

Drug use among 17-year-olds Results of the 2008 ESCAPAD survey

Now in its sixth exercise, this survey has made it possible to learn more about usage levels in 2008 and changes since 2000

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Cécile Laffiteau For eight years now, in partnership with the Direction du service national (DSN: National Service Department), the OFDT has carried out a national statistical survey among 17-year-old teenagers: ESCAPAD. This survey is carried out during the Journée d'appel de préparation à la défense (JAPD: Day of defense preparation). It focuses on health, drug use and lifestyles. As it is representative of teenagers aged 17, to a certain extent it is complementary to the Health Behaviour in School-Aged Children survey (HBSC [1]) and the European School Survey Project on Alcohol and other Drugs (ESPAD [2]) in addition to the surveys focusing on

This issue of Tendances presents the usage levels for the main psychoactive substances used in France (around 15 in all, both legal and illegal) and the changes witnessed over an eight-year period. For alcohol, tobacco and cannabis, it also describes the initial results emerging from the study of new questions on the reasons behind the use and non-use of these substances, or the willingness to seek help or information in order to reduce or cease cannabis use. Finally, the use of the main pharmaceutical classes of psychotropic medicines is described here for the first time.

the adult population, such as the Baromètre

Santé (Health Barometer [3]).

Alcohol, tobacco and cannabis are on the decline

In 2008, 70.7% of young people aged 17 had already smoked a cigarette, 92.6% had already consumed alcohol, and 59.8% stated that they had already been drunk, while 42.2% had already smoked cannabis during their lives. On the other hand, the percentage of teenagers having experimented with none of these three drugs is low (at 5%) but has risen slightly since 2005. Indeed, the majority of indicators are showing a downward trend.

Indicators

Experimentation refers to an individual having alreadu used at least one substance during his/her life (= 1 use/life) while regular drunkenness refers to the fact of having been drunk at least 10 times during the last year (= 10 uses/year). The other use indicators concern the last 30 days, including recent use (at least one episode), regular alcohol or cannabis use (at least 10 episodes) and daily use (at least once a day). Finally, occasional smoking refers to smoking at least one cigarette per day while intensive smoking implies more than 10 cigarettes per day. These thresholds are the result of a reasoned choice while at the same time also including an arbitrary element in that they do not take account of the total diversity of use frequencies and are not effective at distinguishing between what can often be very contrasting situations. However, they allow for a simple description of practices during the teenage years. The notion of use during the individual's lifetime (or experimentation) includes users but also teenagers having simply tried the substances concerned or having stopped using them. Consequently it tends to describe the circulation of a substance within the population rather than its use.

Experimentation with tobacco has been declining since 2000 and with cannabis since 2003. After a slight fall, experimentation with alcohol has remained stable since 2003 while experimentation with drunkenness has risen since 2003.

Overall, the regular usage levels for the main substances (tobacco, alcohol, drunkenness and cannabis) have declined since 2005. However, this reduction has been less significant for drunkenness, all the more so as experimentation with and recourse to drunkenness during the year have risen since 2003. The sharpest reduction (30%) can be seen for daily tobacco use which fell from 41.1% in 2000 to 28.9% in 2008. We have also seen a reversal in trends concerning alcohol, which, after having risen between 2000 and 2003, has since started to decline. We find the same phenomenon for experimentation with cannabis, where the peak was reached in 2002. Table 1 (page 3) also shows a moderate rise in «one-off» episodes of excessive drinking (at least five glasses during a single session) since 2005: the repetition of at least 10 episodes during the month, which concerns fewer than 3% of teenagers, rose by 8%, increasing from 2.2% to 2.4%.

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Experimentation 100 94,6 94.6 90 80,9 82,1 Experimentation 78.7 77,2 77,0 77,4 70.7 Mois 70 Experimentation 59.8 56,1 _{55,0} 56.6 Experimentation 50,5 50.3 47,2 46 1 50 42,2 During the year 40 33 N 32,3 _ 30,7 During the month I 27.9 30 25,6 247 Daily 20,0 19,2 Repeated 20 126 12,3 10,6 10,9 12,1 ^{10,8} Regular 10.9 10.1 10.0 8.6 10 6.4 6.6 Regular Dailu Daily (> 10 cig. per day) Regular

Figure 1 - Changes between 2000 and 2008 in usage levels for the main psychoactive substances at age 17, in mainland France

