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CSAPA clients

Situation in 2014 and changes since 2007

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As a fundamental component of the care system for individuals having trouble dealing with their addictive behaviour, the role of treatment and prevention centres for addiction (CSAPA) is to be the closest link to the population due to the national network of existing CSAPA (approximately 430) and their network of advanced clinics and units. Although the CSAPA are primarily an instrument for treating addictions, whether psycho-active substance use or non-substance addictions, they thus also represent a platform for observing individuals facing these problems. Merging previously diverse centres, some intended for individuals with alcohol problems and other those having problems with illegal drugs, has also made it possible to set in place a national survey (Common Data Collection on Addictions and Treatments – RECAP) and common activity reports. This issue of Tendances focuses on the description, based on these two sources, of the characteristics of CSAPA clients in 2014, and the changes since 2007.

■ Sources and methods

The RECAP survey was designed to comply with the European protocol for the recording of treatment demands to be used by European Union countries with a view to providing the European Monitoring Centre for Drugs and Drug Addiction with a series of indicators on individuals treated in drug problem care facilities. A series of questions defined in the European protocol has been included in the electronic records of clients attending CSAPA. These questions, which clients are asked face to face by a CSAPA staff member, concern the main sociodemographic characteristics and their addiction problems. In pursuance of the European protocol, this notably involves prioritising the substances used in the past 30 days according to the harm they incur and identifying the most problematic substance (or "primary drug"). Up to five other substances may also be stated, together with a substance which was the main reason to start a treatment.

The anonymous data are extracted in electronic format for all clients seen in the year, and sent to the OFDT. This data

This issue of Tendances analyses the RECAP data and CSAPA activity reports.

may not have been updated for clients followed up for more than a year. Focus on new clients seen in the past year may therefore shed more light on trends, particularly for the substances used.

The study explores the 2007-2014 period for which these data are fully comparable[1]. To simplify matters, analysis of the changes was limited to three years, 2007, 2010 or 2011, and 2014. During the first year, the number of individuals included in RECAP reached 169,000 persons, i.e. approximately 60% of CSAPA estimated total outpatient in treatment. No identifiers, even partial or encrypted, were utilized, hence possible duplicates cannot be ruled out. However, due to the relatively extensive French territory, the proportion of duplicates should only be limited.

Standard activity reports are submitted each year by the CSAPA to the regional health agencies (ARS), which, in turn, forward them to the National Health Directorate (DGS). The information therein, combined at CSAPA level, concerns the number and certain characteristics of clients, the activities performed at each CSAPA as part of their mission, together with the financial and human resources available in order to fulfil their mission. The activity report and RECAP data analysed herein concern all psychoactive substances users seen, including in the context of Youth Addiction Outpatient Clinics (CJC) managed by the CSAPA.

1. *RECAP was created in 2005; however, during the first two years the number of CSAPA taking part in RECAP was much lower compared to the 2007-2014 period.*

■ Different CSAPA client populations

CSAPA clients are highly diverse, in terms of age, substances and background. These differences warrant ruling out any single and stereotyped depiction of the individuals seeking help from this facility.
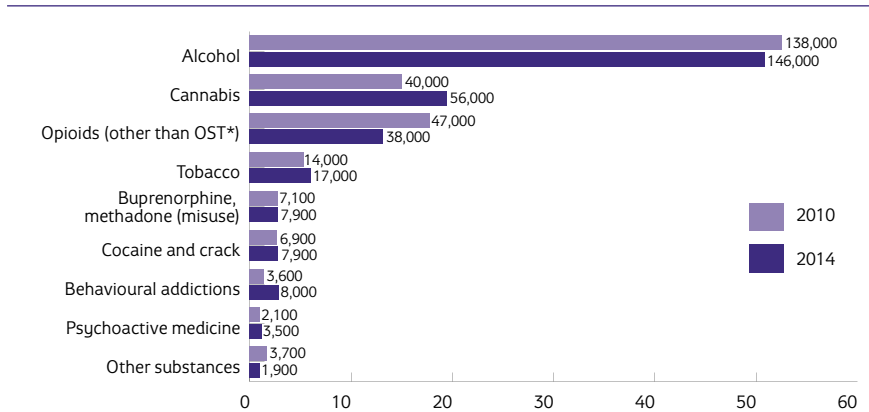
Compared to the French population aged 15 to 64 years, clients are characterised, in terms of age, by over-representation among 25-45 year-olds, particularly among 30-39 year-olds, and under-representation among the 50 years and older age group. This population also has a predominantly male component (approximately three males to one female). This proportion is largely a reflection of the different attitude to addictions among men and women. All surveys on use show that addictive behaviours are generally more common in males than in females, all the more so since these increase in frequency and/or quantity [1]. Furthermore, women may be more reluctant to visit this type of facility.

