

Levels of drug use in France in 2010

An analysis of the Baromètre santé 2010 data on psychoactive substances use among the adult population.

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For the past ten years, the INPES (French National Institute for Prevention and Health Education) and the OFDT (French Monitoring Centre for Drugs and Drug Addiction) have been measuring the spread and use of psychoactive substances in France through general population surveys. Whether conducted in the population as a whole or among younger age groups, the information from these surveys describes the diversity of substance use (e.g., experimentation, current use, regular use), and makes it possible to assess the relationships between use and other factors and to conduct analyses of the types of use at regional or county level. Since these surveys are conducted regularly over time, they are especially useful as tools for following trends in use for psychoactive substances.

It is the simple use of the most commonly found substances that is mainly assessed in these general po-

pulation surveys. The observation of harmful drug use and drug addiction to illegal drugs, as well as the emergence of new drugs, calls for the use of additional monitoring tools, such as statistics from institutions (law enforcement and health-related) and/or ethnographic studies and observations.

The results of the *Baromètre santé* 2010 health survey (see Methodology section), presented in this issue of *Tendances*, provide updated information on the level of use in the adult population of the various legal and illegal substances as well as changes in use since the results of the Baromètre santé 2005 survey. Reference data give some framework on the 11- to 75-year-olds. Otherwise, these initial results concern only the population aged 18-75 for alcohol and tobacco use and the population aged 18-64 for illegal drug use; other specific surveys were used for adolescents (ESCAPAD and ESPAD)¹.

1. The results of these surveys, both of which were conducted in 2011, will be available in late 2011 and early 2012.

Table 1 - Estimate of the number of users of psychoactive substances in metropolitan France among 11- to 75-year-olds

	Illegal substances				Legal substances	
	Cannabis	Cocaine	Ecstasy	Heroin	Alcohol	Tobacco
Life time users	13.4 M	1.5 M	1.1 M	500,000	44.4 M	35.5 M
of which users in the last year	3.8 M	400,000	150,000	//	41.3 M	15.8 M
of which regular users	1.2 M	//	//	//	8.8 M	13.4 M
of which daily users	550,000	//	//	//	5.0 M	13.4 M

Sources: Baromètre santé 2010 (INPES), ESCAPAD 2008 (OFDT), ESPAD 2007 (OFDT), HBSC 2006 (medical department of the Toulouse education system)

//: not available

Definitions

- Lifetime use: use by a person at least once in their life (the main purpose of this indicator is to measure the spread of a given substance within the population).

- Use in the last year or current use: use at least once in the last year, for tobacco, this includes people stating that they currently smoke, even if only from time to time.

- Regular use: consumption of at least three alcoholic drinks per week, daily tobacco use, and cannabis use at least 10 times a month or 120 times a year.

NB: the number of individuals aged 11-75 in France in 2009 (when the last census was performed) was approximately 49 million. This data provides an idea of the number of users. Indeed, a margin of error exists, but it remains reasonable. For example, 13.4 million people having used cannabis at least once in their life means that the number of experimental users can be reasonably considered to be between 13 and 14 million.

Level of use of the different substances: a cross-sectional approach

An overall view ranking substances in terms of the number of users is made possible by the results of the Baromètre santé 2010 health survey and the results of the other adolescent population surveys (see table 1). This data provides an idea of the number of users.

The legal substances of alcohol and tobacco remain the most frequently consumed by the population, whether through experimentation or daily use. Tobacco proves to be experimented with less often than alcohol (35.5 million vs. 44.4 million people respectively), but it is clearly more frequently used on a daily basis (13.4 million vs. 5.0 million daily users respectively).

Of the illegal drugs, cannabis remains by far the most frequently used substance, with 13.4 million people reporting that they have already tried it. More than one million people in France engage in regular cannabis use (see the definitions in table 1). Cocaine, the second most frequently used illegal substance, is used much less often, with the number of users approximately ten times smaller than the number of cannabis users, both in terms of experimentation and use in the past year.

Of people aged 18 to 64, use appears to vary markedly according to sex and age (see table 2). For all substances, men appear to use them more than women. Regular tobacco and cannabis use and experimentation with other illegal substances all occur less frequently among the older members of the population; the reverse is true for regular alcohol use (see figure 1).