NB: the confidence interval at 95% is represented by the two bars surrounding the measurement point $\,$

Source: ESCAPAD 2008, OFDT

Increased experimentation with cocaine, amphetamines and inhalation products

Between 2000 and 2008, the levels of experimentation with illegal psychoactive substances other than cannabis increased. Four groups of substances can be distinguished. The first includes cocaine and amphetamines, both of which have seen parallel and continuous growth since 2000, with experimentation levels situated at around 3%. The second includes ecstasy and hallucinogenic mushrooms, which have declined slightly since 2005. The third group includes LSD, heroin, crack, Subutex®, GHB and ketamine, for which the levels are rising but which nevertheless remain below or near 1%. Finally, the last group includes inhalation products (with the mapped changes showing a series of rises and falls but nevertheless rising since 2005) and poppers, for which experimentation levels appear to have increased significantly since 2003, particularly since 2005. This may be related to the changes in the legal status of these substances, sales of which were previously restricted (being limited to adults in sex shops) before being banned1 in November 2007. A sudden increase in supply due to price reductions to clear stocks by manufacturers and authorised resellers cannot be ruled out. Additionally, the visibility and availability of these substances have also increased via the Internet. As a result, in 2008, poppers largely dominated experimentation with illegal psychoactive substances, and experimentation with ecstasy is now rarer than that with cocaine.

1. A decree published in the Journal Officiel on November 22, 2007, banned "the manufacturing, importation, exportation, sale and distribution of substances containing alkyl nitrites" such as poppers. However, on May 15, 2009, the Council of State cancelled this decree (Lebon compendium, application no. 312449, 3124 54, 312485).

Figure 2 - Changes in experimentation levels with other psychoactive substances at age 17, since 2000, in mainland France ⊤3,5 3.2 2.9 Ecstasu Amphetamines 2000 2002 2003 2004 2005 2006 2007 2001 Crack GHB Heroine Ketamine 2 LSD 1,2 1.1 Subutex 1 0 0,5 0.6 2000 2003 2005 16 14 12 Poppers 10 Inhalation products 8 2 54 2000 2001 2002 2003 2004 2005 2006 2007 2008 Source: ESCAPAD 2008, OFDT

2006

Cannabis

Drunkeness

OFDT I Page 2

We should point out that the repetition of such use among experimenters is relatively rare, with wide variations depending on the substance concerned. Consequently, 15.8% of young experimenters with heroin took it at least 10 times during the year gone by, with this proportion totalling 9.7% for experimenters with cocaine and 9.2% for those with ecstasy. For the poppers and inhalation products, such use was declared by only 6.7% and 4.6% of young people respectively when experimenting with the substances.

An increase in average ages for experimentation

In 2008, the average age at which teenagers smoked their first cigarette was 13.4 years for boys and 13.7 years for girls, and that of

the first episode of drunkenness was a year and a half older (14.9 years for boys and 15.3 years for girls). This is followed closely by the age at which cannabis was first used (15.1 years for boys compared to 15.3 years for girls) [Figure 3]. The average ages for experimentation with tobacco and cannabis have witnessed similar changes since 2000: a reduction until 2005 followed by an increase up to 2008, a trend observed in both sexes. On the other hand, the move to daily smoking tends to occur at a younger age with the trend being virtually identical for both boys and girls. This is due to the fact that a move to daily smoking is rarer among late experimenters, which automatically reduces the average age measurement. Indeed, among experimenters with tobacco at age 15 or older, only 29.0% are daily smokers at age 17, while this figure stood at 36.3% in 2005 and 40.7% in 2003 [4].

Table 1 - Changes between 2005 and 2008 in the usage levels for psychotropic substances by gender at age 17 in mainland France (%)

