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The initial national results of the RECAP survey

Persons treated in the CSSTs and CCAAs in 2005

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Introduction

The data presented in this issue of Tendances have been collected as part of the RECAP survey (Recueil commun sur les addictions et les prises en charges/ Joint Report on Drug Addiction and Drug Treatment) carried out in 2005 at a national level for the first time. These concern the characteristics of patients welcomed that particular year in specialised drug-treatment centres (CSSTs) and alcohol treatment centres (CCAAs).

This survey follows on from the survey regularly carried out by the Ministry of Health between 1987 and 1999, among drug users treated by the various types of establishment during November. The move from this survey over to RECAP was chiefly motivated by the need to adopt the European protocol for the recording of treatment requests which all countries of the European Union have agreed to observe. The figures for treatment requests indeed constitute one of the five indicators used by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) for the monitoring of drug problems within the European Union. The term "treatment request" is taken to include not those persons seeking treatment, but those who actually contacted professionals of care for drug-related problems. The European protocol stipulates an annual collection method of the data and a common set of core questions which must be used in all countries. RECAP results from the adaptation of this protocol to French circumstances[1].

Establishments specialising in treating alcoholism are not currently included within the scope of the EMCDDA's activities. However, in view of the thought currently being given in France to "addictology" and the possibility of the CSSTs and CCAAs being given the same status and joint missions, it seemed necessary to design a common data collection for both types of establishment.

The major advantage of RECAP is that it tracks the number and the characteristics of those persons treated for addiction problems by CSSTs and CCAAs. At a time when these two types of organisation are being asked to convert themselves into addictology treatment, support and prevention centres, it is important to have as detailed knowledge as possible of the types of patients they receive. More generally, this information is also necessary to assess public policy in the field of addictions. That said, it should be pointed out that the RECAP data is not intended to be used for assessing the activity of these establishments. The RECAP results concern patients welcomed at a national level, a regional level (subject to certain conditions), but never on an establishment-specific basis.

The 2005 data is the first to be made available at a national level, and consequently for this particular issue it is not possible to supply information concerning changes currently underway. Comparisons with the results of the November surveys from previous years, and with those of other surveys[2], requires further processing because of differences in the way the questions are formulated, but also of differences in approaches used and of survey periods. This reprocessing work will be carried out shortly.

The contribution of the 2005 data is therefore firstly that it provides a starting point for later comparisons, but also that it allows for a more detailed description of patients than provided by the data obtained (for example in the activity reports from these organisations or other surveys focusing on smaller sample groups). Due to its annual frequency, the number of inclusions in RECAP is fairly high, and provides sufficient statistical weight to analyse the characteristics of certain sub-groups of patients. An article does not provide sufficient space to report on all the results, but these will be available on the OFDT website.

1. For further information about the discussions concerning this issue, the reader should refer to Palle, C., Vaissade L., RECAP : "Mieux connaître les personnes accueillies", Le Courrier des Addictions 2006: 8(4): 104-105

2. The OPPIDUM survey carried out by the Centre d'étude et d'information sur les pharmacodépendances (Marseilles) and the Coquelicot survey carried out by the Institut national de veille sanitaire.

In 2005, the patient types welcomed by the CCAAs were far more uniform than those seen by the CSSTs. For a long while now, the latter have dealt with patients involved in polydruguse and consequently in a wide range of consumption practices, which require lengthy descriptions. As a result, the description of patients experiencing difficulty with alcohol received by the CCAAs takes up less space in this report.

The results

The average age of patients welcomed by the CSSTs on the one hand and the CCAAs on the other vary enormously: this stood at 30 years of age for the former as against 43 years of age for the latter. The fact that we are dealing with two population groups of differing age naturally has an impact on all the characteristics of these patients. It is therefore more relevant to successively present the results for each type of treatment centre.

Patients welcomed by the CSSTs

The population groups currently welcomed in the CSSTs do not constitute a homogeneous whole. Two main groups have been distinguished according to the product consumed posing the most problems, but also the product which initially resulted in treatment being sought and the reference (or otherwise) to a substitution treatment. The first group, forming the majority, comprises patients with an average age of 32, who are often polydrugusers, although most of them have problems with opioids and/or cocaine[3].

