

Markets, products, users: recent trends (2011-2012)

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The TREND (Emerging Trends and New Drugs) scheme established by the OFDT in 1999 endeavours to detect emerging phenomena and trends in illegal drug use, including trends in substances, supply, routes of administration and user profiles.

The analysis of the data from the 13th TREND survey (2011 and early 2012) and the scheme's various components (see page 8) serves to highlight a series of changes. This issue of *Tendances* takes stock of four aspects. The first discusses **changes in the main illegal drug markets**, which have experienced significant shifts in terms of purity and price for several substances (heroin, cocaine, MDMA). A rise in herbal cannabis cultivation in Europe and the emergence of NPS (New Psychoactive Substances) are also new phenomena. The next section examines **questions directly linked to users**: routes of administration, and especially an increase in "chasing the dragon"¹, and worsening social and health situations for the most socially fragile users. Finally, the last two sections are dedicated to **certain products** (crack, freebase, ketamine and methamphetamine), whose spread and/or accessibility should be monitored along with their **substitution treatments**.

■ Shifting markets

Is there a shortage of heroin in France?

Although in 2010 and early 2011, certain Western European countries reported significant shortages in brown heroin² [1], this substance remained highly present in France according to the TREND scheme's field of observation, with the exception of Marseille. In 2011, the TREND sites even witnessed an increase in supply and experienced no shortage period - not even temporary shortages. These observations were confirmed by the OCRTIS (Central Office for the Repression of Drug-related Offences), which reported "*an increase in the availability of the substance*" [2]. In 2012, according to initial feedback from TREND sites, the situation had not really changed. In Toulouse and Metz, heroin use is even becoming, once again, of significant concern to the public authorities and entities involved in harm reduction [3]. Furthermore, 71% of users questioned during

French summary report on the TREND scheme's observations on illegal or misused psychotropic drugs



the SINTES/heroin 2011 survey stated that they had no difficulty in procuring heroin [4]. France is therefore a European exception.

However, given the purity of the heroin in circulation, it appears that this shortage may be the result of a significant decrease in product "quality". Data from the INPS (the French National Forensic Science Institute) clearly show a decline in mean street heroin content³ from 13% in 2010 to 8% in 2011, then to 7% in 2012 - the lowest levels seen in 12 years [5]. The SINTES/heroin 2011 survey observed a 50% decrease in the mean heroin content of samples purchased from users, from 12% in November 2010 to 6% in December 2011 [4]. Therefore, in light of these elements, it would seem that dealers have reacted to heroin supply difficulties by further cutting the product. These means mask wide regional variations. The further one moves from the Netherlands and Belgium, the countries where heroin is stored and dispatched to the rest of Western Europe, the lower the purity. The exception is the Greater Paris area, and to a lesser extent, Greater Marseille, where

1. Chasing the dragon consists of inhaling the vapours produced by heating (with a cigarette lighter or a flame) heroin placed on aluminium foil. The active substance enters the bloodstream through the pulmonary alveoli which are highly permeable to gas. Compared with snorting through the nasal mucosa, this route of administration increases both the intensity and rapidity of onset of the drug's effects.

2. This shortage is allegedly the result of the dismantling of several major import networks. However, the precipitous 2010 drop in opium production in Afghanistan, due to a disease that affected poppy plants, does not seem to have contributed to this shortage since there are sizeable opium stores.³ La teneur exprime une proportion rapportée à la masse du produit.

3. Content describes a proportion of the product's mass.

white heroin (the hydrochloride form, in contrast with the brown heroin that generally circulates in France) is on the rise.

Another indicator of French market supply problems is the significant drop over the last three years in the quantities seized by law enforcement services (police, customs, *gendarmerie*): from 2010 to 2012, the heroin seizure quantities fell by more than 40%, from 1,087 kg to 615 kg [6].

This over abundance of poor quality product leads to relatively low price per gram. According to the TREND/SINTES scheme, the median price in 2012 was approximately €40 versus €45 in 2009 [7], while the OCRTIS reported that it was on the decline in 2011 and in 2012, falling to €35 [2] (Table 1). Furthermore, the low purity of the product currently in circulation favours the use of morphine sulphates, such as Skénan® [8] (see last section of page 6) in certain sites, such as Metz and Paris.

A deterioration in the quality of cocaine

According to all TREND sites, in 2011 and 2012 cocaine hydrochloride remained readily available even though cocaine seizures in France reached an historic high of 11 tonnes in total in 2011. This phenomenon is characterised by a real diversification of the ways in which the drug is supplied. In 2011, certain sites (Metz, Toulouse) emphasised expanded supply from disadvantaged areas (*“cités”* in French) with *modi operandi* similar to those used for cannabis resin: deals in public areas (stairwells, built

ding hallways) and vertically-structured organisations (people stashing away the drugs, lookouts, dealers). Nevertheless, despite what was believed a few years ago, it would seem that networks that import and sell cannabis resin are not the same as those that supply France with cocaine. There is a separation between the activities: *“there are clearly-established, specific trafficking networks established in the aforementioned neighbourhoods. Some networks are well-structured and run by families who make cannabis resin available on the market. Others are more traditional, created around teams that use go-fasts or go-slows and ensure that cocaine is readily available”* [3]. However, this cocaine distribution method is still not very widespread compared with small user-dealer networks that procure directly from the Netherlands or Spain or, as reported in 2011, traffic via post.