	Boys	Girls	Sex	All	All	Change ¹	Change ²
	2008	2008	ratio	2008	2005	(05/08)	(05/08)
Tobacco : experimentation	70,5	71,0	1,0***	70,7	72,2	-2 %	-1,5
Occasional use	11,6	11,5	1,0***	11,5	8,1	43 %	3,5
Use during the month	41,5	39,4	1,1	40,5	41,1	-2 %	-0,6
Daily use	29,9	27,9	1,1*	28,9	33,0	-12 %	-4,1
Intensive use							
(> 10 cig. per day)	9,1	6,2	1,5***	7,7	10,1	-24 %	-2,4
Alcohol: experimentation	93,5	91,7	1,0***	92,6	92,3	0,4 %	0,3
Use during the month $:\ge 1$ episo	de 80,5	74,2	1,1***	77,4	78,7	-2 %	-1,3
≥10 episode (regular use)	13,6	4,0	3,4***	8,9	12,0	-26 %	-3,2
≥30 episode (daily use)	1,3	0,2	5,4***	0,8	1,2	-39 %	-0,5
Drunkeness : experimentation	65,1	54,3	1,2***	59,8	56,6	6 %	3,2
During the year : ≥1	56,6	44,1	1,3***	50,5	49,3	2 %	1,2
≥3 (repeated)	32,0	18,9	1,7***	25,6	26,0	-2 %	-0,4
≥10 (regular)	12,4	4,6	2,7***	8,6	9,7	-11 %	-1,1
5 glasses and more in a single s	ession						
During the month							
≥Once	57,1	39,9	1,4***	48,7	45,8	6 %	2,9
≥3 times	27,7	11,3	2,5***	19,7	17,9	10 %	1,8
≥10 times	3,8	0,9	4,2***	2,4	2,2	8 %	0,2
Cannabis : experimentation	46,3	37,9	1,2***	42,2	49,4	-15 %	-7,2
During the year	40,5	31,1	1,3***	35,9	41,3	-13 %	-5,4
During the month $:\ge 1$ episode	29,5	19,8	1,5***	24,7	27,9	-12 %	-3,2
≥10 episodes (regular)	10,7	3,9	2,7***	7,3	10,8	-32 %	-3,4
≥30 episodes (daily)	4,8	1,7	2,9***	3,2	5,2	-37 %	-1,9
Experimentations with :							
Tranquillisers ³	13,9	23,1	0,6***	18,4	nd	nd	nd
Sleeping tablets ³	12,1	17,1	0,7***	14,6	nd	nd	nd
Antidepressants ³	4,8	9,6	0,5***	7,2	nd	nd	nd
Experimentations with :							
Poppers	15,2	12,2	1,2***	13,7	5,5	148 %	8,19
Inhalation products	6,2	4,7	1,3**	5,5	3,6	54 %	1,90
Hallucinogenic mushrooms	4,9	2,2	2,3***	3,5	3,7	-4 %	-0,14
Cocaine	4,0	2,4	1,7***	3,3	2,5	29 %	0,74
Ecstasy	3,6	2,1	1,7***	2,9	3,5	-18 %	-0,63
Amphetamines	3,5	1,9	1,9***	2,7	2,2	24 %	0,52
LSD	1,6	0,8	2,1**	1,2	1,1	10 %	0,11
Heroin	1,4	0,8	1,9	1,1	0,7	56 %	0,39
Crack	1,3	0,7	1,7*	1,0	0,7	44 %	0,31
Ketamine	0,8	0,4	2,1**	0,6	0,4	28 %	0,12
Subutex®	0,8	0,3	2,5***	0,5	0,5	2 %	0,01
GHB	0,5	0,3	1,6**	0,4	0,3	63 %	0,17

^{*, **, ***:} Chi-2 significant respectively at thresholds of 0.05, 0.01, 0.001 for gender comparisons. The figures in bold show the significant changes at the threshold of 0.05 (Chi-2 test); the significant reductions are indicated in blue.

Source: Escapad 2008 OFDT

The average ages for experimentation with the main illegal substances for which usage is rising (cocaine, amphetamines and poppers) initially increased between 2000 and 2003 and subsequently stabilised at around 16 years of age. This result shows that the circulation of these substances, while nevertheless increasing, has not been occurring among younger teenagers since 2003. Experimentation therefore occurred during the months preceding the survey and, where poppers are concerned, probably at a time when these substances were still legal.

Psychotropic medicines

Among the young people interviewed, 30.4% stated that they had experimented with one herbal medicinal product or homoeopathic product, 18.4% with tranquillisers, 14.6% and 7.2% respectively with sleeping tablets or antidepressants, 2.0% with mood stabilizers, 1.4% with anti-psychotic agents and 1.0% with Ritalin®. Almost 55% of those using at least one of these substances during the year stated that the last time they obtained it this was via a medical prescription, 30% via their parents, 3% from a friend, although 8% stated that they took it on their own initiative and 4% by another means. Prescription occupies the top spot for antidepressants, antipsychotic drugs and Ritalin® (74%), tranquillisers and mood stabilizers (62%) far ahead of sleeping tablets (34%). The latter tend to be the medicines most experimented with outside medical control: when taken for the first time, they were given by parents or taken at the teenager's own initiative in 37% and 20% of cases respectively.