The second group comprises users with an average age of 23, chiefly seen due to their problem with cannabis. For greater convenience, the first group will be referred to as the "opioids, cocaine and other substances group" and the second as the "cannabis group". Product information is unavailable for 15% of patients. Consequently, these patients cannot be placed in either of these two groups, which are based on the products with which they are (or have been) having difficulties. Their profile is however very similar to that of those users welcomed in all CSSTs, considering all products together: it is therefore possible to make the assumption that they can be divided between these two groups in much the same way as those users for whom the products concerned are known. The characteristics of the patients for these two groups are described below.

Breakdown of patients welcomed in the CSSTs in 2005 by the product concerned

	Number	%
Patients in the cannabis group	12 274	32,2
Patients in the opiods and other substances group	25 832	67,8
of which patients chiefly experiencing difficulties with opioids and/or cocaine	20 846	54,7
of which patients chiefly experiencing difficulties with alcohol	2 735	7,2
of which patients chiefly experiencing difficulties with other substances	2 251	5,9
Total patients for whom products are known	38 106	100,0
Patients for whom products are not stated	6 715	15,0
Total number of patients	44 821	100,0

Source : RECAP 2005, OFDT

The opioids/cocaine and other substances group

In 2005, this group accounted for slightly more than two thirds of the patients for whom we received replies concerning the product used. Half of them are new patients, i.e. users seen for the first time in 2005 by the centre which welcomed them[4]. Patients experiencing problems with opioids and/or cocaine account for just over 80% of this group. Slightly more than 10% of patients have difficulties exclusively with alcohol and the main problems of the remaining patients concerned other products (benzodiazepines, MDMA, LSD, etc.). For these products, the numbers concerned are very low (a maximum of 3% for the benzodiazepines). The average profiles of persons experiencing difficulty with alcohol or other substances are quite similar to those of the group as a whole, and it was therefore considered acceptable to supply results for the whole of this group taken together.

Three quarters of patients are aged between 20 and 40 years old

Patients in this group are mainly male (78%) and have an average age of just over 32 years old. The under 20s are very few in number (less than 3%). Those aged 40 and over account for approximately 20%. New patients tend to be a little younger[5] (31 years old compared to 34 for patients treated before 2005).

Patients with a low level of social integration

Only a quarter of the patients in this group carry out a continuous paid activity. Just over a quarter are considered as unemployed and 28% are identified as non-working. The remaining patients tend to work "on and off" (14%). Despite the relatively high proportion of young people in this group, we find very few students or pupils (5%). One patient in 10 has no income and

I Matérials and methods I

The data is derived from the replies given to a core set of RECAP questions included in the "patient files" used by the CSSTs and the CCAAs. Virtually all these organisations today manage their patient files using a specialised software package. A built-in functionality within this software makes it possible to extract RECAP data for patients seen throughout the year, this data being sent to an anonymous file based on a predefined format. The data sent to the OFDT by diskette or via the Internet is then verified and merged, in order that it may be processed.

In 2005, approximately 45,000 patients seen by 105 ambulatory centres which chiefly treat persons experiencing difficulties with alcohol were included in this survey. In the CSSTs, the number of patients included was also almost 45,000, these persons being welcomed in 2005 in 95 separate ambulatory CSSTs, in addition to 15 residential therapeutic centres and 2 CSSTs in prison treatment centres. These patients seen in a penal environment account for only a very low percentage of those included (slightly over 3%). The total number of people included between January 1 and December 31, 2005 in both types of centre is therefore approximately 90,000.

The precise total number of patients welcomed by the CCAAs or the CSSTs is not known. According to the estimates carried out based on activity reports this is probably double the number of patients included in 2005 in the RECAP survey. In terms of both the number of centres and the number of patients, the response rate is close to 50%. The lack of response is often explained by the use of software which is not fully compatible with RECAP. The number of people included nevertheless remains very high. The geographical spread of the patients included is close to the breakdown of new patient intakes declared in the activity reports for the CSSTs and the CCAAs. Those centres which have not supplied data, (the characteristics of which are known thanks to the activity reports), are not distinguished from the centres having supplied such information. The data collected through RECAP can therefore be considered as highly representative at a national level.