Like for heroin, it is the “quality” of the circulating cocaine and the rise in its price that are most noteworthy. In 2011 and 2012, toxicological analyses revealed that the purity of samples of street cocaine had clearly declined: content was between 10% and 20% by weight versus a mean of 30% in previous years. In addition to this decreased purity, there has been an increase in retail price that, after remaining stable for several years, was approximately €65/70 per gram in 2012 (Table 1) [2].

The fall in the purity/price ratio for cocaine accompanied by the rise in the presence of potentially dangerous cutting agents (such as levamisole, which may cause immune system depression, and phenacetin, which is toxic to the kidneys) definitely play a role in the changing image of this substance.

While in 2010 most sites (Metz, Marseille, Rennes, Bordeaux, Lille) reported a change in the perception of cocaine, especially among the most experienced users, the situation appeared to be somewhat different in 2011 and 2012. Rennes continued to observe a clear decline in the image of cocaine, but other sites reported that the substance was still perceived positively overall except among marginal party scene populations (Rennes, Paris, Metz, Lille), or observed no changes at all (Toulouse, Bordeaux). In the majority of reports, this decline in reputation is due more to the low purity of the circulating product than to an increasing awareness of the negative consequences of use.

MDMA: making a high-purity comeback

In 2011–2012, there was a continued loss of interest among party scene users for ecstasy tablets⁴ over the powder form, and to a lesser extent, the crystal (or crystal-containing capsule) form. A majority of sites reported a noteworthy surge in supply and demand for MDMA powder on the alternative party scene and in the retail market. The price per gram continued to drop (€63/€60 in 2011/2012 versus €70 in 2005) [7], while mean active substance content has continued to rise since 2009 (from 47% in 2009 to 63% in 2012).

This increase in purity was also seen for ecstasy tablets (35% in 2012 versus 21% in 2009) [5]. In 2012, analyses of samples collected through SINTES revealed the presence of sometimes very high dose tablets on the market (up to 90% in Lille). Finally, it should be noted that although “chasing the dragon” with MDMA is becoming more popular among party scene users (see below), it is being injected with increasing frequency among drug users⁵ seen in CAARUD low-threshold structures: 13.9% of these users were injecting MDMA in 2008 while 21.8% were injecting in 2012 [9].

The Paris site reports an increase in emergency department visits related to the use of this substance, and one death was reported in Bordeaux in 2012.

Furthermore, this increase in MDMA (powder) contributed to a more structured supply network than was previously the case. Law enforcement services at sites like Paris and Rennes observed an

Table 1: Change in median prices (in euros) of illegal or misused psychotropic drugs since 2000

Gram of substance (unless otherwise specified)	TREND					OCRTIS			2010-2012 Trend
	2000	2009	2010	2011*	2012*	2011	2012		
Heroin	59	45	42	40	41	40	35	↘	
Cocaine	84	62	67	68	76	60	65	↗	
Ecstasy (tablets)	15	6.8	7.7	7	10	6	7.5	↗	
MDMA (powder)	NA	65	60	63	60	NA	NA	→	
Cannabis resin	NA	5	5	5.4	7	5	6	↗	
Herbal cannabis	NA	7.5	8	8	10	7.5	8	↗	
Amphetamines	15	14	16	15.5	NA	NA	NA	-	
LSD (blotter)	8.5	11	10	10	NA	NA	NA	-	
HDB/Subutex®/8mg	6.3	4.5	5	4.8	NA	NA	NA	-	

Source: TREND (OFDT) ; OCRTIS

*The TREND data come from the half-yearly «price» Barometer for a gram of heroin, a gram of cocaine, a tablet of ecstasy and a gram of herbal cannabis or cannabis resin. The data on price per gram of amphetamines, per LSD blotter and per HDB tablet come from the TREND ethnographic observations.

NA: not available

4. Even though the Rennes site is seeing a discreet comeback among young users of a preference for tablets, which are also frequently used by Lille party scene users, who frequent Belgian mega-dance parties.

5. In 2012, 12.3% of CAARUDs (low threshold structures) clients stated having used ecstasy/MDMA in the month prior to the survey.

emergence of organised, professionalised networks sourcing from the Netherlands and Belgium.

Increasingly visible commercial herbal cannabis cultivation

For several years now, Europe has been becoming a more significant producer of a herbal cannabis likely to compete with the cannabis resin produced in Morocco. In 2010, for the first time, the number of herbal cannabis seizures⁶ exceeded that of cannabis resin in Europe [1], and the proportion of herbal cannabis seizures among all French cannabis seizures analysed rose from 11% in 2008 to 20% in 2012 [5]. This supply network includes cultivation among individual users for their own personal use (France), cannabis fields controlled by the Mafia (Italy), and cannabis factories run by criminal gangs (United Kingdom, the Netherlands, Belgium).