All the experimentation scenarios described above tend to concern girls more than boys except for Ritalin® which is twice as prevalent among boys. In 2008, the questions concerning these drug use practices were significantly modified in order to take better account of the various types of substances and consumption behaviours. On the other hand, this means that it is consequently not possible to measure changes for these substances.

Reasons for use and non-use

During the 30 days preceding the survey, 40.5% of young people stated that they had smoked at least one cigarette, 77.4% had consumed alcohol and 24.7% had smoked cannabis (Table 1). These «recent users» mentioned a number of varied and variable reasons for doing so depending on the substances concerned, when justifying their use (Figure 4). We should point out that these reasons are not mutually exclusive and that several may be given by the same person. «Partying» remains the main reason for consuming alcohol. «Getting stoned» concerned only 11% of replies and use for anxiolytic or relaxation reasons, or to alleviate difficulties is very rare.

^{1 :} Relative change calculated without rounding.

T: Relative change calculated without rounding. 2: Changes (in points) calculated without rounding.

^{3 :} New questions in 2008

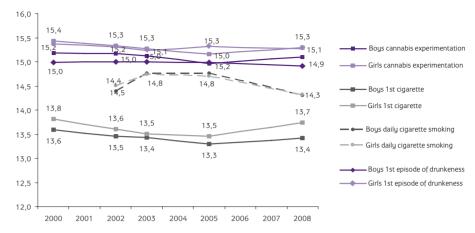
Fewer than one user in 20 during the month stated that he/she drank as a matter of habit, and fewer than one in 100 considered himself/herself an addict. The reasons behind the use of cannabis are also party-related, although the aim of «getting stoned» tends to be far more frequent (concerning 38% of users) as is the case with use for anxiolytic, hypnotic or alleviating purposes, and use as a matter of habit or related to a feeling of addiction. The reasons for the use of tobacco appear to be rather more ambiguous, with 47% stating that they smoked as a matter of habit, 34% considering themselves addicts and 31% smoking tobacco to calm themselves down or to sleep better. Only a quarter of users claimed that they smoked for fun. Regardless of the situation, for these three substances, the reasons put forward only very rarely corresponded to a desire to "do like the others" (3%).

On the other hand, recent non-users of alcohol, tobacco or cannabis (Figure 5) chiefly justify their behaviour by a lack of interest in the substances and concerns for their health, with fears of addiction being the third most frequent reason put forward (on this particular point, alcohol is situated far behind tobacco and cannabis). The illegal nature of the substances is mentioned by 39% of the non-users of cannabis (compared to 5% of the non-users of alcohol and tobacco), and cultural or religious reasons by 15% of non-users of alcohol (compared to only 5% of non-users of tobacco and cannabis). The unpleasantness caused by the resulting effects or undesirable reactions was cited by approximately 5% of the nonusers, with no noticeable distinction between the substances. A dislike for the taste was mentioned by more than one in six non-users of tobacco and alcohol, but less than one in twenty non-users of cannabis. We should point out that alcohol appears to be considered less addictive and less harmful to health than smoked substances.

The family and the educational environment

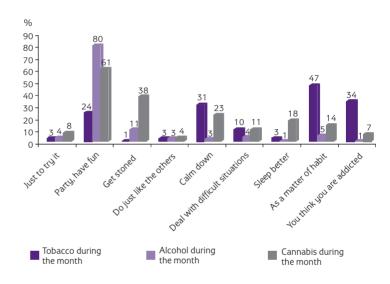
The user's situation and his/her academic record also appear to be closely linked to the use of legal and illegal psychoactive substances (Table 2). Young people in apprenticeships and those having left the educational system tend to be more numerous than young pupils currently studying in the general, technical or vocational fields when it comes to declaring that they smoke on a daily basis, regularly drink alcohol, experience repeated episodes of drunkenness, smoke cannabis or have taken cocaine during their life. The relationship with repeating years while at school is similar but tends to be reversed for drunkenness and multiple repeated years. The family's economic situation, defined here by the socio-professional category of the parental couple, is also closely related to such use: the children of managers and farmers tend to smoke less than the others, but are more fre-

