

The first national survey on users of the CAARUD centres

The profile and practices of drug users from the national «users» survey for the Reception and Harm Reduction Support Centres (CAARUD).

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This issue of Tendances presents the key results from the first national survey (known as ENa-CAARUD) carried out in late 2006 among users of the Reception and Harm Reduction Support Centres for drug users (CAARUD- Centres d'accueil et d'accompagnement à la réduction des risques pour usagers de drogues). The complete report will shortly be available online on the OFDT's website, www.ofdt.fr [1]

At the request of the Ministry of Health, The ENa-CAARUD survey was carried out

in the 114 centres officially recognised as CAARUDs in order to provide tracking indicators for the number and characteristics of drug users resorting to this scheme, thereby helping both professionals and the public authorities to adapt their responses to the needs and expectations of this vulnerable population group. Those users who visit these harm reduction centres are chiefly polydrug users in situations of social precariousness.

Thanks to its exhaustive nature spanning the course of a week, this study is the first national survey to report back in a representative manner on the diversity and details of the drug consumption habits of a large group of current drug users. Eventually, the organisation of the survey at regular intervals should facilitate trend monitoring where drug use is concerned and make it possible to identify emerging phenomena.

The CAARUDs in brief

The CAARUDs were set up by the public authorities in 2005, based on existing schemes jointly referred to by the general term of «low demand threshold structures», «harm reduction structures» or even «front line structures». These structures, including «Syringe exchange programmes», «shops», and «street teams» focusing chiefly on the prevention of HIV and than of hepatitis infection among injecting drug users were originally launched in France in the late 1980s. They were then officially recognised by the legislator as key players in the harm reduction policy via the Public Health law of August 9, 2004. The creation of the CAARUDs is therefore clearly a continuation of this initiative. Additionally, by incorporating them within the range of medical-social establishments via the decree from the Ministry of Health dated April 14, 2005 in addition to the circular dated January 2, 2006 from the General Directorate for Health (DGS), the state shows its willingness to perpetuate the financing of these structures while at the same time giving them a common system of reference in terms of missions and objectives. From now on, the CAARUDs must perform the following roles:

- The welcoming drug users both collectively and individually, as well as providing information and tailored advice.
- The Support for drug users for access to healthcare and to their social entitlements (housing, reintegration or professional integration measures).
- Making available equipment for the prevention of infections.
- Insuring localised intervention outside the centre in order to establishing contact with drug users and developing social mediation activities with their immediate environment.
- And finally, participation to the drug and drug addictions national monitoring scheme.

Public authorities consider that this process should facilitate access to care as part of a treatment programme aimed at drug users exposed to major risks, whether psychiatric or infection-related. Two tools are also planned in order to monitor and update the scheme: a standardised annual activity report (ASA-CAARUD), to be published in September 2008 and a national biennial survey allowing to accurately describe the users received by the scheme.

The main results from the national survey

The socio-demographic and socio-professional characteristics of drug users¹

More women among the younger generations

The average overall age of the sample was 33.4 years old (median, 33 years old). The youngest user was aged 15 and the oldest 67. Four users out of 10 were aged between 30 and 39 and more than 9 out of 10 fell within the 20 to 49 age range. The sex ratio was one woman for four men (21.3% vs 78.7%).

Women tend to be younger than men (31.2 years old vs 33.9 years). Although 29.4% of them are younger than 25, this is only the case for 14.8% of men. Indeed, they are proportionally more numerous among younger drug users with women accounting for 55.5% of users under the age of 20 and 30.4% of the 20-24-year-old age group.

High levels of social precariousness

According to a synthetic socio-economic² variable, 77.1% of users are considered as being in a moderately or highly precarious situation. «High» precariousness affects women (43.2%) more than men (33.4%).

More than a quarter of the respondents (26.2%), are homeless while 18.8% live in temporary accommodation. More than half of users live off social benefits, and particularly the RMI (38.2%). A minority (22.7%) declare an income derived from employment (15.5%) or unemployment benefits (7.2%).