Alcoholic beverages

In 2010, 12% of the 18- to 75-year-olds surveyed reported having drunk alcohol every day in the past 12 months, 37 % at least once a week (but not daily) and 38 % less often. Besides, 13 % of the people surveyed stated that they had not drunk alcohol in the last year.

Men consumed more alcoholic beverages than women: three times as many men drank alcohol daily (18 % versus 6 % for women) and 64 % of men stated weekly consumption versus 35 % of women.

Alcohol consumption, especially daily consumption, most often involves people aged 45 and older. The older the population, the higher the difference in the prevalence of alcohol use between men and women (see figure 2).

Wine remains the most frequently consumed alcoholic beverage in France; 39% of the people surveyed stated that they consumed wine weekly, followed by 19% for beer and 16% for spirits². Wine consumption increased with age, regardless of the level of use. Daily wine consumption is found among 0.6% of 18- to 25-year olds and 27.5% of 65- to 75-year-olds.

The consumption of at least six alcoholic beverages on a single occasion has also been documented. This occasional consumption of large quantities of alcohol is different from the strictly Anglo-Saxon concept of “binge drinking”, which indicates drinking several alcoholic beverages on a single occasion in a very short period of time for the purposes of “getting wasted”. More than one-third (36%) of the adults surveyed stated having had at least one binge drinking episode in the last year. Once again, there were more men than women: 52% of men stated having had such an episode in the last year versus 21% of women. It seems that more of these men are under the age of 35 (64%), while the prevalence among women peaks between the ages of 20 and 25 (40%).

The occurrence of an episode of drunkenness involves 19% of adults. Of the people surveyed, 3% had regular episodes of drunkenness (at least ten times in a year). As for all types of alcohol consumption, episodes of drunkenness also prove to occur more frequently in men: 27% of men versus 11% of women. For people who stated having been drunk in the past year, the average number of episodes of intoxication was 6.6, with a clear preponderance in men (7.7 vs. 3.8 in women).

A significant decrease in daily consumption

The decrease in the daily consumption of alcoholic beverages, observed over the last few decades (see figure 3) has been confirmed by the Baromètre santé 2010 data. It dropped from 16% in 2005 to 12% in 2010, and the level of occasional consumption (weekly or less frequently) stabilised.

High risk use

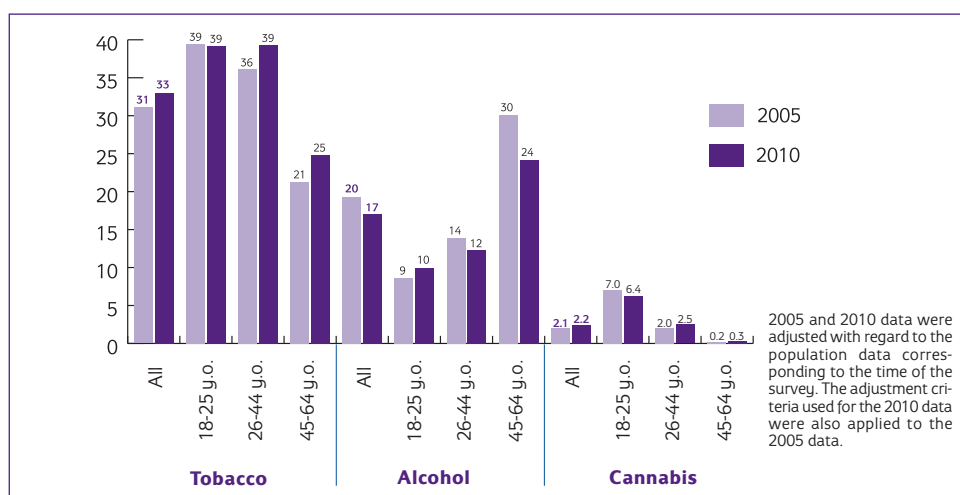
The Audit-C³, which takes into consideration the frequency of consumption in the last twelve months, the number of glasses drunk in a typical day and the frequency of

Table 2 – Experimentation with psychoactive substances by age and sex, among 18- to 64-year-olds (in %)