Figure 3 - Changes in the average age for the first cigarette, the first episode of drunkenness and the first use of cannabis, by gender (in years)



Source: ESCAPAD 2008, OFDT

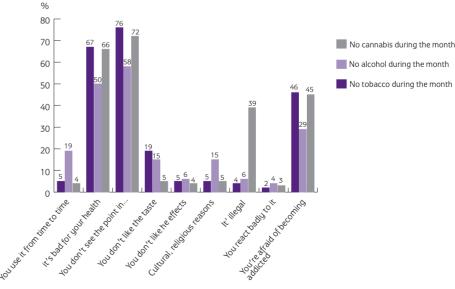
Figure 4 - Reasons for the use of alcohol, tobacco and cannabis during the month (%)*



*For each substance, the percentage is calculated among users of the said substance during the last 30 days. Several answers are possible.

Source: ESCAPAD 2008, OFDT

Figure 5 - Reasons for not consuming alcohol, tobacco and cannabis during the month (%*)



 $^{\star}\text{For each substance},$ the percentage is calculated among non-users of the said substance during the last 30 days. Several answers are possible.

Source: ESCAPAD 2008, OFDT

Table 2 - Daily tobacco use, regular alcohol use, repeated drunkenness and regular cannabis use at age 17 according to socio-demographic characteristics (%)

	Tobacco		Al	Alcohol D		Drunkeness		Cannabis		Cocaine	
	%	o OR	%	OR	%	o OR	%	OR	%	OR	
Boys (51,1%)	29,9	-1-	13,6	-1-	32,0	-1-	10,7	-1-	4,0	-1-	
Girls (48,9%)	27,9	1,10***	4,0	0,29***	18,9	0,51***	3,9	0,39***	2,4	0,71***	
Pupil or student (84,1%)	24,5	-1-	7,3	-1-	24,3	-1-	5,7	-1-	2,5	-1-	
In an apprenticeship (11,5%)	49,9	2,57***	18,0	2,29***	33,3	1,47***	14,9	2,09***	6,6	2,24***	
Reintegration scheme, employment, unemployment (4,4%)	59,5	3,55***	16,4	2,28***	30,7	1,46***	19,0	2,93***	8,9	3,11***	
Never repeated a school year (55,8%)	21,4	-1-	7,7	-1-	25,6	-1-	5,0	-1-	2,2	-1-	
Repeated a year once (38,7%)	38,0	1,84***	10,5	1,08***	26,0	0,91***	10,2	1,65***	4,6	1,73***	
Repeated a year twice or more (5,6%)	42,1	2,02***	9,6	0,91	22,7	0,74***	10,6	1,56***	5,2	1,83***	
Farmers ¹ (3,1%)	25,0	0,79***	16,0	1,58***	30,4	0,93	10,0	0,47***	2,6	0,54***	
Craftsmen, shopkeepers (15,7%)	31,3	1,10***	10,6	1,12	28,4	0,90***	8,5	0,98	4,0	0,90	
Executives (23,8%)	23,8	-1-	8,2	-1-	29,1	-1-	6,7	-1-	3,2	-1-	
Intermediate professions (12,6%)	26,4	0,95	6,9		25,2	0,80***	6,6	0,83***	2,7	0,70***	
Office workers (17,4%)	29,4	1,00	8,6	0,92	24,2	0,73***	7,6	0,87***	3,2	0,73***	
Manual workers (15,4%)	32,4	1,00	8,7	0,83***	21,7	0,62***	7,2	0,72***	2,7	0,53***	
No job (6,8%)	33,4	0,92	7,7	0,75***	19,1	0,52***	7,3	0,67***	3,5	0,60***	
No reply (5,2%)	36,2	1,01	10,6	0,90	22,9	0,60***	10,0	0,82***	4,2	0,61***	
Parents living together (70,1%)	24,8	-1-	8,5	-1-	24,1	-1-	5,8	-1-	2,5	-1-	
Separated parents ² (29,9%)	38,4	1,59***	9,8	1,06	29,2	1,33***	10,9	1,73***	5,1	1,77***	
Lives with an adult (89,7%)	27,4	-1-	8,1	-1-	24,6	-1-	6,8	-1-	2,9	-1-	
Lives alone (10,3%)	41,8	1,82***	15,3	2,04***	34,4	1,58***	11,9	1,72***	6,1	1,99***	

^{%:} Prevalence in each of the categories. All ratios are significant at a threshold of 0.001 (Pearson's Chi-2 test)

Source: ESCAPAD 2008, OFDT

quently drunk. The children of craftsmen, shopkeepers or entrepreneurs are among the largest users of the substances studied. Finally, children whose parents are separated have a greater tendency to be users (with the exception of alcohol), as is the case for those who do not live with their parents.