Until recently, herbal cannabis cultivation in France was mainly limited to individual, non-profit cultivation, the product of which only circulated among friends and family of the grower. However, this is changing rapidly, since in 2011, various law enforcement services discovered cannabis factories that belonged to real crime networks [10], cannabis social clubs and the emergence of indoor cultivation by individuals for the purposes of supplying a local market.

In 2011, for five TREND sites (Bordeaux, Toulouse, Rennes, Lille and Paris), ethnographic observations and law enforcement service reports revealed that the aforementioned phenomenon is developing. If such a trend continues, this would characterise a real change in French cannabis cultivation, which traditionally has only been characterised by self-sufficient micro growers. The Toulouse site observed that, *“Although self-cultivation implies private indoor (“closet”) or outdoor cannabis cultivation, we are seeing rapid development in a sub-form of this model: local commercial cultivation. Rather than closets, this involves multiple square feet of space for cultivation for sale, and not just for use by the grower’s friends and family”* [3]. The Rennes site explains: *“In addition to more artisanal production, there is more intense cultivation intended for dealing. Subsequently, many user-dealers can acquire several dozen cannabis plants to produce in large quantities. This cannabis grower profile, although less frequently seen than artisanal growers, is starting to be seen with more frequency. Some of these growers end up gravitating towards organised crime networks.”* [11].

This development in commercial cannabis cultivation is the result of the

profitability of the practice against a background of soaring demand for high-quality, “organic” product and increasing prices (€5.5 in 2006 versus €8/€10 in 2012) [2, 7]. As a result, a small installation of 50 plants can produce annual turnover of approximately €50,000⁷. Such activity supplies the French market with potent herbal cannabis. French herbal cannabis cultivated indoors can have a THC content of 15 or even 20%.

Although the proportion of cannabis resin with purity of over 15% has been steadily rising since 2003, it seems that the sharp increase in the quality of herbal cannabis since 2008 led to competition and a resultant increase in the purity of the cannabis resins imported by traditional dealers. Since 2009, law enforcement services have been increasingly seeing product with high THC content. Some of this product was packaged as “pellets”⁸ or even as powder⁹ in 2011. Toxicological analyses demonstrate that, for the latter types of product, the mean content can be relatively high, i.e., 20 to 25%. Hence, the mean purity of seized cannabis resin increased from 12% in 2011 to 16% in 2012, after having doubled over the previous decade [5].

In addition to this trend, the European market has witnessed a surge in cannabis resin coming from Afghanistan, which has recently surpassed Morocco to become the world’s leading cannabis resin producer. The availability of this Afghanistan product, known for its higher quality, is very limited according to the TREND sites. Finally, the spread of synthetic cannabinoids (or “synthetic cannabis”) via online sales may constitute an additional factor in the upheaval of the market. Even though it is difficult to assess real use without quantitative data, reports from users mention that the effects of these synthetic cannabis products are more powerful than those of natural cannabis. These cannabis products are considered to be disturbing, especially among experienced cannabis users, who are not accustomed to weighed doses: such users claim that the synthetic product causes more intense or long-lasting bad trips or other side effects [12]. To date, users familiar with natural cannabis continue to prefer it despite the advantages that some users find with the synthetic version, such as its supposed ability to go undetected in standard urine drug testing.

NPS: emergence on the traditional market

Between 2008 and 2012, 60 new substances were identified by toxicological analyses laboratories [13], which have detected an increasing numbers of such drugs since 2010. Today, one new sub-

stance is analysed every month. The majority of these NPS (New Psychoactive Substances) are synthetic cannabinoids (18 have been identified since 2008) and cathinones (15 have been identified since 2008). The majority of NPS sales take place online, and there has been an increase in the number of European sites: approximately 700 online sales sites were identified by the EMCDDA in 2012 [1]. However, “direct” sales are increasingly seen on the alternative techno scene by several TREND sites (Bordeaux, Metz and Lille, especially on the other side of the Belgian border). These sales do not occur in organised networks, but rather through users or isolated dealers who obtain products through the Internet and microtraffic while also sharing with friends. In 2012, customs officers intercepted packages weighing up to two kilograms, i.e., weighing much more than the usual few grams, indicating purchases most likely intended for trafficking purposes.

The “dealer” prices seem to be much higher than those practised on the web. In 2011, “street” NPS prices were three times higher on average than those online. However, the prices are still competitive compared with those of “traditional” drugs, and NPS are often sold under the names of their traditional counterparts. The circulation of so-called “new” or “unknown” products, described only by quirky names or supposed or experienced effects, is seen more regularly on the party scene. The same holds true for substances sold as “cocaine”, “ketamine” or “PCP” (phencyclidine), whose effects have little to do with those of the claimed substance. The Lorraine site also reported “street sales” of NPS in the city centre. Regardless of the method, this phenomenon still seems to be relatively rare.

NPS use seems to be somewhat limited compared with that of “traditional drugs”, which are still preferred, at least outside of circles of experienced users. Nevertheless, NPS are being used more frequently in a sexual context in certain gay communities. The phenomenon is concomitant with the well-established practice of “slamming” (injecting, NPS in particular, in a sexual context) in a fringe group of these users, leading to real addiction problems [14]. Reports of

6. In 2010, there was a shift: the number of seizures of herbal cannabis made by European law enforcement services exceeded that of resin seizures (382,000 versus 358,000 respectively). However, the quantities of cannabis resin seized were still higher (483 tonnes of resin versus 92 tonnes of grass in 2011).