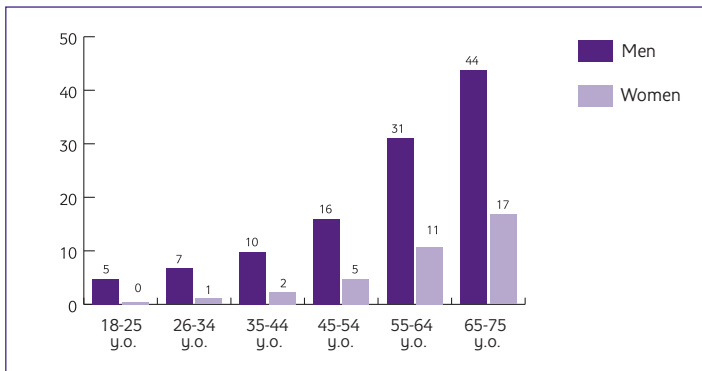
	All n = 21,818	18-25 y.o. n = 2,899	26-34 y.o. n = 3,872	35-44 y.o. n = 5,368	45-54 y.o. n = 4,637	55-64 y.o. n = 5,042	Men n = 9,866	Women n = 11,952
Alcohol	94.9	91.8	92.3	95.5	96.5	97.0	96.5	93.3
Tobacco	78.3	76.3	79.7	79.5	80.1	75.4	82.7	74.2
Cannabis	32.8	47.3	51.7	38.0	22.6	10.1	40.5	25.4
Poppers	5.3	10.8	7.9	6.6	2.4	0.5	7.2	3.4
Cocaine	3.8	6.0	7.6	3.7	2.2	0.6	5.5	2.2
Hall. mushrooms	3.2	4.9	6.7	3.0	1.9	0.5	4.9	1.6
Ecstasy /MDMA	2.7	4.2	6.8	2.5	0.7	0.1	4.0	1.4
Glues & solvents	1.9	2.7	3.2	2.2	1.4	0.3	2.7	1.1
LSD	1.8	2.1	3.4	1.4	1.3	0.9	2.7	0.9
Amphetamines	1.7	2.1	3.1	1.2	1.4	1.2	2.2	1.3
Heroin	1.2	1.4	2.1	1.5	1.1	0.2	1.9	0.6

Source: Baromètre santé 2010, INPES

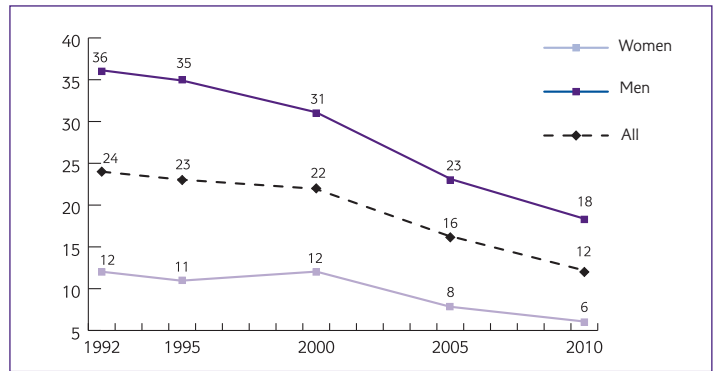
Figure 1 – Trends in regular alcohol and cannabis use and daily tobacco use among 18- to 64-year-olds between 2005 and 2010, by age (in %)



Source: Baromètres santé 2005 and 2010, INPES

Figure 2 – Daily alcohol consumption in 2010, by sex and age (in %)

Source: Baromètre santé 2010, INPES

Figure 3 – Trends in daily alcohol consumption among 18- to 75-year-olds (in %)

Source: Baromètres santé 1992, 1995, 2000, 2005 and 2010, INPES

episodic, high-quantity alcohol consumption, helps to distinguish four types of drinkers: hence, 37% of 18- to 75-year-olds fall into the “low risk, episodic consumption” category, 12% the “low risk, regular consumption” category, 28% the “high risk, episodic consumption” category and 9% the “chronic, high risk” category. High risk episodic consumption decreases with age, while high risk, chronic consumption is high in young people (14% in people aged 18-25) and declines until the age of 45 (7% of 35- to 44-year-olds), then increases again thereafter (9% of 65- to 75-year-olds) (see figure 4).

