012).

Although they often receive them in a treatment context, the increased vulnerability of users in recent years may cause them to prioritize these more financially accessible substances. Higher levels of misuse are particularly seen in young, male, addicted users (major polydrug use, injection), who often suffer from psychiatric disorders and live in precarious situations [33].

Cocaine

→ **5.6 %** of adults have tried cocaine and **1.1%** are current users

→ **3.2 %** of 17-year-olds have tried cocaine

→ **8.5 tonnes** of cocaine seized

→ **€84** for a gram of cocaine

Use (2014, 2011, 2010)

Of people aged 18-to-64, 5.6% tried cocaine in 2014 and 1.1% have used it in the last year [1], concerning considerably more men than women (1.5% vs. 0.7%). This level of use appears to be stable compared to 2010.

Following an increase between 2000 and 2008, lifetime cocaine use among 17-year-olds seems to be stabilising, reaching a level of 3.2% in 2014. This now concerns boys and girls in equal proportions [2].

Seizures (2016)

The volume of cocaine seizures, which reached 11 tonnes in 2015, still remains at very high levels [26]. The French Antilles and Guiana play an increasing role in supplying the mainland market [34].

In recent years, seizures of crack (cocaine circulating in its base chemical form) have averaged 8 kg [26].

Price and purity (2016, 2015)

The increase in the median price per gram of cocaine is confirmed, with an average ranging between €65 and €85 depending on sources, although it had stabilised at between €60 and €65 for a few years [26, 29, 35].

As regards cocaine, the average purity of samples seized in the streets (< 10 g) reached 51% in 2016, i.e. a marked increase since 2011 when the average concentration was 27% [30]. This increase could contribute to promote the new acceleration in cocaine diffusion recently observed [29].

MDMA/ecstasy

4.3% of adults have tried MDMA/ecstasy and **0.9%** are current users

3.8% of 17-year-olds have tried MDMA/ecstasy

1.2 million ecstasy tablets seized

€10 per ecstasy tablet and

€54 for a gram of MDMA

Use (2014, 2011, 2010)

In 2014, 4.3% of 18–64-year-olds tried MDMA/ecstasy, 0.9% of whom used it in the last year. This is a sharp increase since only 0.3% reported this use in 2010 [1]. Lifetime MDMA/ecstasy use among 17-year-olds has clearly risen, from 1.9% in 2011 to 3.8% in 2014, and concerns 4.2% of boys and 3.5% of girls [2].

Seizures (2016)

The quantities of ecstasy tablets seized remain high despite competition from MDMA whether in powder or crystal form. As France is also a transit country, a high proportion of the quantities seized are intended for European neighbours, the United Kingdom and Spain in particular [26].

Price and purity (2016, 2015)

The average price of an ecstasy tablet has remained stable since 2012, around 10 euros, whereas the price of MDMA in crystal/powder form has fallen since 2010, from 60 to 54 euros per gram [29].

The average concentration measured on seized MDMA powder/crystal samples is constantly rising: it increased to nearly 83% in 2016 compared to 21% in 2010 [35].

Lastly, after having increased in the past four years, the weight of ecstasy tablets (306 mg on average) and their MDMA content now appear to be stable. However, concentrations are staying at high levels, 115 mg per tablet (50 to 60 mg/tablet in the 00s) [35].

New psychoactive substances or “RC” (Research chemicals)

261 new psychoactive substances identified since 2008 on the French territory, including **47** in 2016

1.7% of 18-64-year-olds have tried synthetic cannabinoids

More than 8 NPS users out of **10** have taken an illegal drug in the last year

Availability and seizures (2016, 2015, 2014)

New psychoactive substances (NPS), often referred to as «RC» and sold on the Internet, are substances which imitate chemical structures and/or the effects of illegal narcotic substances. France occasionally resorts to classification by chemical class so that they can be promptly prohibited [36]. Nonetheless, those which have not yet been classified are not legal and authorised. Between 2008 and 2016, 261 new substances having circulated at least once in France [35] were recorded, with 582 in the European Union [37]. Identification of these substances is declining: 58 in France in 2014, 53 in 2015, and 47 in 2016. The most frequently observed substances are primarily cathinones, followed by synthetic cannabinoids or psychedelic substances [35]. As part of a study on the synthetic drugs available on the Internet, 108 French-language online sale websites were recorded in 2014 [38].

In total, 1,070 NPS seizures and checks were recorded in 2016 (865 in 2015), concerning a larger number of substances (262 versus 111 in 2015) [39].