7. A plantation of 50 herbal cannabis plants that yields four crops a year can produce approximately six kilograms.

8. Also called «olives» or «olivettes» in French.

9. The latter may be comprised of compressed pollen.

health problems after NPS consumption also demonstrates that their use is on the rise, even though this is very difficult to determine using traditional observation methods since the supply and use of such drugs remains totally private.

■ Users and practices

The surge in “chasing the dragon”

For several years now, the TREND scheme has been regularly reporting an increased frequency in heating and inhaling certain substances, to the point that, on the party scene, dichotomies among users have developed not based on the product used, but rather, on the route of administration employed.

This route of administration is not an original phenomenon. Although it was first limited to cocaine (crack/freebase) and heroin use [17], chasing the dragon now stands out due to its use with new substances, such as powder MDMA, as observed in Toulouse, Lille, Bordeaux, Rennes and Marseille. “Chasing the dragon” is becoming especially frequent on the alternative party scene among heroin users. However, its use is now extending beyond heroin users. The provision of “aluminium”¹⁰ by harm reduction facilities at party sites seems to promote this use. Against this background, “chasing the dragon” basically replaces snorting, which irritates nasal mucous membranes. Other reasons given by MDMA users to explain their preference for this route of administration include intensifying the sensation due to a more rapid absorption by the alveoli in the lungs and seeking the empathogenic¹¹ effect of the substance. Therefore, the inhalation route of administration for MDMA tends to be used at the end of parties (“after”) to help ease the coming down from a “high”.

Although this phenomenon appeared and developed on the alternative party scene, it is also seen among more precarious, urban users, for whom inhalation represents an alternative to injection: it provides similar effects to those of injection, but without the negative aspects. Hence, the ENa-CAARUD survey conducted in 2012 among the often precarious drug users seen in CAARUDs shows an increasing frequency of MDMA heating and inhalation (11.1% in 2012 versus 3.1% in 2008). The trend also continues for heroin (31.6% in 2012 versus 24.2% in 2008), taking into account that harm reduction facilities encourage injectors to use this route of administration instead, to avoid viral transmission (hepatitis and AIDS) and local injection com-

plications (abscesses, venous obstruction and necrosis) [9]. Cocaine is inhaled in its freebase form (see page 5) and this practice contributes to its spread.

Dispersion and worsening of precariousness among certain users

One of the most marked points observed in the 2011–2012 data is the link between the dispersion of users and the precariousness of their living conditions. This is the result of several phenomena: nearly all sites mention, in one way or another, the difficulties encountered by the public authorities in managing groups of people in highly precarious situations in city centres (squats or settlements in public places), and who represent clear nuisances to the people living nearby. Expelled precarious populations living in an unregulated area are often replaced by other groups, as seen in Bordeaux. Expelling people from squats repeatedly displaces these people from city centres to the periphery, and vice-versa. The progressive rarity of the resultant “interstitial urban spaces”¹² relegates drug users either to the “camps/shanty towns” found bordering ring roads or in outlying areas, or to less visible, subterranean locations, such as basements, parking garages and rubbish storage areas (Rennes, Paris, Toulouse, Bordeaux). There are increasing reports of injecting in the middle of the street (in the gutters, between two cars). These elements contribute to a deterioration in living and health conditions for the most marginalised users, and harm reduction facilities claim that they are increasingly having difficulties in reaching this population – both in the literal and figurative senses. More generally, the Marseille site has reported a worsening of the social and medical situation of its most precarious residents, and Metz is seeing increasing numbers of homeless people in its city centre.

Methoxetamine (MXE), the most frequently seen NPS in 2012

Although not examined closely, the life cycle of an NPS can be clearly distinguished from that of traditional substances due to the speed at which they develop and the subsequent and rapid disinterest they engender. In 2011 and 2012, MXE (methoxetamine) stood out due to the increasing interest it generated among Web surfers [15]. Today, it can be seen on the party scene at a number of sites (Bordeaux, Toulouse, Paris and Metz). The effects of MXE are similar to those of ketamine, the name under which it is often distributed. It seems that the new MXE drug is benefiting from the current infatuation for ketamine, which is often in short supply on the techno party scene. Since the effects of MXE are more powerful and last longer than those of ketamine, this substitution often causes complications (malaise and psychological or psychiatric disturbances, for example). In 2011 and 2012, about twenty hospitalisations were reported to the ANSM addictovigilance centre network (CEIP - Centres for Evaluation and Information on Pharmacodependence) [16]. ■

Other, often less marginalised users (i.e., those who are not “on the street” but who are having difficulty on the job market) settle in outlying or even rural areas, where they have trouble gaining access to care and harm reduction measures.

The dispersion of users to rural areas, is related not only to the urban exodus, but also often to young users living in rural areas who are having difficulties finding employment and start using drugs. The increase in micro trafficking, which promotes the accessibility of substances over large territories, also plays a role. According to the still-fragmented data collected by TREND sites, use in rural areas does not seem to be specific; access to information, harm reduction and treatment remain a major problem. This problem is taken into consideration by CAARUDs, which are currently experimenting with various solutions for reaching these new populations.