Almost 9 users out of 10 depend upon the social security system's general scheme, either directly (30.9%) with more than 13.5% having mutual top-up insurance, or via the CMU (the free, universal health cover system, 51.6%), or the ALD (long-term illness allocation) (4.8%). Although 2.3% of users are covered by the AME (state medical

Table 1 - Products declared as being consumed during the last month by users visiting the CAARUD's in 2006, N=3329

	% of drug users		% of drug users
Opioids	56.7	Hallucinogenes	8.6
HDB*	28.6	LSD	6.0
Heroin	25.7	Kétamine	2.3
Morphine sulfate*	10.1	Mushrooms	2.1
Methadone*	4.6	GHB	0.1
Opium	1.1	Poppers	0.9
Codeine	0.8	Datura	0.6
Stimulants	46.7	Salvia	0.2
Cocaine	28.4	DMY/ayahuasca	0.1
Crack/free base	14.0	Non-opioid medicines	13.8
Ecstasy	9.3	Benzodiazepines**	13.3
Amphetamines	6.6	Artane	1.3
Methamphetamine	1.2	Other medicines	0.8
Cannabis	49.7	Alcohol	36.8

* Misuse (notamment injecté, sniffé, fumé)

** Rivotril®, Rohypnol®, Valium®, Xanax®, Tranxene®, Téresta®

Several products may be mentioned. The total therefore exceeds à 100 %

Source : Ena-CAARUD 2006/OFDT, DGS

aid), more than 7.1% declare no protection whatsoever.

The consumption of psychoactive substances

Users tend chiefly to be consumers of opioids and stimulants

On average, disregarding tobacco, each user claims to have consumed 2.5 products during the last month. Opioids remain the most frequently consumed products (taken by 56.7% of drug users). These are followed by stimulants (46.7%), cannabis (49.7%), alcohol (36.8%) non-opioid medicines (13.8%) and, lastly, hallucinogens (8.6%). Substitute medicines were only included when misused.

Products causing the most problems

For each user interviewed, the interviewer was asked to identify the product causing the most problems for the user, whether

health-related or social. On this particular criteria, "misuse" of high dosage buprenorphine (HDB) tops the list (19.2%) followed by alcohol (16.5%), heroin (14.8%), cannabis (14.5%) cocaine (9.7%) and finally crack (9.1%). Interpreting this variable is no easy matter as the results are also related to the usage frequency of the products (itself deriving from many factors, including their availability), and to the perception of the interviewers, which includes a subjective factor determined by the extent of their knowledge and their personal observations.

Table 2 - The frequency of declared products causing the most problems to each drug users at the CAARUD's in 2006, N=3149

Product	Declared by %
HDB	19.2
Alcohol	16.5
Heroin	14.8
Cannabis	14.5
Cocaine	9.7
Crack/free base	9.1
Morphine sulfate	6.7
Benzodiazepines	3.3
Methadone	2.0
Amphetamines	1.3
Ecstasy	1.0
Others	1.9
Total	100

Source : Ena-Caarud 2006/OFDT, DGS

The CAARUDs teams are divided into four separate categories: in-patient reception, mobile units, street teams and teams working in the festive (chiefly techno) environment. Three quarters (73.9%) of drug users were met at in-patient reception centres. The remaining quarter is broken down as follows: "mobile units" 14.4%, "street teams" 8% and "festive environment teams" 3.6%.

The survey was carried out between 20th and 26th November 2006 in all the 114 structures having received prefectorial authorisation located in 23 regions and 66 départements (counties).

This anonymous questionnaire was given to drug users encountered during "face-to-face" meetings by a team member. Part of the questionnaire (referred to as the "identification" section) was filled out for non-respondents. In all, 4,651 questionnaires (completed or not) were collected, making an average of 41 questionnaires per CAARUD (median: 31). Notably, six CAARUDs processed each one more than a hundred questionnaires.

150 questionnaires completed by two centres were ruled out of the analysis for a failure to abide

to the protocol instructions. A question designed to spot duplicates allowed to identify 303 of these, i.e. 8.6% of all questionnaires processed. More than half (169 duplicates) came from Paris and more particularly from the north and centre of the city, others spreading across 25 different départements. Consequently, a total of 4,197 questionnaires were considered valid. The numbers listed for each result correspond to the number of respondents for the question.