These results do not take account of all of the individual's characteristics considered simultaneously. To jointly verify the effects of all variables in order to estimate a «pure» effect for each, a multivariate logistical regression was performed for each indicator (the «OR» columns). This confirms both the relationship with gender and the educational situation. The link to repeated years at school is limited in the case of alcohol and drunkenness. The relationship between the family's socio-economic situation and use has been

and executives tend to be the largest users of tobacco, alcohol, (most affected by drunkenness as well), cannabis and cocaine while the children of the other categories (and particularly the unemployed) tend to show particularly low usage levels. The children of farmers often have the lowest use levels, except for the regular use of alcohol (for which they are largely ahead of the pack) and drunkenness (for which they are neck and neck with the two categories most frequently concerned). We should note that where daily smoking is concerned, the social stratification by socio-professional category reveals very few differences. Other links, with the family make-up and the place of residence, have also been proven.

largely demonstrated: taking all things toge-

ther, the children of craftsmen, shopkeepers

Very few requests for help in reducing or ending cannabis use

For several years now, reception, information and assistance units for cannabis users have been available in drug addiction centres, hospitals and via specialised associations. Specialised clinics have been financed from 2005 onwards (Circular DGS/DHOS/ DGAS2004/464). ESCAPAD shows that very few young people have requested help in reducing or ending their use of cannabis. Furthermore, although the more frequent the cannabis use, the more often help is sought, the most intensive users very rarely took a step in this direction. Consequently, 4.9% of daily cannabis smokers have already spoken to a doctor about this, 4.1% to their family or friends and 2.8% have already been in a specialised centre or association, while the specialised counselling and support hotlines (such as Ecoute Cannabis or DATIS, etc) lag far behind, accounting for only 0.2% of all attempts to get help. On the other hand, concerns about use are certainly not rare among the most intensive users.

Table 3 - Seeking help to reduce or end cannabis use (%)

	No, never	No, but considere it	Yes, spoken to d a doctor about it	Yes, centre or association	Yes, a counselling and support hotline	Yes, to family or friends	At least one approach*
Overall	96,8	2,4	0,5	0,2	0,1	0,5	0,7
Girls	97,3	2,2	0,4	0,1	0,0	0,4	0,5
Boys	96,3	2,7	0,7	0,3	0,1	0,7	0,9
Lifetime use (42,2 %)	93,0	5,2	1,2	0,4	0,2	1,2	1,7
Use during the year (35,5 %)	92,1	6,0	1,3	0,5	0,2	1,4	1,9
Use during the month (24,7 %)	89,9	7,8	1,6	0,6	0,1	1,7	2,4
Regular use (7,3 %)	82,3	12,5	3,4	1,4	0,1	3,0	5,2
Daily use (3,2 %)	78,2	13,6	4,9	2,8	0,2	4,1	8,2

^{*} proportion de personnes ayant indiqué au moins une démarche de recherche d'aide.

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Source: ESCAPAD 2008, OFDT

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OR: Odds ratio adjusted for all of the table's variables. OR whose 95% confidence interval does not contain 1 are marked ***; Wald's Chi² test significant at a threshold of 0.05. An OR in excess of 1 indicates relative overuse compared to the category concerned; an OR below 1 indicates relative under-use.

^{1:} Assessed based on the highest socio-professional category of the parental couple. In this order: executives, craftsmen, farmers, intermediate professions, office workers, manual workers, no job and no reply. The breakdown of these categories differs from that supplied by the INSEE statistical office as these categories are based here on the teenager's own statements (thereby revealing categorisation difficulties) for both parents and not only one.