Older drug users and chronic alcohol use

Harm reduction and treatment professionals have confirmed that, as the oldest users get older, (Graph 1) “age-related” diseases are occurring earlier and becoming more severe, and there are insufficient structures for treating them. Care givers often report chronic and sometimes intense alcohol use coupled with drug use as being at the root of these diseases or of a generally poor state of health. Several sites have once again reported the omnipresence of the use of alcohol, and primarily cheaper strong beers, among drug users.

10. A harm reduction tool, which replaces the aluminium foil usually used by users in this practice. This foil releases toxic vapours when it is heated.

11. Promoting feelings of empathy towards others, facilitating interpersonal contact and the pleasure of being with people.

12. As indicated in the Paris report.

The Marseille report even mentions an increase in alcohol use among the precarious population.

■ Focus on specific substances

Crack versus freebase: a less marked dichotomy

Until recently, even though crack and freebase are the same product (cocaine base), their social environments of use were vastly different. Crack cocaine was, and still is, used by extremely marginalised users in Greater Paris (particularly the north of the city and the Seine-Saint-Denis department). Crack users get their product from “professional” dealers, while freebase tends to be consumed by people in the alternative party scene who use cocaine powder to prepare cocaine base themselves. Even though this is still mainly true, it seems that in certain areas, the situation has changed in several ways. In Paris, ethnographic observations over the last few years have demonstrated that there is more free movement between these social milieus, and that the crack scene in northern Paris is increasingly frequented by people with unusual profiles [14, 18]. The presence of young people who frequent the alternative party scene or of socially integrated adults is increasingly visible. This presence is related mainly to the difficulties users have in collecting enough money to purchase a gram of cocaine powder (which costs about €60) to transform it to its base form, while crack cocaine can be sold in smaller quantities (from 50 to 200 mg) for a more easily accessible price of approximately €20. This demand for cocaine base, which exceeds that of the traditional crack/freebase dichotomy, seems to be making a specific demand emerge.

In Paris, ethnographic and law enforcement data reveal that, in certain housing estates (“cités”) to the north of the city, cocaine base networks are modelled after cannabis resin distribution networks. “Rocks” of crack are produced in Seine-Saint-Denis, and then are moved to the capital to be sold.

Furthermore, the distinction between the “crack” manufactured by professional dealers and sold already in its base form on a specific market and the freebase produced by the users themselves or someone close to them is becoming less marked. Increasing numbers of sites are reporting the appearance of small local markets for “based cocaine rocks”, although these local networks are not as structured as those of Paris. This is the case in Bordeaux and Toulouse, and to a lesser extent, Lille and Rennes. In 2012, the Bordeaux site reported the direct sale of cocaine base as “freebase cocaine rocks” on the alternative party scene.

At the same time, it seems that the semantic crack/freebase distinction is less frequently made as increasing numbers of users realise they are using the same substance despite the different names or other criteria for the crack/freebase dichotomy. In Toulouse, cocaine base users speak more frequently of “crack” to describe the substance that they use and/or buy already in its base form, whether these users are marginalised or socially integrated party goers.

However, although the prices on the Bordeaux market are similar to those of the Parisian market, the Toulouse market sells crack cocaine by the gram, which is more expensive and may prevent more widespread distribution to highly marginalised populations. Nevertheless, in 2012, 57.7% of cocaine/crack users surveyed in CAARUDs stated that they

had smoked cocaine (crack or freebase) in the last month, while this figure was 47.9% in 2008 [9].

Beyond the simple semantics, these trends are of interest due to their potential continuity resulting from a trivialisation of crack and an increase in the accessibility of low-cost cocaine to larger drug-using populations.

Ketamine: varying availability and trivialisation on the alternative party scene

Since 2009, ketamine has become a more permanent fixture among the range of substances generally used on the alternative party scene. In 2011/2012, although its availability varied, its presence increased in Rennes, Bordeaux and Toulouse following a shift to the west/southwest of France¹³. The increase was less apparent in parties that took place in Metz, Paris, Marseille and Lille, even though the substance is sought there. However, the market remains unstructured and fairly artisanal. The price per gram of ketamine (€40 on average) seems to vary significantly (from €20 to €60) with time and place.

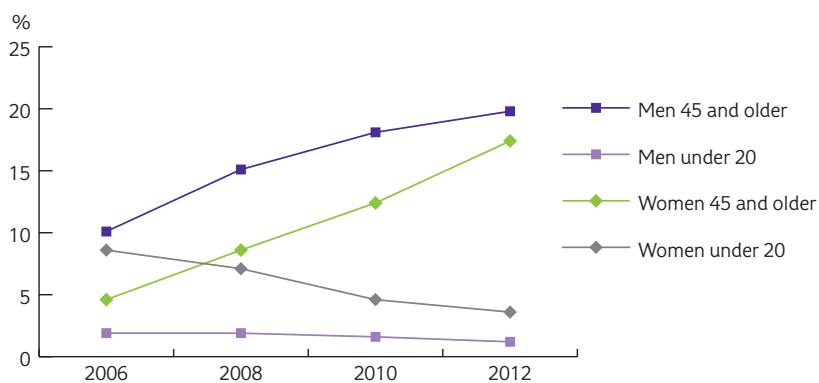
New users are mainly young polydrug users from the alternative party scene who tend to focus on this product. In Toulouse, Bordeaux and, to a lesser extent, Metz, ketamine is also consumed by precarious users seen in urban areas, mainly wandering street youths.