3. More precisely, the criteria for inclusion in this group is the fact that a product other than cannabis was mentioned as the product posing the most problems or the product giving rise to the treatment, and/or the fact that an opioid substitution treatment was mentioned. On the other hand, the second group includes those persons mentioning cannabis as their No.1 product or if no No.1 product is mentioned as the product giving rise to the treatment. Persons undergoing substitution treatments are excluded from this group.

4. Nevertheless, these persons may already have been in contact with other treatment centres or professionals. This is not necessarily the first ever request for treatment during the individual's lifetime.

5. All the differences between two groups mentioned in this article (i.e. age or other characteristics) are significant from the 5% threshold.

a third live off benefits (RMI, AAH and other welfare benefits). 7% of patients are homeless and 20% are in temporary accommodation.

Breakdown of CSST patients classified as belonging to the opioids/other substances group by the source of their income - 2005

	Number	%
Income from employment	7 899	35,4
ASSEDIC (unemployment benefit)	2 993	13,4
RMI (income support)	4 380	19,6
AAH	2 349	10,5
Other welfare benefits	729	3,3
Resources provided by a third party	1 665	7,5
Other resources (including "no income")	2 321	10,4
Total replies to the "Sources of your income" question	22 336	100,0

Source : RECAP 2005, OFDT

The vast majority of these patients have already undertaken treatment of some form

Most of the patients in this group come forward of their own accord for treatment (43% of cases). Referrals by health organisations and institutions account for 30% of cases, while 11% were referred by the courts and 5% by the social services. Women are far less frequently referred by the courts to the CSSTs than men (5% vs. 13%). Three quarters of these patients have already received treatment.

Breakdown of CSST patients classified as belonging to the opioids/other substances group by the origin of their treatment - 2005

	Number	%
The patient himself	10 536	43,3
Family or friends	2 024	8,3
Private practitioner	2 059	8,5
CSST or similar	1 988	8,2
Risk reduction organisations	1 252	5,1
Specialised alcohol treatment organisations	297	1,2
Liaison teams	309	1,3
Other hospital/health institutions	1 557	6,4
Social services and institutions	1 184	4,9
Compulsory treatment	1 214	5,0
Court-ordered treatment or compulsory attendance measures	536	2,2
Conditional discharge with a drug treatment referral	270	1,1
Other legal or administrative measures	660	2,7
School/university environment	69	0,3
Other	356	1,5
All replies to the "Origin of treatment" question	24 312	100,0

Source : RECAP 2005, OFDT

Heroin is the product most frequently consumed

The products consumed are only studied for "new patients" in this group. It was felt to be more coherent from a methodological point of view to separately consider the substances consumed by patients seeking treatment for the first time and by those already being treated. Furthermore, consumption by new patients is a more reliable indicator of trends in drugs use.

Among those having used at least one product (excluding tobacco) during the month preceding their arrival at the treatment centre, heroin is the substance consumed by the largest number of users. Cannabis is in second place, although the number of cannabis users is almost certainly underestimated. It is possible that cannabis consumption tends to be less systematically reported for polydrugusers consuming several other drugs considered as posing a greater immediate threat to health.

The consumption of cocaine and opioids is closely related, as 80% of cocaine users also use an opioi d or are receiving a substitution treatment. Regarding benzodiazepines and other psychotropic medicines (other hypnotic products and tranquillisers, barbiturates and antidepressants), buprenorphine at high dosages (BHD) and methadone, it must be remembered that the figures shown in the table below concern only misusers of such substances.

A number of patients do not consume any substances (other than their prescribed treatments), but their percentages are difficult to assess given the number of people for whom we have no product-related information. Non-respondents probably correspond to "no product consumed" replies.

Heroin is usually snorted (by 61% of new patients having consumed heroin). Patients having injected heroin during the last month accounted for 24% of cases while 15% have smoked or inhaled it. Heroin is taken every day in 74% of cases, and 88% of its consumers are addicted. In 60% of cases, heroin consumption began more than four years ago. New patients consuming BHD outside the scope of therapeutic treatments tend to inject it in almost half of the cases (48%). For its part, cocaine is taken intravenously by one new patient in four. A third of these take it on a daily basis.