Regarding primary drugs, alcohol is mentioned by approximately half of CSAPA clients, cannabis by one in five individuals, opioids (including misused opioid substitution treatments) also by nearly one in five individuals, tobacco by one in twenty individuals, and other substances in even lower proportions. Compared to 2010 figures[2], the two noteworthy changes are the decreasing proportion of opioids other than opioid substitution treatment, and the growing proportion of cannabis. Between 2010 and 2014, the reduction in the proportion of opioid as primary drug is evidenced by the fall in the total number of these users, corresponding to approximately 9,000 people (- 19%). In contrast, an additional 16,000 people mention cannabis (+ 40%).

CSAPA clients are not a homogeneous group. The average ages are not therefore the same, according to the substances for which treatment is required (Table 1).

The difference in age according to substances led to the analysis of the profiles of clients seen in CSAPA, with three groups being distinguished: the first comprising individuals mainly treated for an alcohol or tobacco problem (i.e. 50% of the population size having stated at least one substance), a second comprising individuals consulting for a cannabis use problem (20%), and a third comprising individuals, generally polydrug users, most often having trouble with opioids, but also other substances (30%). All individuals receiving opioid substitution treatment (OST) are also included in the latter group. The very

small minorities of other substance users (cocaine, psychoactive medicines), who are not also opioid users, cannot be described in this issue of Tendances. The sociodemographic profile of these small groups is, in fact, generally similar to that of opioid users. The characteristics of individuals treated for behavioural addiction problems which population sizes are also fairly small compared to the three main groups considered, should be analysed separately (see box).

▶ Individuals treated for alcohol or tobacco use

These individuals represent by far the largest group. Based on the total new outpatient admissions reported by CSAPA, this population apparently corresponds to between 135,000[3] and 142,000 individuals. Alcohol is the primary drug for nearly nine out of ten individuals. Among smokers, alcohol appears to be the substance used or the reason for treatment in 40% of cases. The distribution between alcohol and

tobacco has remained practically unchanged since 2007.

High average age, particularly among women

With an average age close to 44 years, a third of this population corresponds to the 50 years and older group, with only 15% under 30 years of age. Compared to the overall population (15-64 years), individuals attending CSAPA due to an alcohol/tobacco problem are markedly under-represented among under 25s (6% vs. 18%) and over-represented among 40-49 year-olds (29% vs. 21%). Since 2007, the average age has increased by approximately a year and a half. The proportion corresponding to

Graph 1 - Client distribution according to the primary drugs used in 2010 and 2014 (in % and number)

Source: CSAPA activity reports
The data are expressed both as a percentage (histogram) and number of individuals represented (figures).
Note: given the increase in overall new outpatient admissions between 2010 and 2014, a small reduction in percentage for alcohol is accompanied by an increase in the number of persons concerned.
* Opioid substitution treatment, buprenorphine

Table 1 - Average age, median age and standard deviation for CSAPA clients in 2014 according to the primary drugs (years)

	Average age	Median age
Alcohol	43.7	44
Tobacco	41.0	42
Cannabis	27.1	25
Psychoactive medicine	40.8	40
Opioids (other than OST)	35.8	35
Buprenorphine, methadone (misuse)	37.7	37
Cocaine and crack	36.6	36
Other substances	34.8	33
Behavioural addictions	37.5	36

Source: RECAP 2014/OFDT

the under 30 has remained practically unchanged, whereas that for 50 years and older grew from 28% to 33%.