Although use practices and sought effects have been generally described in preceding TREND reports, some elements are worth mentioning.

One example is the change in ketamine’s image and the many messages this drug generates. Its more widespread image as the “horse tranquillizer” – a dangerous drug with uncontrollable effects – is slowly being replaced among users by a lighter, festive, recreational image that is now associated with the term “pony” in a variety of expressions (“pony generation”, “riding the pony”). This playing down of the drug’s image is directly linked to a more banal use of the drug by certain users, who have succeeded in controlling their doses.

Moreover, ketamine is considered by many users to be an uncut product. These users also mention time-limited effects (20 to 30 minutes) that are not followed by a down phase, the fact that users can drive, can avoid drug screening detection (ketamine cannot be detected by drug screening kits) and can be in decent shape the next

Graph 1 - Changes in the proportion of CAARUDs' clients under the age of 20 and over the age of 45, by sex, 2013



Source: ENA-CAARUD 2012, OFDT

13. As the initial analyses of the ENA-CAARUD 2012 survey, to be published in 2013, seem to demonstrate.

day (although some state that they are “exhausted” after using). Users also consider the drug as being easily combined with other substances, and use it with alcohol, cocaine (known as “Calvin Klein”), MDMA and LSD. Its quality, the way it is prepared and the related urological problems¹⁴ regular use seems to generate are just some of the hot topics of discussion.

In 2012, two sites – Paris and Marseille – reported very high, voluntarily-taken doses in people searching for the K-Hole¹⁵, or a stronger ketamine experience. The Parisian site also mentioned users seeking the “Roc-ketta effect”, which involves ingesting as much alcohol as possible, and then taking ketamine.

Despite positive messages, users and professionals have been reporting significant and rapid tolerance with an established risk of chronic use and addiction, in addition to the aforementioned risks.

Methamphetamine: sporadic appearances?

Even though methamphetamine is rarely seen in France, according to TREND and SINTES observations, it should be carefully monitored due to its intrinsic danger and its availability in certain European countries (the Czech Republic, the Slovak Republic). Like in preceding years, in 2011 and 2012, several sites like Rennes, Paris and Toulouse reported methamphetamine use in certain circles, like the gay community and Southeast Asian immigrant communities. Of the so-called methamphetamine samples collected, analyses showed that the majority did not contain any of the substance. Methamphetamines were determined to be present by three analyses over the last three years: in Toulouse in 2010 (brought into France from abroad by the user), in Paris in 2011 (from a user who employed it in a sexual context) and in Toulouse once more in 2013. Customs officers also reported seizures of methamphetamines intended for the French market in greater quantities than in the past: up to 2.6 kg in a seizure at Roissy in 2011 and nearly 1 kg in a vehicle in Marseille, intended for the local market, in early 2013. Moreover, a case of problematic use (validated by biological analyses) was reported by the Paris site: the user in question, who was fully socially integrated, had been smoking the product for over a year, but suffered serious consequences from this use according to the healthcare system. Regardless of the situation, and despite the interest in this substance and the fascination it generates, its use remains very discreet.

■ Substitution treatments: constancy and changes

HDB: persistent misuse

High-dose Buprenorphine (HDB), initially commercialised as Subutex®, has long been misused and trafficked despite measures taken by the health authorities to regulate its prescription. The situation has not changed, since all sites report that minor street trafficking, mainly by people dealing a part of their treatment, persists. In 2011, the mean price for an 8-mg tablet varied between €3 and €5, depending on the local situation. However, more structured trafficking exists at certain locations (Metz, Paris, Rennes and Toulouse). This trafficking involves people who get multiple prescriptions or steal prescriptions and supply wholesalers who centralise the Subutex® boxes. These cases, which involves few patients among the total number of those treated, may nevertheless be the source of misuse for large quantities of medicines, as evidenced by two Subutex® trafficking “cases” prosecuted in Lorraine in 2011: 4 defendants allegedly received 3,600 boxes in two years.

Likewise, first-time use (users consuming HDB before trying heroin) and HDB-centered use, frequently in combination with alcohol and benzodiazepines, persists. Such use is mainly seen in users in extremely precarious situations. A significant proportion of patients having difficulty with their treatment resort to injection. Moreover, like for other drugs, “chasing the dragon” with crushed HDB tablets is gaining in popularity. The Bordeaux and Paris sites report that this trend is seen primarily in young, precarious users.

Finally, in 2011, the French CEIP network was alerted by reports of unusually serious local skin and soft tissue lesions, some of which became necrotic (i.e., the cells and tissue died) following the injection of sublingual HDB tablets: 27 cases were reported within the CEIP network in a one-year period (23 with generic HDB and 4 with Subutex®). More in-depth research conducted in 2012 by the CEIP of Nantes demonstrated that the excipients of the generic HDB formed much bigger particles when diluted than the originator product did. Although no formal causal relationship was determined, it does seem likely that these larger particles caused the lesions that became necrotic [19].