Use and consequences (2014)

In 2014, 1.7% of 18–64-year-olds reported to have already tried a synthetic cannabinoid [1]. In 2014, 1.7% of 17-year-olds reported to have tried a NPS, but only 0.7% specified the type of product they used [2].

An on-line study conducted in 2014 among 350 users showed that 5 out of 10 users were males aged under 25, living in an urban setting, and somewhat highly qualified. More than 8 out of 10 had, moreover, used an illegal drug in the last year [40]. Several cases of poisoning or deaths related to the use of NPS (all product categories combined) have been reported in France and in several European countries [35, 37].

Heroin and opioids

1.5% of adults have tried heroin and

→ **0.2%** are current users

→ **1.0%** of 17-year-olds have tried heroin

↗ **1 tonne** of heroin seized

↘ **€40** for a gram of brown heroin

↗ **65,000** people admitted in treatment for opioid use in a CSAPA, in the last year

→ **180,000** people received opioid substitution treatment prescriptions in primary care settings or in a CSAPA

Use (2014, 2011, 2010)

In 2014, 1.5% of 18-to-64-year-olds had tried heroin. 0.2% of 18–64-year-olds used it in the last year [1]. This level of use appears to be stable compared to 2010. Lifetime heroin use among 17-year-olds is stable relative to 2011, as this level reached 1.0% in 2014 [2]. Some adolescents use over-the-counter codeine medications for recreational purposes, with or without antihistamines, sometimes blended with fizzy drinks (*purple drank*) [29].

Seizures (2016)

Heroin seizures have dramatically risen. Already high in North-Eastern France, these seizures have been increasing in the Rhône-Alpes region, due to the local supply network, which is becoming more effectively organised, driven by Albanian criminal gangs [26].

Price and purity (2016, 2015)

The average price of brown heroin (base heroin), by far the most common form in France, has slightly declined [29]. The average purity of samples seized by police in the streets is 13%, i.e. reflecting a return to the 2014 value, following a decline in 2015 (11%) [30].

Treatment (2014, 2012, 2010)

This figure includes CSAPA clients on opioid substitution treatment (OST) or for whom the most harmful substance used is an opioid. A large proportion of these individuals are polydrug users [23]. Furthermore, there has been an increase in the number of cases involving addiction further to pain relief treatment (for example, medications containing codeine or tramadol) [29].

Opioid users may also be treated in a hospital and/or primary care setting. In 2016, statistics from hospitals, excluding psychiatric services, registered a little more than 7,500 admissions for withdrawal, concerning individuals addicted to substances other than alcohol (mainly opioids) [7] and nearly 2,200 hospital admissions concerning individuals receiving treatment related to opioid use. Hospital statistics do not provide information on the number of users treated in hospital outpatient addiction services.

General practitioners also see a large number of illegal substance users, in particular the 160,000 users for whom they prescribe opioid substitution treatment [41]. In 2009, 50% of general practitioners stated to have seen at least one opioid patient per month [9].

Approximately 180,000 people received opioid substitution treatment in 2015. Of these, 172,000 were reimbursed for opioid substitution medicines dispensed in a retail pharmacy (112,000 for buprenorphine, 60,000 for methadone and 8,000 for combined buprenorphine-naloxone) [41] and almost 23,000 received their substitution treatments via a CSAPA (19,200 for methadone and 3,700 for buprenorphine) in 2014 [23]. Buprenorphine still largely predominates: 64% received this treatment versus 36% for methadone even though more methadone has been prescribed in recent years. Although the majority of patients used opioid substitution medicines for therapeutic purposes, a small proportion misused it for their own use or dealt it like an illicit drug. This also applies to morphine sulphate (Skenan). [29].

All illicit substances combined

→ **280,000** problem drug users

→ **105,000** injecting drug users

↗ **75,000** people seen in harm reduction centres for drug users

«Problem drug users» (2015, 2014, 2011)

«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 [42]. The number of intravenous injection drug users in France is estimated at 105,000 individuals [43].

New patient intakes in CAARUDs (low-threshold structures), including users being followed in permanent centres, mobile units and in outside interventions, were estimated at approximately 75,000 people in 2014 [44]. These users were often in precarious situations with high psychiatric morbidity. Most of them were also polydrug users. Of the CAARUD clients, 21.5% had no income and lived through begging, prostitution or small-scale drug dealing, while 59.5% only received a social income benefit [33].