Women were shown to be markedly older than men on average (46.7 years vs. 42.9 years). The proportion corresponding to 50 years and older among women is considerably higher than that observed among men (42% vs. 31%). Alcohol problems, at least those prompting users to contact a CSAPA, seem to appear later among women than men.

Individuals who often live alone

38% of individuals in this group live alone. Compared to the French population aged 30 to 49 years, men having trouble with alcohol problems attending CSAPAs are twice as likely to live alone (17% vs. 40%[4]) and women three times as likely (9% vs. 27%). These proportions have not changed since 2007. These differences reveal the isolation in which a major part of this population lives. Three-quarters of alcohol users have long-term independent accommodation whereas slightly more than 10% benefit from long-term accommodation with close relations, 10% are in temporary accommodation, and 2% are homeless. Distribution by type of accommodation has also remained stable since 2007. The economic crisis has had no perceptible effect on accommodation conditions.

Stable employment in decline

The employment rate is much lower among alcohol users than in the overall population. This is 52% among 30 to 49 year-old male CSAPA clients, versus 82%[5] for French males. 50% of female CSAPA clients are in work, versus 74% for the overall population in the same age group. The proportion of people in continuous paid work fell between 2007 and 2014, from 44% to 39%, and the proportion of unemployed people increased from 18% to 22%. The effects of the economic crisis are more apparent here[6].

Individuals in this group are characterised by a high proportion of onward referrals by healthcare partners (31%), equally divided between primary care practitioners, specialised addiction structures (addiction liaison and treatment team – ELSA – or another CSAPA) and other healthcare partners. These data attest to the existence of links, though obviously insufficient, between the various treatment sectors. Slightly more than one in ten clients are referred to a CSAPA by the legal system, usually in a compulsory drug treatment context. The considerably higher proportion of judicial referral orders among under 30s reached 26%,

Table 2 - Characteristics of individuals treated for alcohol use (in %, unless stated otherwise), 2007, 2011, 2014

	2007	2011*	2014
Population size	64,661	42,401	74,142
Gender			
Female	24	24	24
Age			
Average age (years)	42.2	42.4	43.8
Median age (years)	43	43	44
Under 30 years of age	16	19	15
30-39 year olds	24	22	22
40-49 year olds	32	29	29
50 and older	28	31	33
Living conditions			
Lives alone	36	36	38
Lives with his/her parents	14	14	13
Lives with spouse	40	38	38
Lives alone with children	5	5	6
Resources			
Employment income (including pensions)	57	57	54
Unemployment benefits	12	12	12
Solidarity benefit	22	20	22
Funds from a third party	3	4	4
Other resources (including no income)	6	7	8
Activity			
Steady paid activity	44	41	39
Intermittent paid activity	7	7	8
Unemployed	18	19	22
Student, unpaid internship	4	5	3
Inactive - other	28	28	29
Onward referral to CSAPA by:			
Client himself/herself or close relations	na	na	47
Healthcare partners	na	na	31
Social services and institutions	na	na	6
Judicial system/Public services	na	na	12
Other	na	na	4
Prior care			
Never treated before	na	na	42
Alcohol use			
Daily	54	52	51
Dependence	66	66	62
Cannabis use (past 30 days)	11	14	18

Source: RECAP 2007-2014 / OFDT

*The data on individuals having trouble with alcohol problems predominantly originate from CSAPA in the ANPAA network. The software used by this association was replaced in 2010, hence the RECAP data could not be transferred that year. Partial data transfer took place in 2011. Nonetheless, the results obtained appear to be consistent with those for 2007 and 2014.
na: non available

with 17% involving compulsory drug treatment. As regards onward referrals, the 2014 data cannot be compared with data prior to 2010.

More cannabis among alcohol users

The percentage of smokers reached 66%, but could nonetheless be underestimated. In a survey conducted in 2010

among patients treated for an alcohol problem in a hospital context, the proportion of smokers, in fact, reached

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4. According to 2012 INSEE employment survey data.