A significant increase in high risk use and episodes of drunkenness

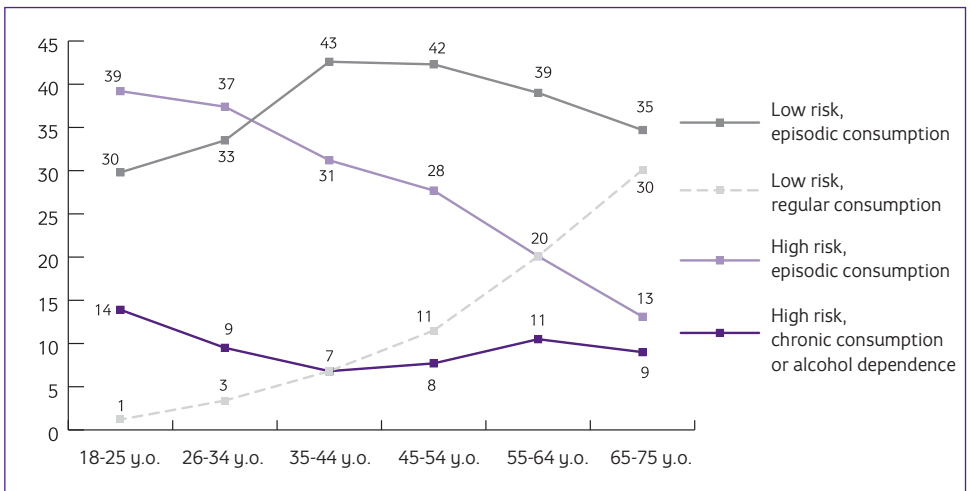
Episodes of drunkenness in the last year increased overall (from 15% in 2005 to 19% in 2010) for all age groups, regardless of gender. However, the extent of the increase was greater in people aged 18 to 34, and especially in young women aged 18 to 25, for whom the rise was most marked: their occasional consumption of large quantities increased from 30% to 42% between 2005 and 2010, and episodes of drunkenness in the last year increased from 20% to 34%.

The increase in episodic and chronic high risk consumption appeared, once again, to be marked in young women aged 18 to 25 (41% in 2010 vs. 29% in 2005). In men aged 26 to 34, high risk chronic consumption also rose.

Tobacco

In 2010, 83% of men and 71% of women aged 18 to 75 stated having smoked at least one cigarette in their life. Daily tobacco use involves 30% of adults (33% of men and 27% of women) and declines significantly with age (see figure 5). For the entire population aged 18-75, the number of daily smokers increased between 2005 and 2010, from 28% to 30%.

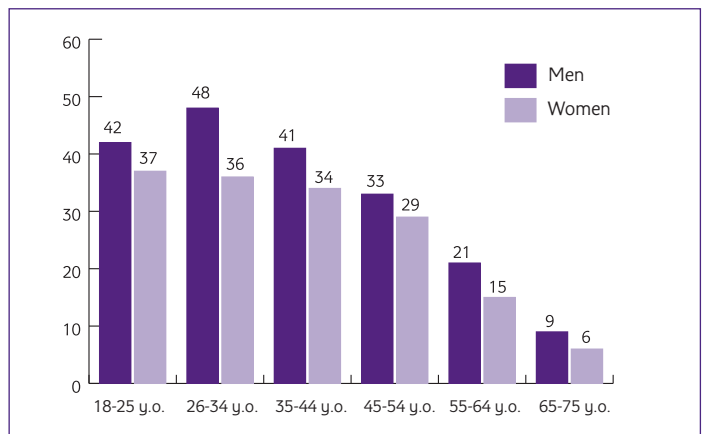
While the increase in the prevalence of daily tobacco use proved to be rather high among women aged 18-75 (from 23% to 27%), it did not appear to be significant in men. This increase was shown to vary considerably with age, with the increase especially

Figure 4 – AUDIT-C classification of drinkers according to age (in %)

Source: Baromètre santé 2010, INPES

evident in women aged 45 to 64 (+ 6 points), and relatively minor or even non-existent in the other age groups. This increase in tobacco use can be explained by the fact that the women of this generation were the first to really use tobacco, that they stop smoking less often than their elders, and that some started smoking again after having stopped. Finally, and more generally speaking, the anti-tobacco efforts between 2005 and 2010 focused more on second-hand smoke⁴ than between 2000 and 2005, a period characterised by sharp price increases.

As in 2005, there is a relatively important difference (12 points), in absolute terms, in daily tobacco use between men and women aged 26 to 34, probably related in part to pregnancy, and then to the presence of young children in households, both of which represent opportunities to give up tobacco use that are more willingly seized by women.