The proportion of injectors during the month gone by was 18% overall in the opioids/cocaine and other substances group, with 28% having used injection previously, but not during the month gone by. The average age for the first injection for these patients is 21. A question concerning the sharing of syringes among injectors was added to RECAP. This question was answered by only 25% of those who injected during the month gone by. Among these, 59% declare that they never share syringes, while 27% do so occasionally or regularly.

Two thirds of the patients in this group are undergoing opioid substitution treatments (methadone 31%, BHD 34%). Almost 2% of patients have received a prescription for substitution substances (chiefly morphine sulphate).

More than half of the men have already been jailed

A very high proportion (40%) of patients in the opioids/cocaine and other substances group have already spent time in jail. This percentage rises to 46% among men (i.e. roughly half), compared to 17% among women. Some patients have received treatment via the penal establishments, but these account for only a low proportion (slightly over 10%) of patients, for whom a history of imprisonment is mentioned.

Almost one person in three has received psychiatric treatment in hospital

Just under a third of the patients in this group have already been hospitalised in a psychiatric ward for reasons other than withdrawal. A history of suicide attempts is mentioned by 24% of patients. Women are overrepresented among those having attempted suicide (36% compared to 21% among men).

Patients with a history of hospitalisation on psychiatric grounds are on average slightly older than those with no history of hospitalisation (34 years old vs. 32 years old) and contain a higher proportion of women (28% vs. 21%). These individuals find themselves in an even more difficult situation than the

Breakdown of CSST patients classified as belonging to the opioids/other substances group by products consumed - 2005

	Produits consommés (hors usage thérapeutique)	
	Effectif	%
Benzodiazepines	897	7,4
Other hypnotics and tranquillers	119	1,0
Antidepressants	142	1,2
Barbiturates	64	0,5
Cannabis	4 827	39,6
Heroin	5 652	46,4
Other opioids	429	3,5
Buprenorphine (high dosage)	1 447	11,9
Methadone	394	3,2
Cocaine	2 768	22,7
Crack	412	3,4
MDMA and derivatives	875	7,2
Amphetamines	252	2,1
LSD	312	2,6
Mushrooms	25	0,2
Glue and solvents	132	1,1
Other products	406	3,3
All replies to the "Products consumed" question	12 180	

Source : RECAP 2005, OFDT

Note: the total of 12,180 people represents the number of respondents (the number of patients who mentioned at least one product consumed, excluding tobacco). The percentages are calculated based on this number and must be interpreted as follows: of all persons having consumed at least one product, 39.6% consumed cannabis, 46.4% heroin, etc. The total sum of the percentages for this column exceeds 100% as the same person may have consumed several products.

others. They are more likely to live alone (45% vs. 31%), are more likely to be homeless (9% vs. 5%) or living temporarily in an institution (12% vs. 7%). This sub-group is also characterised by its high proportion of members receiving AAH (22% vs. 8%) or RMI benefits (25% vs. 17%) while a lower proportion of them receive income from employment (21% vs. 41%). Heroin is less likely to be mentioned as the product posing the most problems among these patients (31% vs. 46%), while alcohol (21% vs. 14%) and benzodiazepines (7% vs. 2%) are more frequently cited. Despite their lower heroin usage frequency, a higher percentage of them took drugs intravenously during the month gone by (20% vs. 15%). More than half of them have already attempted to commit suicide compared to one in ten among those patients with no case history of hospitalisation (54% vs. 13%). These patients are also more likely to have been incarcerated than the others (43% vs. 13%).

Declared prevalence of HIV and HCV

The declared prevalence of HIV is 7% across the whole opioids/cocaine and other substances group, and that of HCV is 35%. The response rate for these two questions was quite low however (slightly above 40%). Among the injectors, the infection status is known for approximately two thirds of patients, with prevalence levels reaching 9% for HIV and 55% for HCV.