5. According to 2014 INSEE figures, out of approximately 8.6 million French people aged 30 to 49 years, 7 million are in work (whether full or part-time), i.e. approximately four-fifths.

6. Modifying the age structure only plays a marginal role in these changes; standardisation to age structure in 2007 leaves the 2014 data practically unchanged.

79% [2]. Aside from tobacco and alcohol, only cannabis was mentioned to a noteworthy extent (18%). Cannabis use appears markedly more common among men (20%) than women (11%), and affects the under 30 age group three times more than the 30 years and older age group (39% vs. 13%). The proportion of cannabis users increased by seven points between 2007 and 2014, which could partly be related to the more routine questioning on this type of use in centres which previously only specialised in alcoholism treatment.

Six out of ten individuals dependent on alcohol

Half of individuals consuming alcohol in the past 30 days are daily users. However, the CSAPAs also see a considerable proportion of infrequent users: 14% only drink alcohol once a month, and 11% not more than once a week. RECAP does not comprise any questions on the quantities used, hence it is not possible to determine whether this level of monthly or weekly use falls within the scope of heavy episodic drinking or not. The proportion of daily drinkers, corresponding to 54 % in 2007, fell to 52% in 2008, and has remained practically unchanged ever since. Alcohol dependence was diagnosed in 63% of drinkers in 2014, a slightly lower proportion compared to 2007 (66%). In the context of RECAP, this reflects the opinion of professionals and it is unclear whether it is based on a diagnostic test or not. Dependence is more common among women than men (71% vs. 60%). This is only mentioned in nearly 40% of cases among young people aged under 30.

▶ Individuals treated for cannabis use

This population covers all individuals treated for cannabis use in the CSAPA, including in the context of Youth Addiction Outpatient Clinics (CJC) managed by one of these centres. These figures can be evaluated at between 53,000 and 56,000 in 2014. The proportion of this population attending a CJC cannot be precisely determined; however, when comparing overall new outpatient admissions of cannabis users indicated in the activity reports and the CJC figures appended, this proportion is evaluated at 40-50%.

Growing proportion of the 30 years and older age group

The figures for average and median age indicate that this population is predominantly made up of young people. 70% of this group are under 30. The average age of women treated for cannabis use is higher than the average age of men (27.5 years vs. 25.8 years). The proportion of women aged 40 years and older is 16%, versus only 8% for men. The age structure markedly changed over this period, with the proportion of 20-24 year-olds falling by more than nine percentage points in favour of under 20 year-olds (+3.8 points), and especially the 30 years and older age group (+7.6 points).

Very few women

This group thus includes one female to seven males (i.e. 14%), versus approximately one female to three males in the other two groups (24%). This

Table 3 - Characteristics of individuals treated for cannabis use (in %. unless stated otherwise), 2007, 2010, 2014

	2007	2010	2014
Population size	17,320	18,951	29,328
Gender			
Female	13	12	14
Age			
Average age (years)	24.9	25.9	26.0
Median age (years)	23.0	24.0	24.0
Under 20 years of age	24	23	27
20-29 year olds	56	51	44
30 and older	21	26	28
Living conditions			
Lives alone	22	22	19
Lives with his/her parents	53	49	48
Lives with spouse	16	19	19
Other	10	10	14
Resources			
Employment income	45	40	33
Unemployment benefits	8	10	9
Solidarity benefit	10	13	14
Funds from a third party	26	25	28
Other resources (including no income)	12	12	16
Activity			
Steady paid activity	28	26	21
Intermittent paid activity	17	16	13
Unemployed	16	20	19
Student. unpaid internship	25	23	26
Inactive - other	14	15	19
Onward referral to CSAPA by:			
Client himself/herself or close relations	28	30	37
Healthcare partners	7	11	10
Social services and institutions	4	4	5
Judicial system/Public services	57	51	42
School/University setting	2	2	4
Other	1	1	2
Prior care			
Never treated before	80	77	72
Cannabis use			
Daily	56	61	61
Dependence	50	53	57
Average number of joints (daily smokers)	6	6	6
Median number of joints (daily smokers)	4	4	4

Source: RECAP 2007-2014/OFDT

difference is largely explained by the fact that a considerably higher percentage of men are obliged to contact a CSAPA, further to judicial measures (46% males vs. 18% females). The percentage of women among cannabis users, aside from limited annual fluctuations, remained stable between 2007 and 2014.