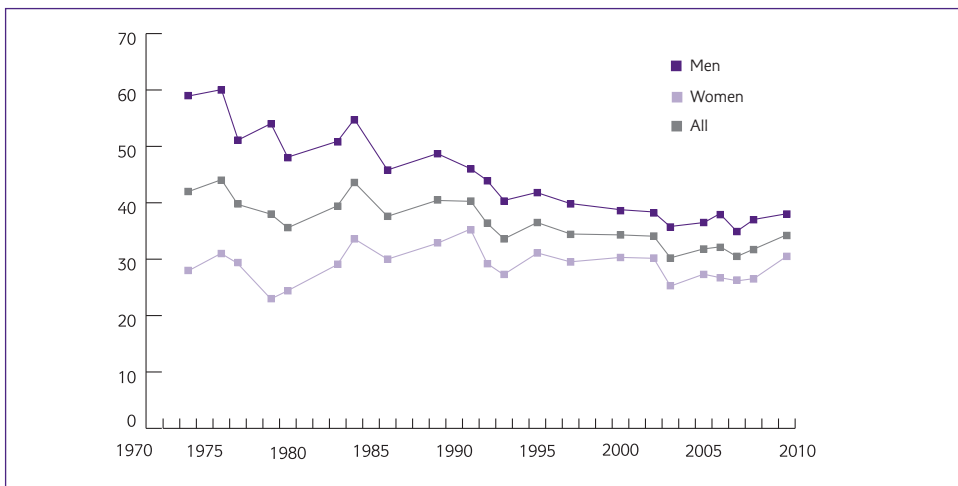
Figure 5 – Proportions of daily tobacco smokers, by age and sex (in %)

Source: Baromètre santé 2010, INPES

Regarding the quantities consumed, 69% of daily smokers, and men in particular (73% versus 65% of women), stated smoking at least ten cigarettes a day. These rates were

4. Decree 2006-1386 of 15 November 2006 relating to the conditions of application of the ban on smoking in public places. NOR SANX 0609703D, French OJ of 16 Nov. 2006.

Figure 6 – Trends in current tobacco use since 1970 by sex (in %)



Source: CFES and INPES surveys, 1974-2010

down compared to 2005. The average number of cigarettes or cigarette equivalents⁵ smoked daily by regular smokers aged 18 to 75 was 13.8, which was also clearly down compared to 2005 (15.3 cigarettes).

The time between waking and smoking the first cigarette is an indicator of the intensity of tobacco addiction. Of daily smokers, 15% stated smoking their first cigarette within five minutes of waking and 27% between 6 and 30 minutes of waking (15% and 25% respectively in 2005). The Fagerström short test⁶ (which considers both the time between waking and the first cigarette and the quantities smoked on average each day) revealed that 35 % of daily smokers displayed signs of moderate addiction and 18 % displayed signs of heavy addiction, compared with 34 % and 20 % respectively in 2005. This heavy addiction increased with age, up to 54 years, and diminished thereafter. Addiction more frequently affects men (20%) than women (17%).

5. When calculating the number of cigarettes smoked on a daily basis, smoking a cigar or a cigarillo is considered to be the same as smoking two cigarettes, and a pipe is considered to be the same as smoking five cigarettes.

6. The simplified Fagerström test is used to calculate the level of a smoker's tobacco addiction. It is designed around two questions on daily cigarette smoking and the time lapse between waking and smoking the first cigarette. Each response is given a score from 0 to 3: the higher the overall score, the more addicted the individual.

7. In 2010, the question was the following: "In the last twelve months, have you purchased, been offered or grown cannabis?" There can be more than one answer. It differs slightly from the 2005 question, which required the selection of the most frequently used of the three procurement methods. Although the two methods of questioning helped confirm the ranking of the procurement methods, the differences in questioning made the quantitative comparison of trends difficult.

8. A form of cocaine that can be smoked. Crack is obtained by adding bicarbonate or ammonia to the hydrochloride (powder) form of cocaine. Crack leads to quicker addiction than cocaine and causes compulsive use behaviours.

Illegal drugs

Cannabis

Cannabis is the most frequently consumed illegal substance in France. In 2010, of adults aged 18 to 64, approximately one third (33%) stated having consumed cannabis during their life. This experimentation takes place more often among men than women (41% versus 25%). Of people aged 18-64, current use (i.e. use in the last 12 months) affects 8% of them (11% of men and 5% of women), while the proportion of people having used the substance in the last month (recent users) reached 4% overall. This use pertains mainly to younger generations: 18 % of males and 9 % of females aged 18-25 are recent users (i.e., in the last month), 9 % and 4 % respectively are regular users (i.e., at least ten times in the last thirty days).