Patients seen chiefly for a problem with cannabis

These individuals accounted for 32% of the patients welcomed by the CSSTs, i.e. approximately 12,000 people for whom cannabis is mentioned as the substance consumed which poses most problems, or the product giving rise to the request for treatment if no product consumed is mentioned. Moreover, in order to avoid including in this group former consumers of opioids or other substances now taking cannabis, all patients receiving substitution treatments (or for whom a product other than cannabis is mentioned as the cause for the original treatment), have been excluded from this group.

The members of this particular group may have been welcomed either via the CSST's regular activities or as part of a "cannabis consultation"[6]. However, it is only possible to identify those patients seen by a "cannabis consultation" for a limited number of establishments (8 CSSTs, accounting for almost 1400 people seen via the cannabis consultations)[7]. The characteristics of these individuals are in keeping with the results of the survey carried out in March and April involving patients treated via these centres[8]. These results are not described in detail in this document.

Furthermore, it should be noted that 80% of the members of the cannabis group are new patients, which contrasts sharply with the proportion of new patients found in the previous group. In the rest of this section, the characteristics of these patients experiencing difficulty with cannabis are compared to those of the patients in the opioids, cocaine and other substances group.

Two thirds of patients are under the age of 25

Those persons welcomed chiefly for treatment for cannabis differ from the previous group due to the higher proportion of males (85% vs. 78%). Above all, these patients are much younger on average than other consumers (23 years old vs. 32 years old). More than two thirds of them are under 25, and 16% are minors. Only 16% are aged 30 +. Those diagnosed as cannabis addicts tend to be a little older than "at risk" consumers or those carrying out harmful usage of the drug (24 + years old vs. 22 years old).

More than half of those participating in the cannabis consultations live with parents (58% vs. 26% in the opioids and/or cocaine and other substances group). Concerning their professional situation, the members of this group naturally (due to their average age) contain a high proportion of students and pupils (31% vs. 6%) and a lower percentage of unemployed (16% vs. 27%) or non-working members (13% vs. 27%).

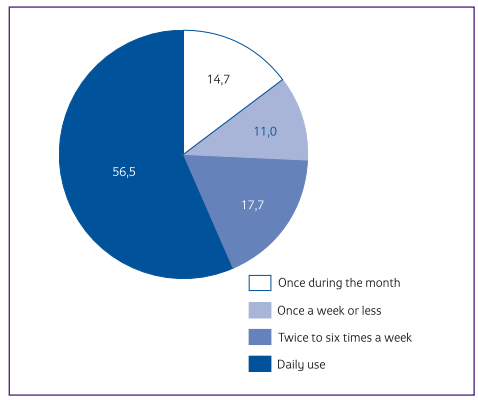
Half the patients in the cannabis group have been referred by the legal system

The "recruitment" channel is highly specific for this group. Approximately half of these individuals make contact with the CSSTs following legal measures (50% vs. 11% for the previous group). This average nevertheless includes several scenarios: 35% of addicts[9] are referred by the legal system compared to 54% in the case of "harmful" usage and 70% for "at risk" users. As for the previous group, the women in this group are 50% less likely to be referred by the courts to a CSST than men (26% vs. 54% of men). Moreover, 57% of these patients have never received treatment before, compared to 26% for the other attendees.

More than half of these individuals treated for the use of cannabis, and who have consumed it during the month gone by, use it on a daily basis; almost three quarters take it more than once a week. Slightly under half of all patients in the cannabis group are considered as addicts, while 22% carry out "harmful" use and 29% "at risk" use. In 60% of cases, cannabis consumption began at least five years ago. The average age at which users began consumption was 16 years old. The number of joints smoked per day was only stated for approximately half of daily users. Among those who replied to this question, 57% consume at least three joints per day and 30% more than seven joints.

Among those replying to questions concerning previous hospital case history (approximately 47%), 14% have already been hospitalised on psychiatric grounds (vs. 30%), 10% have already attempted suicide (vs. 24%) and 12% have already been incarcerated (vs. 40%). As with the opioids/cocaine and other substances group, women are twice as likely to have a prior case history of psychiatric hospitalisation (24% vs. 12% of men), three times as likely to have a history of suicide attempts, but four times less likely to have been incarcerated (3% vs. 14%). The percentage of users with a history of psychiatric hospitalisation is also much higher among cannabis addicts than among non-addicts (20% vs. 8%) as is the case with suicide attempts (15% vs. 6%).