A methadone black market that warrants surveillance

For several years now, the “syrup” oral form has been subject to misuse in the same way it was in preceding years. “Spare supply” for the most part,

between users helping each other out, or very small-scale trafficking never going beyond the micro level, even though they are increasingly visible each year. In 2011, certain TREND sites (Rennes, Lille Bordeaux, Toulouse and Paris) reported that methadone capsules were circulating outside of their therapeutic framework. However, like for the syrup form, it seems that the capsules are not part of organised trafficking, but rather serve as supply for “temporary fixes” among users. Although methadone is misused by certain groups for “getting high”, it seems to be mainly taken by users for substitution purposes, and its image is still that of a medication. Users who have requested treatment and often already self-substituted with “street” methadone are becoming common. The Paris, Marseille and Rennes¹⁶ sites are still reporting cases in which unstable eastern European migrant populations injected methadone in its syrup form after simply diluting it and using 10 ml or even 30 ml syringes. There were also cases in which young precarious populations became opioid-addicted by using this medication. Given this background, the capsules do not seem to be subject to any particular preferences. In fact, certain sites state the contrary. There are no reports of injecting the contents of capsules. Therefore, these phenomena should be closely monitored given the rise, since 2009, in fatal methadone overdoses in France with a concurrent decline in heroin found in analyses: according to the DRAMES data (Drug and Substance Abuse-related Deaths) collected in 2011. Methadone alone or in combination was allegedly responsible for 38% of overdoses for that year, in contrast with 22% of overdose deaths in 2009 [8].

More accessible morphine sulphates

Since the TREND scheme was first implemented, the misuse of morphine sulphates has been an often volatile and geographically localised phenomenon, seemingly closely related to whether or not prescribing physicians are locally present. In 2011 and 2012, the Skénan® market was on the rise in Bordeaux (with a significant decrease in price from €15 per 200-mg LP tablet in 2010 to €5 in 2012), Paris (despite a shortage in 2012) and Metz.

14. Chronic ketamine use leads to an inflammation of the urinary tract, especially the bladder, and can even affect the kidneys.

15. The K-Hole or «black hole» experience refers to the intense, and sometimes anxiety-provoking effects of taking high ketamine doses: loss of temporospatial orientation, hallucinations, mind and body dissociation and distorted perception.

16. As well as a CAARUD in Lyon in 2010.

Regardless of the case, the product seems to be prescribed by a limited number of physicians, either for a confirmed therapeutic reason or under pressure from certain patients. According to the other TREND sites, misuse exists, but remains rare since local markets do not use it for anything other than “spare supply”. Other than Bordeaux, where the 200-mg tablet is supposedly the most available form, the most common dosage form seems to be the 100-mg capsule, which can be bought on the black market at a price of approximately €8 to €10. Two main user profiles are described: fairly young precarious, wandering users who frequent the alternative scene (wandering street youths, “*punks à chiens*”, or young homeless people who panhandle on the streets with their dogs in tow) as well as users who are seeking “more satisfactory” substitution. More than eight out of ten of these users inject. Comparisons with initial ENa-CAARUD 2012 data demonstrate a moderate (but significant) increase in use by CAARUDs’ clients France wide in the last month (14.8% in 2010¹⁷ versus 17.2% in 2012). What is most striking, though, is the geography of this trend: the area with the most use, concentrated in Limousin and Auvergne (reported monthly use 45.8% and 43.1% respectively), stretches in a horizontal swath across these regions, from the Pays de la Loire (34.1%) and Poitou-Charentes (29.9%) in the west, to the Rhône-Alpes in the east (28.1%) [9]. In the absence of qualitative TREND observations in these areas, which would help qualify these phenomena, it seems that this stretch,

The specific areas observed by TREND

Since its inception, TREND has been focusing on observing the French urban setting and the techno party scene. The French urban settings defined by TREND primarily refers to low-threshold harm reduction centres (“drop ins”, needle exchange programmes that became CAARUDs in 2006) and open spaces (e.g., streets, squats and dealing sites). Most of the people encountered in these settings are problem users of illegal drugs living in highly precarious conditions.

Techno party settings refer to places where events are organised around this music. They encompass the so-called “alternative” scene (free parties, “teknivals”, alternative party areas within more general festivals) as well as commercial or more conventional locations (clubs, discotheques, private parties). This setting now tends to cover the party scene in general, in line with the spread/dilution of the techno movement into the more general population.

These two social settings were originally chosen due to the high likelihood of finding new or never-before-seen phenomena there, even though these two settings do not characterise the full reality of drug use in France. Nevertheless, the observations that are conducted there have enabled TREND, for the last decade, to target the spread of drug use beyond these settings towards ever-wider, more varied social spheres (such as socially integrated populations) and ever-larger geographic areas (rural or suburban areas). These settings, and particularly the urban one, are transit areas for a significant population of drug users, which includes socially integrated users. It is particularly frequent for “hidden” users¹⁸ to visit the party scene, which TREND tries to cover, despite its constantly changing scope.