The number of completed questionnaires was 3,349, which represented a response rate of 79.8%. These respondents were compared to the 848 non-respondents for which the interviewers had to provide a number of basic characteristics informations (approximate age, sex, presumed injector or otherwise, product considered to pose the most problems, etc.). No significant differences were noted regarding sex and age. Cannabis is more frequently mentioned as causing the most problems among respondents, with the opposite being noted for HDB. The question on injection could not be used due to frequent confusion between recent injection and injection during the user's lifetime.

1. Analysis of data from a sample comprising only those users who completely filled out the questionnaire. 9. Several replies were possible for this question and the level of double answers ticked was relatively high.

2. A socio-economic precariousness variable was calculated (by means of an ascending hierarchical ranking) based on five variables: health cover, resources, professional situation, educational level and accommodation. The people were classified into three categories: absence of precariousness, moderate precariousness, and a high level of precariousness. Full details will be included in the complete report.

Opioid substitution treatment

At the time of the survey, 59.6% of drug users declared they were receiving a medically prescribed substitution treatment. For slightly less than two thirds of them, this was HDB (62.2%) and for a further third this was methadone (32.4%). Only a small minority (4.3%) declared they were receiving treatment with based on morphine sulfate³

Users receiving a substitution treatment were on average older than those not receiving such a substitution product. While the average age of the latter was 32.1 years old, it stood at 33.6 years old for drug users receiving HDB as a substitution treatment, and at 34.7 years old for those receiving methadone and 35.2 for those receiving morphine sulfate.

In 79.4% of cases for morphine sulfate, 59.0% cases for HDB but just 16.4% of cases for methadone, the substitution medicine was also mentioned among the products consumed outside the scope of any medical treatment. Consequently, among drug users receiving morphine sulfate and HDB, it appears that it is the prescribed medicine which is itself most often mentioned as the product causing the most problems for the interviewees (66.2% and 42.2% respectively).

Indeed, among the consumers of these two products interviewed via the CAARUD, a majority use injection and are less likely to sniff or smoke the drug. Among those patients receiving methadone on the other hand, this medicine is only mentioned in a small number of cases (9.5%). It is largely outpaced by heroin (24.3%) and cocaine/crack (19.5%). Unlike the two other substitute medicines, methadone (outside use within a therapeutic environment) is almost always taken orally (96.5%).

Administration methods and high risk practices

A group chiefly comprised of injectors

Almost 7 users out of 10 (68.7%) have used intravenous methods at least once during their life. There are no significant differences on this point between men and women. The average age of intravenous drug users (33.6 years) does not differ from that of non-injectors. The average age of the first injection is 20.7 years old (median equal to 20 years). At 15 years of age, 8.8% of intravenous drug users had already started injecting and 40.6% at 18 years of age. By the age of 30, 95% of intravenous drug users had started injecting.

Among those people who have injected one product during their lifetime, 73% injected this product during last month (recent injectors), equivalent to 50.2% of the entire sample.

Women are proportionally less numerous than men when it comes to recent injection (46.5% vs 51.2%). Among recent injectors, the average length of time for which the user has been practising this method is 13.0 years (with the median being equal to 12 years).

It is among the 20-24 year-old age group and the 25-29 age group that recent injection

is most prevalent (at 52.4% and 51.2% respectively). For their part, the under 20s are twice as likely to use injection than the 50+ age group (40.9% vs 20.3%). The percentage of injectors who cease using this administration method during their lifetime (no injection during the last month) increases with age. The figure stands at less than 15% among the under 30 age group and between a quarter and a third in the older age segments.

The sharing of injection equipment

Half of injectors (52.6%) state that they have never shared syringes during their life whereas 23% of injectors have «almost never» shared. The others (22.3%) have «occasionally» shared their syringes (16.9%) or «regularly» do so (5.4%).

Among the recent injectors, 20.4% acknowledge that they have shared one or several pieces of equipment vital to injection: 8.3% syringes, 13.3% preparation water, 8.5% rinsing water, 13.9% the recipient/spoon, and 10.9% the filter/swab.