Distribution of outpatients from the cannabis group by cannabis use frequency in the past month (%)



Source : RECAP 2005, OFDT

Patients welcomed by the CCAAs

By their very definition, for a long while the CCAAs only treated those persons experiencing difficulties with alcohol. For several years now, a number of CCAAs have also tackled tobacco addiction and more recently problems concerning the consumption of illegal drugs (mainly cannabis).

The response rates for the question concerning the products posing most problems at the time treatment first began was rather low in 2005 (at around 30% of the persons treated by the CCAAs) but should improve from 2006 onwards. Among the respondents, alcohol was the cause in approximately 85% of cases, tobacco in 6 to 7% of cases and cannabis in approximately 3% of cases. The remaining 5% are spread between the other products, which each account for only very low percentages and numbers of people involved. Can this sample of respondents be considered as representative of all

6. For further information concerning the "Cannabis consultations" device, please refer to the DGS-DHOS (Department of health/Hospitals directorate) circular dated March 7, 2005.

7. RECAP was designed before the cannabis consultations scheme was set up. The inclusion of this new reception scheme in the software and in data collection methods requires a certain amount of time.

8. The results of this survey are presented in Obradovic I., "Premier bilan des consultations cannabis", Tendances No.50, September 2006, OFDT

9. The notions of "addiction", "harmful use" and "at-risk use" are explained in the RECAP survey completion guide which can be viewed on the OFDT website (http://www.ofdt.fr/BDD/publications/docs/recap_guid.doc)

patients welcomed by the CCAAs? As the questions concerning the products consumed were doubtless asked with greater attention by those centres welcoming a more diverse range of patients, it is probable that these figures overestimate the percentage of products other than alcohol. Whatever the case, the overall characteristics of all patients treated by the CCAAs are only marginally influenced by those patients experiencing difficulties with products other than alcohol. In the framework of this document, the results will be supplied for all CCAAs taken together.

60% of patients are aged 40 or over

CCAAs and CSSTs have in common that three quarters of the users they welcome are male. On the other hand, the age breakdown of the users seen by the CCAAs greatly differs from that witnessed for the CSSTs. The average age of patients visiting the CCAAs is approximately 43 years old. The under-25 age group accounts for only 6% of those welcomed by these centres, compared to a third for those seen by the CSSTs. Those aged 40 or more account for 60% of the patients seen by the former, compared to just 15% for the latter.

Roughly 60% of the patients seen by the CCAAs have children. One in four still lives with them (20% are raising them as a couple and 5% alone), while one patient in three lives alone and one in ten lives with his/her parents. The vast majority of these patients (80%) have long term, independent accommodation.

Slightly over a third of these patients belong to the "blue collar worker" category and slightly less than a third are "white collar staff". However, 5 to 6% of the patients fall into the following categories: shopkeepers and craftsmen, executives and professionals, or intermediate professions. Almost 60% of the patients seen by the CCAAs live off their income from employment, 13% from Assedic benefits (unemployment benefit) and 20% from welfare benefits (RMI, AAH and other welfare benefits). Half carry out a paid activity, usually on a continuous basis. Approximately one person in five is unemployed. This group contains very few students (2%) and a handful of retirees (6%). Slightly more than one person in five falls into the "other inactive" category.

As for recruitment of patients, one should notice that a significant proportion of them are referred by the legal system (26%). Another quarter come forward at their own initiative, while a third are referred by health bodies or institutions and 12% have been referred to a CCAA by the social services departments.

Alcohol consumers are not all addicts

Among the patients having answered the question concerning their alcohol use frequency (7,600 people), only 54% use it on a daily basis, and 28% use it no more than once a week. Of those persons mentioning alcohol as the product posing the most problems for them, 71% are diagnosed as being alcohol dependent.