The results of a specific investigation of rural areas will be available in late 2013. Finally, since April 2013, the official launch of the European I-TREND project coordinated by the OFDT will help design and implement tools for observing New Psychoactive Substances (NPS) sold on the web and their use. n

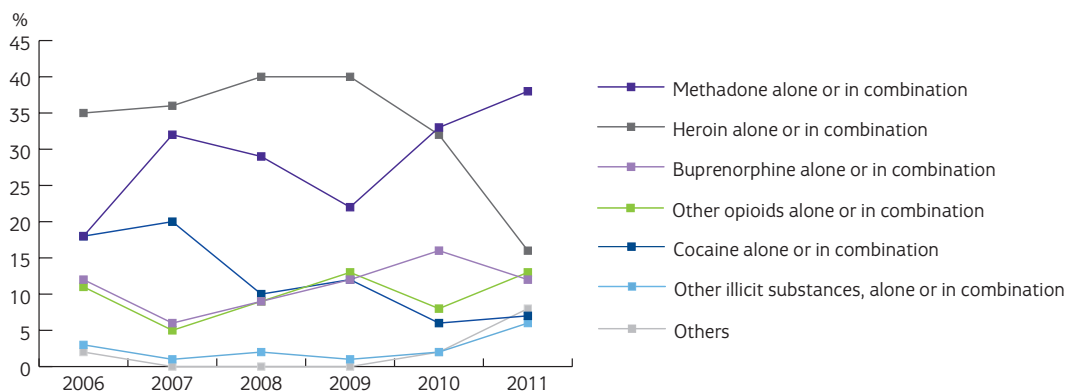
which is removed from both the north-eastern and the south-western borders of France - the areas through which heroin transits - is an area where either the substance is difficult to access or its purity/price ratio is particularly unfavourable. The difficulty in access to health resources is also a possible explanation.

Conclusion

Although the 2000s were characterised by a spread in the use of drugs, mostly cocaine and ecstasy, towards ever-expanding geographic areas and populations, the 2010s seem mainly to be marked by changes in the supply of psychotropic substances and a diversification in routes of administration (smoking, snorting, injecting).

This expanding supply is seen mainly in terms of products - increasingly available herbal cannabis, the development of new forms of MDMA (powder, crystal, capsules) and the emergence of NPS. However, it is also characterised by new ways to gain access to

Graph 2 - Breakdown of fatal overdoses by main responsible substance from 2006 to 2011 (in %)



Note: only deaths directly caused by drug use are mentioned. The expert toxicologists attribute each death to one substance alone, so-called main responsible substance.

Source: DRAMES, ANSM / CEIP network

17. Difference is significant for a risk of 5%.

18. The so-called “hidden” users are those who have no contact with healthcare structures (i.e., no contact related to their use of psychoactive substances at least) or law enforcement services.

these substances. Moreover, the more varied types of cannabis cultivation, the purchase of drugs through the Internet and increasingly intense micro-traffic-king are all factors that intensify the movement of drugs in small quantities, which are, by definition, more difficult to detect.

Given these current changes, in the years to come the situation may become increasingly difficult to control in an environment where the diversity of supply will enable demand to adapt to product availability: a substance whose

legal status or presence on a market is changing can be easily substituted.

Although there is no observed cultural vector for influencing use, such as the techno movement of the late 1990s, the current economic recession may take its toll. Both quantitatively and qualitatively, there is an observed increase in the frequency of more problematic drug use in socially fragile individuals. All of these changes mean that the years to come are uncertain and require heightened observation. ■

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methodological reference points

The building blocks of the TREND scheme

To fulfil its observation mission, TREND relies first and foremost on a network of seven local coordinating sites (Bordeaux, Marseille, Lille, Metz, Paris, Rennes, Toulouse) with a common information collection and analysis strategy. The data collection tools used are mainly qualitative: continuous ethnographic observations conducted in urban areas and on the party scene, qualitative questionnaires administered to structures or associations in contact with drug users (CAARUDs), and focus groups ("health", "law enforcement") that aim to rapidly establish overviews of the situation with professionals in the field.

Against this background, qualitative or quantitative thematic investigations are also conducted to acquire more information on a particular subject and retail selling prices of the main illegal drugs ("price" Barometer) are regularly collected.

TREND also relies on:

■ SINTES (National Detection System of Drugs and Toxic Substances), an observation system geared towards detecting and analysing the toxicological composition of illegal substances;

■ recurrent quantitative surveys, such as ENA-CAARUD (national survey of CAARUDs' clients), which has been conducted among drug users seen in French low-threshold structures certified as CAARUDs (Support Centre for the Reduction of Drug-related Harms) every two years since 2006, standardised annual CAARUD activity reports (ASA-CAARUD) describing how low-threshold structures are organised and activities are developed, and to a lesser extent, providing qualitative elements on the profile of drug users, the products used and the social and health problems encountered

■ the use of the results of information systems supervised by the CEIP network (Centre for Evaluation and Information on Pharmacodependence) and the ANSM (National Agency for Medicines and Health Products Safety), the OCRTIS (Central Office for the Repression of Drug-related Offences) and the INPS (National Forensic Science Institute) and finally, other OFDT surveys.

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