Even though experimentation rose from 29% to 33% for all age groups between 2005 and 2010, cannabis use was shown to be stable (see figure 8). In fact, the slight increase observed is due to a "stock" effect as the number of former generations of smokers yearly sediments, in so far as the other forms of use appear to be stable. The proportion of individuals who have experimented with cannabis peaked between 26 and 34 years of age in men (64%), and declined to 13% between 55 and 64 years of age. The proportion of women experimenting with cannabis was approximately 40% between 18 and 34 years of age, and declined to 7% between 55 and 64 years of age. Current cannabis use chiefly concerned the youngest age groups (23% of people aged 18 to 25), and this number declined with age to reach nearly zero in the 55 to 64 age group (see figure 7).

Methods for procuring cannabis

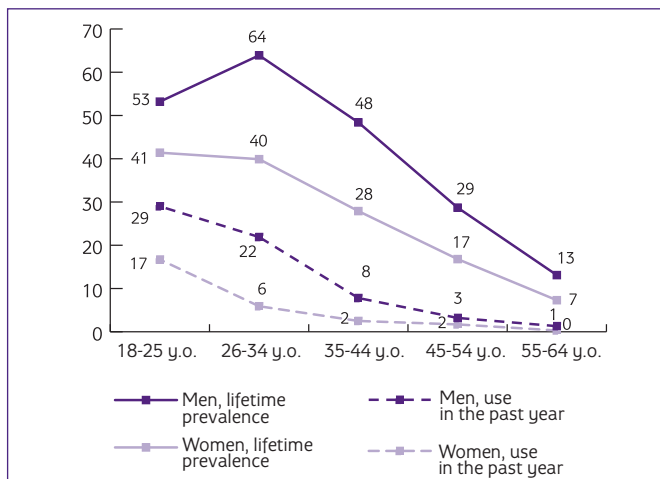
In 2010, among those who smoked cannabis in the last year, multiple methods of procurement were revealed. In fact, although half of the people surveyed revealed a single source, 35% of smokers reported at least two different sources, namely "purchasing" and "receiving for free". As in 2005, most people received their cannabis for free⁷ (71%), with purchased cannabis far behind (27%), while home-grown cannabis remained marginal (2%). Finally, a non-negligible portion (14%) of smokers was unable to specify their method of acquisition. These were mainly the least-intensive smokers who apparently only smoked when the occasion presented itself.

Overall, men more often than women purchased cannabis (52% vs. 36%) and grew cannabis at home (7% vs. 3%), while there was no difference between men and women with regard to cannabis received for free. Moreover, the methods of procurement clearly changed depending on the intensity of use. Hence, exclusively purchasing cannabis concerned more than one out of every four daily smokers, but not even one out of every ten of the least-intensive smokers (smoking less than once a month). Regarding home-grown cannabis, 11% of daily users supplied themselves this way, and 1% of daily users consumed home-grown cannabis exclusively. It is among those people who least frequently used the substance in the last month (i.e., those who stated having used it fewer than 10 times in the last month) that "exclusively home-grown" procurement seemed to be the highest. It is probable that, contrary to regular or daily users, it is easier for them to supply themselves entirely with what they grow themselves.