In both the CCAAs and the CSSTs, patients with a history of psychiatric hospitalisation tend to experience greater difficulties

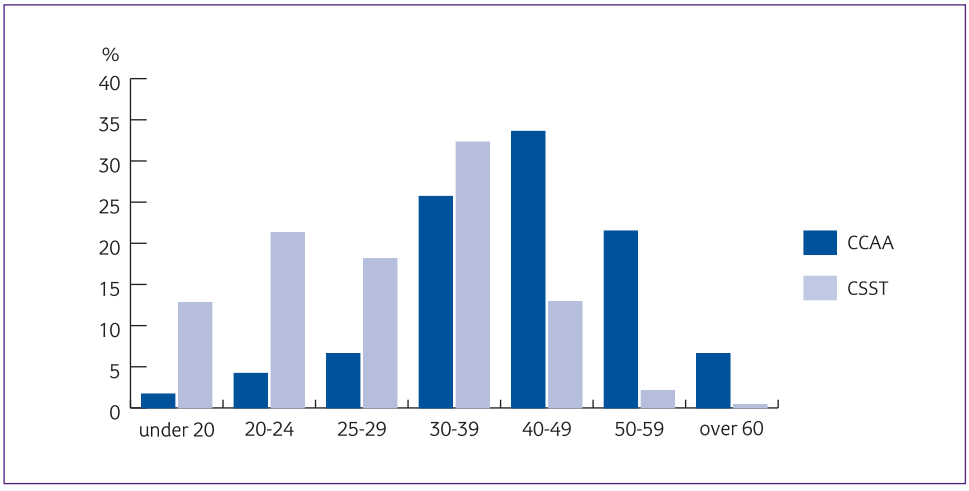
A past history of hospitalisation on psychiatric grounds is mentioned by one patient in four (25%), this being lower than the figure for the CSSTs' opioids/cocaine and other substances group. However, information is available only for 35% of patients (compared to 57% for the CSSTs). As is the case with the CSSTs, women account for a higher percentage of patients with a history of hospitalisation on psychiatric grounds than the other patients welcomed by the CCAAs (37% vs. 20% for patients with no previous history). These patients also tend to be a little older on average (44.6 years old vs. 43.7 years old) with the 40-49 year old age group being particularly over represented among them (40% vs. 33%). These individuals tend to be as likely to have children as the others, but it is rarer for them to be living as a couple, with their children (12% vs. 20%) and more often tend to live alone (41% vs. 32%). They are also more dependent on welfare benefits (RMI, AAH and other benefits) than the other patients (34% vs. 17%). These patients with a history of psychiatric hospitalisation are only half as likely to be referred to the CCAAs by the legal system (13% vs. 26%). On the other hand, they do not differ from the others concerning the proportion of them with a history of incarceration.

Conclusion-discussion

The 2005 RECAP data has been collected from specialised addictology centres which are still significantly influenced by the division between alcohol addiction and drug addiction. Plans to combine their activities (resulting in a diversification of the user groups treated), raises questions about the processing and analysis methods for this data. The "addictology" based approach has led some professionals in this field to consider that the issue of the products consumed is no longer of relevance. However, the results presented in this article clearly demonstrate that the profile of the individuals treated in the centres is not at all the same depending on the substance in question, and the ages of the patients, a fact which simply cannot be ignored (see table 5). Within the CSSTs, the patients welcomed are today far too diverse to be analysed as a single group. Welcoming patients who tend to be younger than the average, and experiencing difficulties exclusively (or almost exclusively) with cannabis is nothing new for the CSSTs. However, for a long while the percentage accounted for by these individuals was so low that it did not influence the overall results, which consequently adequately represented the characteristics of most patients. This is no longer the case however, and today it should instead be considered that the CSSTs welcome two major and separate groups of patients: firstly those experiencing difficulties with cannabis and secondly those with opioids, cocaine and other substances.

Consequently, overall averages calculated based on all patients taken together no longer have a great deal of relevance. On the other hand, the patients attending the CCAAs still include only very small minorities using products other than alcohol. The characteristics of these patients have very

CCAA and CSST outpatients structure across age groups in 2005



Source : RECAP 2005, OFDT

6. Un effet génération n'est toutefois pas à exclure.

7. Les questions concernant les usages au cours de la vie et de l'année étaient posées à tous les enquêtés indépendamment de leur âge ; celles portant sur les usages au cours du mois étaient restreintes aux moins de 65 ans.