A multivariate⁴ analysis demonstrates that with the exception of syringes, the prevalence of equipment sharing during the previous month is chiefly related to the age of the injectors, with younger users having a higher propensity to share. This variation between younger and older users is not statistically significant for either the syringes or the filters, but appears to be particularly marked for the preparation water, rinsing water or the spoon. According to the equipment concerned, these practices concern somewhere between a quarter and half of the under-20 age group.

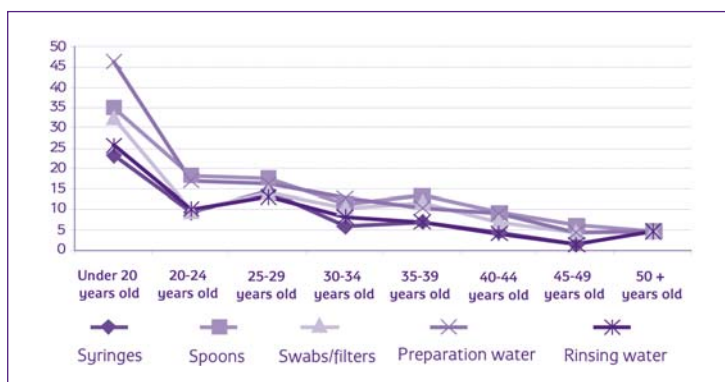
Serology status declared as HIV/hepatitis C and vaccinations against hepatitis B.

A majority of injectors have undergone screening tests

A majority of users have undergone the infection screening tests for HIV (84.4%) and hepatitis C (81.4%). No significant differences exist between men and women. The youngest and oldest carried out these tests less frequently. Among the under-20 age group, almost half of users had undergone neither of the two tests. This figure stands at just over a quarter for the 50+ age group.

Among those who underwent screening for HIV, the median time gone by since their last negative serology result (or for which the result is not known by the user)⁵ stands at eight months (average = 15.3 months). Among the 86.4% of users able to state the month and year, the test dates back less than six months for 45.1% of them, between six

Graph 1 - Breakdown showing the sharing of injection equipment over the months gone by according to the users's current age



Source : Ena-CAARUD 2006/OFDT, DGS

months and one year for 24.1%, and more than a year for 32.9%.

For hepatitis C, the median length of time is six months (average = 11.5 months). Among the 75.9% of users able to state the date of their last test, this dates back no more than six months for 26.9% of them, between six months and one year for 46.6% and more than one year for 26.4%.

Factors encouraging declared contamination

In total, 7.3% of users declared that they were HIV positive, and 35.1% hepatitis C positive.

The intravenous drug users tend to be twice as likely to be HIV positive than the non-injectors (8.7% vs 3.7%) and six times more likely to be hepatitis C positive (47.2% vs 7.6%). When the age band, gender, degree of precariousness and injection status are taken into account⁶ those having taken drugs intravenously have a hepatitis C contamination risk more than four times higher (4.5) than that of non-injectors. The sharing of syringes increases this risk to more than seven (7.3) while the risk of HIV infection is multiplied threefold (2.9).

Women tend to declare themselves as HIV positive much more frequently than men (9.0% vs 6.6%). This difference chiefly results from the difference in declared prevalence levels between men and women among non-injectors (HIV 6.1% vs 3.3%). Taking full account of the risk factors already mentioned demonstrates that the risk of a woman declaring that she is HIV positive is 41% higher than among men.

Although the declared HIV contamination levels remain low among the youngest age groups probably due to the harm reduction policies implemented during the 1980s,

3. This is a tolerated practice under certain circumstances given that this product has not received a marketing authorisation as a substitution treatment).

4. Log binomial regression N=1209 verified variables: gender, age group, level of precariousness.

5. The length of time elapsed since the test was carried out is not taken into account when the person states that he is HIV positive as he then no longer takes part in screening tests.

6. Log binomial regression N=2595 for HIV and N=2472 for hepatitis C, results meaningful if p<0.05.

declared contamination by hepatitis C remains significant [graph 2].