Increased insecurity

In this population, a third are in work (1 out of 3 in intermittent work), and a quarter are students. Comparison of employment rates in this group and for the overall population in the 30–39 years age group reveals practically the same difference as that observed for alcohol users: the employment rate for men is 53% versus 82% in the French male population for the same age group. Between 2007 and 2014, the proportion of individuals in paid work fell from 45% to 34%, a consequence of the more obvious decline in youth em-

ployment since 2007. The surveys conducted among CJC clients in 2007 and 2014 also reveal this major decline in employment rate among young adults [3]. These data on activity and resources evidence the growing instability among these users in this period of economic crisis.

Strong decline in judicial referral orders

As mentioned above, a large proportion (42%) of cannabis users treated in CSAPA are referred by the legal system. Individuals in the 30 years and older age group are referred less so than younger age groups (35% vs. 45%). The proportion of this type of onward referral has considerably declined since 2007 (-15 points). These changes can notably be explained by the efforts made by CJCs to become more visible at local level, and by the creation and development of awareness courses on the dangers of drug and alcohol use, which are alternatives to onward referral to a CSAPA.

Slightly less than three-quarters (72%) of cannabis users seen in CSAPA have never received treatment previously. Cannabis users attending CJCs only have three or four appointments on average, and half of them are not perceived as requiring onward referral to another facility [4]. The duration of treatment is therefore limited, and this population thus has a rapid turnover. The proportion of individuals having already received treatment nonetheless shows an upward trend (from 20% to 28% since 2007), changes undoubtedly related to the increasing proportion of the 30 years and older age group in which a history of treatment is more frequently observed.

Daily use and dependence on the rise

Slightly over 60% of cannabis users are daily users; this proportion increased by five points between 2007 and 2010, and stabilised thereafter. These daily users claim to use slightly less than six joints on average, but half use less than four, with no changes over the period. Nearly six out of ten of these users are considered by professionals as dependent on cannabis, this proportion increasing by seven points compared to 2007. More individuals in the 30 years and older age group are daily users (70% vs. 58%) and are considered to be dependent (68% vs. 52%).

Nearly two-thirds of these users are also tobacco smokers. This percentage, markedly lower than that observed among CJC clients (80% daily smoker) [3], has possibly been underestimated. Out of the other substances used in the last 30 days, alcohol (26%[7]), cocaine/crack (5%), opioids (3%) and amphetamine-type stimulants (3%, including MDMA) are the most frequently described. Since 2007, only the proportion of users claiming to use tobacco has increased. The percentages for the other substances have remained stable or declined (cocaine/crack).

▶ **Individuals treated for other illegal drug use**

The population size for this group can be estimated at between 79,000 and 84,000. Opioid use is very common since, in nine out of ten cases, these users are on OST, have used opioids over the past 30 days, or started treatment because of their opioid use. The remaining 10% include non-opioid users whose primary drug is cocaine (4%) or crack (1%), psychoactive medicines such as benzodiazepines or other tran-