8. L'usage de champignons hallucinogènes et de poppers n'était pas questionné explicitement dans les enquêtes antérieures à 2005 (ces produits pouvaient apparaître dans les « autres drogues »). On ne peut donc pas véritablement suivre l'évolution de l'usage de ces deux produits.

Breakdown of patients seen in the CSST's and CCAA's in 2005 according to some characteristics (%)

	CSST Cannabis	CSST opioids cocaine and other substances	CCAA
Average age	23,3	32,5	42,9
% men	85,3	78,2	75,9
% living with spouse	14,0	27,3	43,7
% living on RMI, AAH, or other welfare payments	11,0	33,4	20,4
% unemployed or non-working	29,1	54,8	41,7
% already hospitalized for psychiatric disorders (except for drug withdrawal programmes)	14,1	29,9	25,0
% sentenced to drug treatment order	50,3	11,0	25,9
% already incarcerated	12,3	39,8	21,0

Source : RECAP 2005, OFDT

little perceptible influence on those of the overall profile of patients welcomed by the CCAAs.

Thus, the patients welcomed by the CSSTs and the CCAAs differ significantly according to the age and the product concerned. The CSSTs welcome large numbers of cannabis users, most of whom are aged under 25, and half of whom who are referred there by the courts. Slightly under half of these patients are considered as being addicts and/or consume the product every day, although the latter group is far less frequently referred to the centres by the courts than non-addicted consumers. Among the patients belonging to this group, slightly over 10% have already been incarcerated, a proportion well below the other patients of the CSSTs, but which is nevertheless high for individuals of such a young age.

The second group includes the main body of CSST patients, whose age is usually between 25 and 40, generally having a problem with opioids and/or cocaine, many of whom are polydrugusers. Three quarters of these patients have already undertaken treatment, with two thirds undergoing an opioid substitution treatment. This group includes a high proportion of persons in great difficulty: more than half are unemployed or not working, 7% are homeless, more than a quarter are living in temporary accommodation, and 40% have already been incarcerated. Approximately 10% of the patients in this group are experiencing difficulties with alcohol alone, or as the main substance concerned. On average, these patients tend to be older than the other patients of the CSSTs, but are younger than those seen by the CCAAs, which has led to them not being classified along with the CCAAs' patients. Two (non-exclusive) explanations can be advanced to explain this age difference. The first is that a certain number of these patients were already in difficulty with opioids/cocaine beforehand, and that this information had not been gathered. The second is that there is an "institutional" type effect where the guidance provided to these patients is concerned.

The third group includes those people in difficulty with alcohol, welcomed by the CCAAs. These individuals (who are significantly older on average) appear to be rather better integrated socially. However, the "excluded" percentage nevertheless remains very high among this population: slightly more than 40% are unemployed or not working, approximately 20% live off welfare benefits (RMI, AHH or other welfare benefits), and 21% have already been incarcerated.

A second clear differentiation seems to exist on top of this segmentation based on age and the substance concerned. The CSSTs and the CCAAs welcome a certain percentage of individuals for whom the existence of psychiatric problems may be presumed. The identification of these problems remains cursory in the RECAP, which features only a single question devoted to this issue of a history of hospitalisation for psychiatric reasons. However, this appears to be a distinguishing factor as it reveals significantly different profiles. The proportion of patients with a previous history of hospitalisation is not the same for the three groups considered: this stands at 14% among those experiencing difficulties with cannabis, 30% for the opioids/cocaine and other substances group, and 25% for those handled by the CCAAs.

In all these groups, those persons with a history of hospitalisation on psychiatric grounds are (when compared to the others) slightly older and include a proportionally higher number of women. As has been shown, these patients endure a socio-economic situation even more unfavourable than that experienced by the others. In the CSSTs, these individuals more frequently have a history of incarceration than the others, with a higher number of stays in prison. RECAP is the first survey to reveal the scale of this problem in quantitative terms. It is clearly necessary to increase the depth of this survey and to envisage an improved means of treating these patients, and the introduction of a specially adapted range of therapeutic solutions.

Credits

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For further information

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