Cocaine

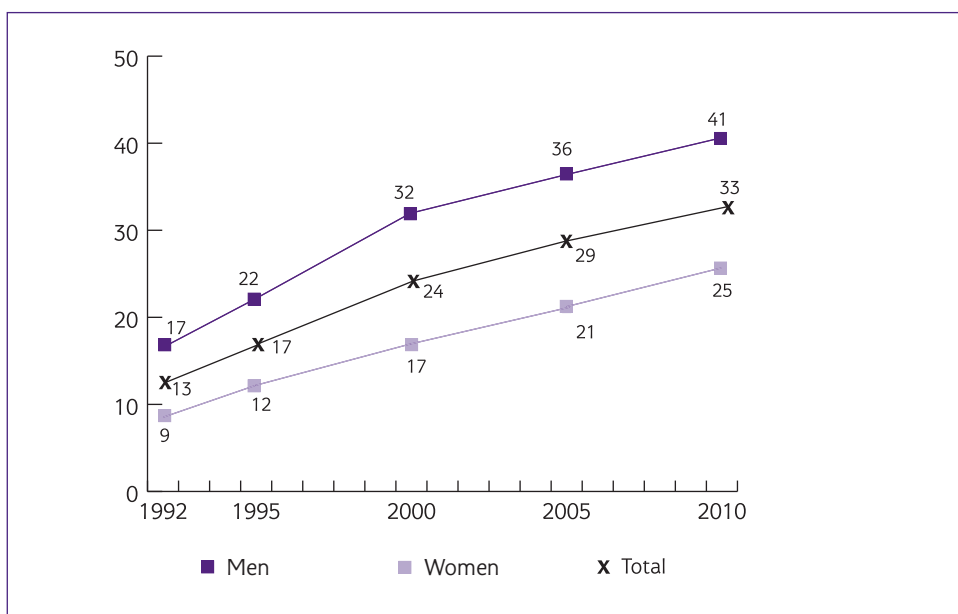
Since the early 90s, stimulant substances, whether cocaine or other synthetic drugs (e.g., ecstasy, amphetamines), have become increasingly available in France. It was also during the 90s that there was an observed emergence and relative spreading of the base form⁸ of cocaine, known as crack, use of which remains very rare and localised.

Figure 7 – Proportion of lifetime users of cannabis and users in the past year, by sex and age (in %)



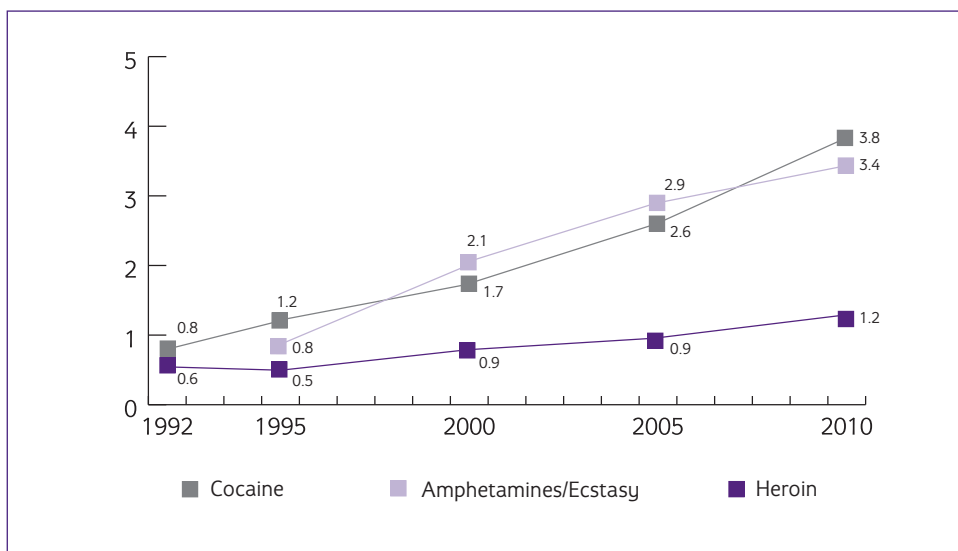
Source: Baromètre santé 2010, INPES

Figure 8 – Trends between 1992 and 2010 in the proportion of people aged 18-64 who have used cannabis at least once in their life, by sex (in %)



Sources: Baromètres santé 1992, 1995, 2000, 2005, 2010, INPES

Figure 9 – Trends between 1992 and 2010 in lifetime use with the other main drugs by people aged 18-64 (in %)



Sources: Baromètres santé 1992, 1995, 2000, 2005, 2010, INPES

Table 3 – Use in the last year of illegal drugs other than cannabis, by age of surveyed people among 18- to 64-year-olds (in %)

	All n = 21,818	18-25	26-34	35-44	45-54	55-64	Men n = 9,866	Women n = 11,952
		y.o.	y.o.	y.o.	y.o.	y.o.		
Poppers	0.8	2.9	1.0	0.3	0.4	0.1	1.1	0.5
Cocaine	0.9	2.5	1.8	0.6	0.2	0.0	1.4	0.4
Hall. mushrooms	0.2	0.9	0.3	0.1	0.1	0.0	0.4	0.1
Ecstasy/MDMA	0.3	1.1	0.6	0.2	0.0	0.0	0.5	0.2
Glues & solvents	0.4	1.3	0.5	0.2	0.1	0.1	0.6	0.2
LSD	0.2	0.6	0.2	0.0	0.0	0.0	0.2	0.1
Amphetamines	0.2	0.7	0.3	0.1	0.0	0.2	0.3	0.1
Heroin	0.2	0.6	0.5	0.1	0.1	0.0	0.4	0.1