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Concerning CSAPA

CSAPA are medical/social facilities which offer free and anonymous community counselling, multidisciplinary treatment (medical, psychological, social and educational) and long-term follow-up through the patient care process. Their common missions cover counselling, onward referral, treatment and harm reduction measures. CSAPA bring together centres which were previously specialised in alcoholism medicine or drug addiction. These centres can keep their previous specialist field; however, a large proportion, approximately 60% in 2014, chose to treat all of these addictions. Slightly over 20% claim to specialise in alcoholism medicine and the same percentage in illegal drugs. Optional missions may be combined with the compulsory missions indicated above: community clinics (including Youth Addiction Outpatient Clinics - CJC) and early detection of harmful use, treatment of behavioural addictions, intervention with inmates or after release from prison, together with prevention, training and research activities. In 2014, two-thirds of CSAPA claimed to comprise a CJC and half to intervene in a prison setting. Practically all of these centres (93%) treat non-substance-related addictions. These centres can receive clients in an outpatient and/or residential framework. Outpatient CSAPA, approximately 380 in number, are present in all French administrative departments. In 2014, these facilities treated approximately 288,000 individuals, some on a very limited basis, and others in the context of follow-up over many years. Centres with accommodation, much lower in number (50 in 2014), are split between short- or medium-stay residential treatment centres, almost always in shared accommodation, and long-stay therapeutic communities. The latter are not simply characterised in terms of length of stay, but also by a specific community-based running method [8]. In 2014, these centres overall housed approximately 2,000 individuals. CSAPA can also house drug users in residential treatment apartments, host family or emergency accommodation and transitional networks. The Directive of 28 February 2008 on the creation of national treatment and prevention centres for addiction (CSAPA) provides more details on these various types of accommodation [9].

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7. *In compliance with the European protocol, reported use corresponds to "problematic use"; as regards alcohol, it is possible that some use considered as non-problematic is not mentioned*

Table 4 - Characteristics of individuals treated for drug use other than alcohol, tobacco, cannabis or behavioural addictions (in %, unless stated otherwise), 2007, 2010, 2014

	2007	2010	2014
Population size	36,357	43,978	43,725
Gender			
Female	22	22	23
Age			
Average age (years)	33.4	34.4	37.0
Median age (years)	33.0	34.0	36.0
Under 20 years of age	2	2	1
20-29 year olds	35	31	23
30-39 year olds	39	37	37
40 and older	24	29	39
Living conditions			
Lives alone	34	36	35
Lives with his/her parents	24	23	18
Lives with spouse	29	29	28
Lives alone with children	4	4	5
Other	9	9	14
Homeless	7	6	5
Resources			
Employment income	38	37	34
Unemployment benefits	12	13	11
Solidarity benefit	32	33	36
Funds from a third party	6	6	8
Other resources (including no income)	12	11	12
Activity			
Steady paid activity	26	27	24
Intermittent paid activity	15	14	14
Unemployed	28	28	27
Student, unpaid internship	4	4	3
Inactive - other	26	27	32
Onward referral to CSAPA by:			
Client himself/herself or close relations	57	58	60
Healthcare partners	27	27	26
Social services and institutions	5	3	3
Judicial system/Public services	10	11	8
Other	2	2	2
Prior care			
Never treated before	42	36	29
Substitution treatment	71	73	76
Methadone	33	38	43
Buprenorphine	37	33	30
Use in past 30 days			
Heroin	56	57	49
Cocaine	27	24	24
Buprenorphine (misuse)	14	12	11
Methadone (misuse)	4	6	8
Infectious diseases			
Self-reported prevalence of HIV among injecting drug users	8.1	7.2	7.1
Self-reported prevalence of HCV among injecting drug users	52	46	47

Source: RECAP 2007-2014/OFDT

quillisers (less than 2%), and other un-specified substances. These very small groups are not specifically described below[8].

A rapidly ageing population

The average age in this group (37 years) has considerably increased since 2007, a sign of a rapidly ageing population, particularly since 2010. Only a quarter of these users are aged under 30 (1% under 20), whereas 40% are aged 40 years or over.

The distribution by type of activity and type of resources did not change considerably between 2007 and 2014; however, the effects of the economic crisis are nonetheless also visible and evidenced by a decline in the proportion of individuals receiving income from work and an increase in the proportion of those whose resources are mainly from solidarity benefit. These changes are more striking after 2010. The proportion of homeless individuals is highest among these users (5%). However, this proportion has not changed between 2007 and 2014.

Half of users started treatment between 2010 and 2014

Among those individuals having answered the question on treatment history (70% response rate), only 29% claimed to have never received any treatment before, a considerably lower percentage compared to 2007 (42%). For all individuals in this group, according to the answers to the question on the year in which they first received treatment, half started treatment between 2010 and 2014, and only 10% of individuals in this group started treatment before the year 2000.