In 2015, the most widely used substances among this population in a given month were cannabis (76%), psychoactive medicines (74%, with 40% benzodiazepines and nearly two-thirds opioid substitution medications, in a therapeutic or non-therapeutic context), cocaine (43%), in 7 out of 10 cases used in the base form (crack or free base), and heroin (32%). Furthermore, a third of these users reported heavy episodic drinking every day, or almost every day [33].

→ Stable self-reported prevalence of **HCV** and **HIV** among IDUs

→ **88** HIV seropositive diagnoses among IDU in 2015

→ **241** overdose deaths among 15-49-year-olds

Social cost of illicit drugs
8.8 thousand million euros

160,000 arrests for narcotic use

→ **72,500** convictions and fixed penalty notices for a drug-related offence, of which **82%** for illegal use and possession

→ **23,000** convictions and fixed penalty notices for driving under the influence of narcotics

Morbidity (2015, 2011, 2004)

In 2011, the biological prevalence of HCV was 64%, lower than in 2004 (74%), and that of HIV was estimated at 13%, stable relative to 2004 (11%) among drug users having injected at least once in their lives [45].
The reported prevalence of HCV and HIV among injecting drug users (IDU) (liable to be under-estimated, as some users are unaware of their status) remained stable between 2012 and 2015. For HCV, this is in the region of 45% in CSAPAs and 35% for CAARUDs. The prevalence of HIV is 7% in CSAPAs and 5% in CAARUDs [33, 46].
In 2015, 88 IDU were diagnosed as HIV seropositive and 72 cases of AIDS were diagnosed among IDU [47].

Mortality (2014)

After significantly falling at the end of the 1990s, overdose deaths once again increased between 2003 and 2010, undoubtedly related to wider opioid use [48]. The number of deaths is still underestimated as some are classified as «unknown cause». There were 241 fatal overdoses among 15-49 year-olds in 2014, a stable figure compared with 2013.
In 2014, opioid substitution medications were implicated in 55% of overdose deaths and heroin in 26% of cases. The percentage of deaths involving cocaine reached 14%, versus 8% for cannabis, and 4% for amphetamines and MDMA/ecstasy. In 30% of deaths, several substances were involved [25].
Men treated for opioid medicine or illegal substance use (excluding cannabis) in a CSAPA or CAARUD have an overall risk of death 5.6 times higher than other men of the same age. For women, the risk of death is 18.5 times higher. The mean age of death was 44 years [49].

Social costs (2010)

The social cost related to illicit drugs reached 8.8 thousand million euros. Loss of human life account for a third of this amount, and the cost of treatment for 17% [15].

Arrests (2016, 2010)

Since 2010, national statistics no longer provide details of arrests for each to substance. Out of the 135,000 arrests recorded in 2010 for narcotic use, 90% concerned simple cannabis use. Eight out of ten arrests for drug-related offences involved the use of illegal narcotics (all substances combined). In 2016, the number of people arrested for use reached almost 160,000. This fell slightly compared to 2015, but remained identical in terms of proportion (83% of the total). The police and Gendarmerie, moreover, arrested 16,500 people for possession and 13,500 for trafficking without narcotic use [50].

Convictions and fixed penalty notices (2015, 2013)

In 2015, convictions handed down for drug-related offences represent 11% of all convictions recorded in criminal records, i.e. more than 64,000 convictions. These increased by 10% relative to 2014 (58,400). These offences are broken down as follows: illegal use (60%), possession, acquisition (22%), commerce-transport (12%), import-export (1.5%), dealing and selling (4%), aiding and abetting, which may comprise incitement to use and facilitation of use (33 cases). Prison sentences without remission, or partial sentence suspension concern 26% of convictions for drug-related offences [13]. Other than for sentences handed down by the courts, criminal records also list lighter procedures such as fixed penalty notices. In 2015, 8,200 fixed penalty notices were issued by the public prosecutor [13]. This rise is partly due to the implementation of training courses to raise awareness of the dangers of narcotic use: in 2013, more than 11,000 training course orders were issued (half in the context of a fixed penalty notice).

Road traffic offences related to narcotics (2015, 2013, 2007)

Driving under the influence of narcotics has been an offence in France since 2003. Screening for narcotics is compulsory in the event of fatal or bodily injury. In 2015, 13% of the 4,000 screening procedures performed following a fatal accident proved positive [14]. The Traffic Code also authorises preventive screening. Since December 2016, it has also been possible to test for narcotic use by means of a saliva test. Although these prosecutions only account for 4% of all offences stated in criminal records (10% of road safety offences), a four-fold increase was observed from 2007 (5,200) to 2015 (20,500) [13].

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