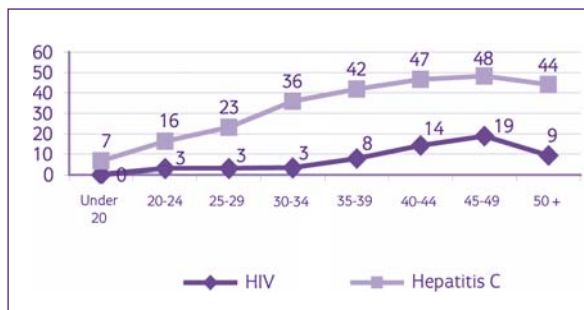
In the same model, precariousness appeared to be closely associated with contamination by HIV and to a lesser extent by hepatitis C. Indeed, those individuals whose living conditions are heavily characterised by precariousness (see above) have a risk 3.5 times higher than the «non-precarious» persons of being HIV positive (1.5 times for hepatitis C).

A minority of hepatitis C positive users are receiving treatment

The vast majority (87.8%) of HIV positive subjects consulted a doctor during the last 12 months for this disease and slightly under 7 people out of 10 (68.5%) receive treatment.

A majority (67.8%) of hepatitis C positive subjects consulted a doctor over the same period. Unlike HIV however, only a minority (22.5%) receive treatment for this illness.

Graph 2 - The prevalence of declared HIV and hepatitis C infection according to the age of the users, 2006 (N=2595, N=2472)



Source : Ena-CAARUD 2006/OFDT, DG5

Less than half of users are vaccinated against hepatitis B.

Among the users interviewed, 44% declared that they are vaccinated against the hepatitis B virus, although we are unable to state whether this is a complete vaccination course or not. The 20-34 age group seems to be better covered where vaccinations are concerned with almost half vaccinated compared to 3 or 4 out of 10 for the others.

Conclusion and discussion

The key points emerging from this first national survey are as follows.

Concerning the nature of the population group concerned, it appears that women appear to be far more prevalent among the younger generations, as confirmed by the ethnographical data supplied by the TREND network [2]. Although the gender ratio for the whole sample matches the usual data (roughly one woman for every four men), it appears that women make up more than half of users aged under 20. They are characterised by the prevalence of a high level of precariousness compared to men (43% vs 33%). Finally, although they are less likely to inject, they appear to be more vulnerable than men

vis-a-vis HIV infection as (at an equal age, infection status and precariousness level) they have a 41% higher risk of being contaminated. Particularly evident among non-injectors, the difference may be related to contamination by sexual means (including prostitution, a frequent source of income for young drug users).

Users visiting the CAARUDs are also characterised by their level of precariousness. Slightly under half of all users are of no fixed abode or living in provisional accommodation, and finally half of users live off nothing more than social benefits. However, when considering this factor, account must nevertheless be taken of the high proportion of users who benefit by one means or another from health cover, a factor which clearly shows the impressive reach of the health system, right down to even the most marginal segments of society.

Another highlight of this survey is the emergence of HDB as one of the main products cited as causing most problems for the user. This is the case for almost 1 user in 5. This medicine is also recorded among the users of the CAARUDs as being the product most consumed (other than for therapeutic purposes) after cannabis and alcohol. Indeed, its high level of availability and its low-cost on the black market (particularly if it is prescribed and refunds issued) tends to make it a drug like any other in this particular population group. However, this in no way concerns the majority of people receiving HDB substitution treatments as part of a long-term treatment process.

HDB also holds pole position (42% of users) as the most problematic product in the user group declaring that they are receiving (prescribed) HDB as a substitute. These users share this characteristic with those receiving morphine sulfate, this being considered as the most problematic product for 66% of them, due in particular to their usage via injection.

Regardless of the product injected, the extent to which injection equipment is shared nevertheless remains high, at one user in five over the last month. The youngest users have a higher tendency to share their equipment than the others, and in particular the under 20s. Among the latter, the prevalence of sharing ranges from 25% to almost 50% depending on the equipment concerned.

Among the injectors, the declared prevalence of HIV and hepatitis C infection remains high, particularly for the latter (8.7% and 47.2% respectively among injectors). The sharing of syringes (which multiplies the risk of a declared hepatitis C infection sevenfold) the age and the level of precariousness are all heavily associated with the contamination by either of these viruses. However, for hepatitis C in particular, due to its highly contaminating nature, the high proportion of negative tests dating from more than six months (70%) is probably the cause of the (proven) underestimation of the prevalence of infection as measured by drug users' declarations [3].

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