Increase in methadone prescriptions

Three-quarters of these users are on OST, with methadone more often than buprenorphine (43% vs. 30%). Another treatment, morphine sulphates most probably, is stated for 2.5% of users. Between 2007 and 2014, the proportion of users on OST increased from 71% to 76%. The proportion for methadone increased by nearly eight points, whereas buprenorphine fell by nine points. These changes reflect the general trend towards increased methadone prescribing observed since the guidelines issued by the Consensus Conference on Substitution Treatments were published in 2004 [6].

8. Cocaine and crack users treated in CSAPA were described in the publication "Cocaïne, données essentielles" [5] for 2009 RECAP data; the description of the specific characteristics of these users compared to opioid users is still valid today.

The profiles of individuals on methadone and buprenorphine OST are generally very similar. Individuals prescribed methadone, however, stand out due to a larger proportion of women (23% vs. 18%), individuals referred by another CSAPA (12% vs. 5%) and higher levels of other substance use, particularly opioids, excluding OST (61% vs. 52%), and cocaine (22% vs. 19%). These users are also characterised by a lower proportion of individuals who have never received treatment (20% vs. 28%).

Decline in heroin use

The percentage of individuals for whom heroin is described as the primary drug is in decline, from 50% in 2007 to 38% in 2014. The decline in heroin as the primary drug is offset by the increase, in slightly less than half of cases, in "other opioid" use (in all likelihood mainly analgesic opioid medications) and methadone with misuse. The other factors for this increase is related to the growing proportion of individuals on substitution treatment, apparently without misuse, and for whom the primary drug is another substance (alcohol, cannabis, cocaine or substances described more rarely).

Graph 2 - Percentage of injecting drug users among heroin, buprenorphine and cocaine users treated in CSAPA, 2007-2014, in %
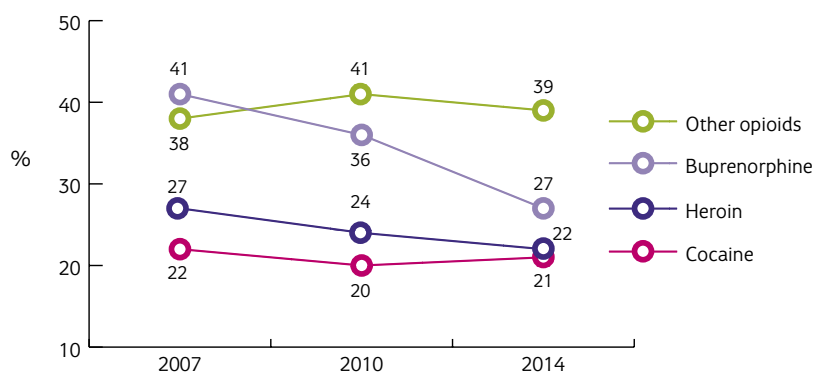
Source: RECAP 2007-2014/OFDT

Cocaine was described as the primary drug by 8% of users in this group in 2014, with this value remaining stable since 2007. The proportion of individuals claiming to have used this substance over the past 30 days (regardless of description ranking) is three times as high (24%). This percentage fell by three points for all patients. The level of crack use seems even lower (4%) in this data collection operation compared to other surveys [7], which did not, however, focus on the same population. Investigations would nonetheless be necessary in order to determine whether this difference is related to survey methodology issues.

Decline in intravenous use

Among those individuals having used at least one substance over the past thirty days, and having stated their patterns of use, the proportion of users for whom injection is the main route of administration has decreased, from 23% in 2007 to 18% in 2014. The proportions of injecting drug users ranged from 39% among "other opioid" users to slightly over 20% among heroin and cocaine users (Graph 3).

This pattern of use is tending to decline, at least in relative terms. It fell considerably among buprenorphine users, and, in lower proportions, among heroin users. The changes among new patients confirm those observed among overall patients for buprenorphine, but to a much lesser extent for heroin, as the proportion represented by injection as the pattern of use only slightly decreased in this case. The proportion of injecting drug users also remain more or less stable among cocaine and "other opioid" users.