²: This category includes young people whose parents are divorced or separated for other reasons, or when one of the parents has passed away. Example for readers: the prevalence of daily tobacco use totals 29.9% among boys and 27.9% among girls, with the variation being significant at a threshold of 0.001; all things being equal, the logistical analysis confirms a slight over-use of tobacco among girls. (OR=1.10***)

Discussion

This ESCAPAD survey has confirmed certain trends already observed among the youngest school-aged groups in HBSC [6] and ESPAD [7] (although comparing the measured levels with the aid of different surveys is always problematic). These trends include major reductions in the circulation and use of tobacco and cannabis, in addition to stagnation (and even a reduction) in the prevalence of drunkenness. ESCAPAD has also identified a reduction in regular alcohol use. Nevertheless, it reveals a modest rise in the frequency with which individuals drink at least five glasses in a single session. The average ages for experimentation with tobacco and cannabis have risen for the first time in eight years, which is probably a sign of a change in behaviour on the part of those using these substances for the first time.

The fact nevertheless remains that a number of points are cause for concern such as the increased levels of cocaine, amphetamine, crack, heroin and GHB distribution, although such behaviour remains marginal: experimentation with GHB was declared by only 0.4% of 17-year-olds, but with crack and heroin by 1.1% and with amphetamines and cocaine by 2.2% and 3.3%. Consequently, we appear to be seeing a renewed interest in stimulants for certain fringes of the teenage population, although ecstasy no longer seems to be fashionable. Finally, experimentation with inhalation products and poppers is up sharply, although the use of these substances

appears to be abandoned more quickly than that of other substances.

The survey also made it possible to precisely investigate the links between drug use and the social, educational and professional situation of teenagers. Without in any way presupposing any causal relationship, they simply underline the fact that overall, the heaviest teen users are often those from the most comfortable backgrounds or those with a chaotic academic background, or young people having dropped out of school. In the global fight against drug addiction, it is probably necessary to better incorporate the effects of school dropout and short or vocational education and training courses. A new question demonstrates that the psychotropic medicines most often experimented with continue to be tranquillisers, ahead of sleeping tablets and antidepressants, and way ahead of homoeopathic and herbal medicinal products.

ESCAPAD also highlights the wide range of reasons for using alcohol, tobacco and cannabis, revealing a number of contrasting images among which "fun" and "pleasure" play a major role. Finally, the survey shows that the various information services and use reduction schemes for cannabis set up by the authorities are still only rarely used by teenagers aged 17.

The 2008 survey also covers new themes including mental health (eating disorders and depression) which will be analysed later on.

The complete report (for which publication is pending) will also examine other problems and will include data obtained overseas.

Thanks to cooperation with the National Service Department's Mission Liaison Partenariat (partnership mission), ESCAPAD is organised during the Day of Defense Preparation (JAPD). The young people taking part in this programme answer a self-administered, anonymous questionnaire. These teenagers, most of whom are aged 17, are of French nationality and are mostly still at school, in secondary education or in apprenticeships, although a number of them are already working or in higher education. The survey was extended to cover the French overseas departments in 2001 and the French overseas communities in 2003. Over the years, the size of the sample used in mainland France has been increased in order to allow for regional or local data analysis [8,9].

On a given day, the participation rate at the JAPD is around 90% (the number of people attending compared to the number of invitations issued). However, the final coverage rate for the JAPD is well above this ratio: the individuals asked to attend are invited on several dates and consequently have several opportunities to attend. By its very nature, the JAPD is virtually compulsory: the participants receive a certificate needed to enrol in exams organised by the public authorities (driving licence, baccalauréat (roughly equivalent to the British "A" levels), university exams, etc). Additionally, the participation rate in the survey is in excess of 99.9% and the response rates to the main drug-related questions in excess of 96%.

In 2008, 240 national service centres were involved (215 of which were in mainland France), organising a total of 1,272 survey sessions (1,130 in mainland France). These were held from March 15 to 31 in mainland France and were extended to April to cover the overseas sites. In all, 50,235 individuals were interviewed. Among these, 43,799 were aged 17, of whom 39,542 were living in mainland France (50.3% boys and 49.7% girls). The sample was adjusted in order to give each of the départements the correct demographic weight while respecting the true sex ratio between the départements.

The ESCAPAD Survey has been granted suitability by the CNIS (Conseil national de l'information statistique; National Commission of Statistical Information) and the guarantee of general interest of public statistics from the Label Commission, as well as the approving notice from the CNIL (Commission nationale de l'informatique et des libertés, National Commission on Data Processing and Liberties).

Part of the 2008 questionnaire dealing with eating disorders was jointly organised with Inserm (U 669).

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