Stability of reported HIV prevalence among injecting drug users

The self-reported HIV prevalence among individuals having already used the intravenous route reached 7% in

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Behavioural addictions

In 2014, according to CSAPA activity reports, non-substance-related addictions were described as the primary reason for entering drug treatment for approximately 8,000 individuals. The total number of individuals for whom behavioural addiction is mentioned (regardless of description ranking) could lie between 11,000 and 12,000. These figures only represent a small proportion of all CSAPA clients, but have shown a rapid increase since the end of the 00s. Non-substance-related addictions are described in detail in RECAP, in four sub-categories. The first includes gambling, which affects slightly over one in four individuals. This group, with a relatively high average age (42 years), includes 75% males. Individuals consulting for mild eating-related disorders represent a quarter of the population size. Average age is 36 years and predominantly concerns females (85%). Individuals treated for Internet addiction, on average very young (average age 22 years, median age 18 years) and almost exclusively males (92%), represent 10% to 20% of the total population size. The remaining population, treated for the overall undefined category corresponding to "other non-substance-related addictions", displays almost identical demographic characteristics (37% females, average age 39 years) to those observed in the overall non-substance-related addiction group (41% females, average age 38 years). This more than likely concerns individuals divided between the above three profiles. This group treated for behavioural addiction is generally characterised by better social integration at a comparable age than other CSAPA clients, which is nonetheless less favourable than for the overall population. The levels of addictive substance use are not very high compared to the previous groups, but nonetheless appear higher than the overall population.

2014, in decline (– 1 point) compared to 2007. Approximately a third of injecting drug users do not know their serological status. The reported HCV prevalence reached 48% in 2014, four points down compared with 2007. However, this indicator, calculated only for injecting drug users in the last 30 days, showed few changes since 2007. These data thus lead to more uncertain findings in terms of changes in HCV prevalence. RECAP also includes a question on immunisation against hepatitis B. The proportion of vaccinated individuals (complete vaccination) increased from 52% to 59%, between 2007 and 2014. The response rate to this question is, however, relatively low (38% and 48% for the two years, respectively).

■ Conclusion

In the years from 2007 to 2014, the CSAPA underwent major changes related to the expansion and redefinition of their missions, and mergers between the CSAPA, which partly appear to have been a consequence of this. The number of clients increased by 10% between 2010 and 2014, and most certainly in a higher proportion between 2007 and 2014. The most striking change occurring during this period is the reduction in the number of individuals describing heroin as the primary drug and the increase in the number of cannabis users.

The three patient groups taken into consideration showed specific changes. However, a general ageing pattern, although more obvious for the "other illegal drugs" group, is observed. The effects of the economic crisis which occurred in 2007 are also perceptible for the overall population, although more apparent among cannabis users than other groups.

The characteristics of individuals having trouble with alcohol use, by far the largest group in terms of numbers, showed few changes between 2007 and 2014. However, it may be observed that the proportion represented by individuals aged over 50 shows an upward trend, while the percentage of individuals considered to be dependent appears to be on the decline. Cannabis use, still generally in the minority, shows an upward trend.

Among cannabis users, age structure showed fairly marked changes, with an increase in the proportion represented by young people and an even higher increase of the 30 years and older age group. Employment rate declined considerably among this population. A considerable decrease in the proportion of cannabis users referred by the legal system is also observed. The proportion of daily users and dependent users is on the rise.

The population of the third group, usually polydrug opioid users, was seen to age rapidly, with a significant increase in the proportion represented by individuals aged 40 years and older, from 24% to 39%. The professional activity rate, already low in 2007, and comprising a large proportion of intermittent activity, further declined. The proportion of homeless users and users in temporary accommodation did not, however, increase. The proportion of users on opioid substitution treatment continued to grow between 2007 and 2014. Heroin use (in the last 30 days) declined and seems to have been partly replaced by opioid medication use, with or without misuse. Intravenous use also seems to be on the decline among these users, with highly marked changes among users diverting buprenorphine, and more uncertain changes among heroin users. The reported HIV prevalence among individuals having already used the intravenous route only decreased very slightly between 2007 and 2014, but more substantially for HCV, although the changes for the latter have yet to be confirmed.

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