Source: Baromètre santé 2010, INPES

Poppers

Poppers have a special status among drugs. Poppers containing pentyl or butyl nitrites are illegal in France and have been classified as narcotics since 1990. Others, which are not mentioned in the prohibitory decree (amyl or propyl nitrite, for example), are not regulated and are still available for sale. Although a decree banned their use in November 2007, the decree was quashed by the Conseil d'État (Council of State) in May 2009.

After alcohol, tobacco and cannabis, poppers, which exist as small bottles for inhalation, are the substances most frequently experimented with: 5.3% of people aged 18 to 64 stated having used it at least once during their lives – this number was 3.9% in 2005. Men more frequently experiment with this drug than women (7 % vs. 3 % respectively), and experimentation peaks among 18- to 25-year-olds (11 % vs. 5.5 % in 2005). Likewise, current use is on the rise, increasing from 0.6% in 2005 to 0.8% in 2010, and the rise is more marked in young men.

Cocaine is experimented with by 3.8% of people aged 18-64 (0.9% of the population had used it in the last year), and is ranked the second most frequently used illegal drug, far behind cannabis and legal psychotropic substances. Increasingly widespread use is nevertheless very evident, indicating that a product that was historically used by the more wealthy has over the past few years become a product that is more readily available in society. Like experimentation, current use concerned approximately three times as many men as women.

As evidence for generational differences, the proportion of lifetime users of cocaine appears to peak in 26- to 34-year-olds (8% of all people, 11% men and 4% women), whereas fewer people from older generations have experimented with this drug.

Use of the substance during the last year chiefly concerned 18- to 25-year-olds (2.5% overall, 3.7% men and 1.3% women), and this figure declined to nearly zero starting at the age of 55.

The proportion of people aged 18-64 who had experimented with cocaine increased threefold in two decades (from 1.2% in 1992 to 3.8% in 2010), and practically increased by 50% between the last two Baromètre santé surveys. In 2010, all age groups under 50 had new people experimenting with cocaine. Beyond the age of 50, it is the aging of users that increases the rate of experimentation. In 2000, 0.2% of the people aged 18-64 had used it in the last year. This rose to 0.6% in 2005 and 0.9% in 2010.

Other drugs

The use of the other illegal drugs remained marginal for the entire population aged 18-64. Lifetime prevalence of hallucinogenic

mushrooms in 2010 stood at 3.2% of those surveyed (4.9% of men, 1.6% of women) and current use is 0.2%. The levels of experimentation for synthetic substances like ecstasy or amphetamines were 2.7% and 1.7% respectively. The prevalence of heroin experimentation was 1.2% for all people aged 18-64 (1.9% in men vs. 0.6% in women).

Experimentation with hallucinogenic mushrooms appears to have increased slightly for men and women, but current use has been shown to be stable. The proportion of people experimenting with heroin also increased significantly (from 0.9% to 1.2%). Finally, current use of ecstasy (in tablet or powder form) is falling, even though the use of this product continues to become more widespread in the population.

Conclusion

The major trends revealed in psychoactive substance use appear to be rather divergent. For legal substances, the results reveal a very significant decrease in the daily consumption of alcoholic beverages for both men and women. This follows the trend ob-

served over the past few decades. There was also a stabilisation in the levels of more episodic drinking. However, there was a significant increase observed in high risk consumption (especially episodic high risk consumption) and a significant increase in the number of drunken episodes for men and women. These increases were particularly marked for men aged 18-34 and for women aged 18-25.

The percentage of daily cigarette smokers was higher than in 2005, and especially in women aged 45 to 65. However, the percentage of people smoking more than 10 cigarettes per day was on the decline.

Regarding illegal substances, the data revealed an overall stabilisation of the current levels of cannabis use, since the increase in cannabis experimentation systematically accrues by the number of new first time user. Of the more rarely used substances, a significant increase was recorded in experimentation and current use for poppers and cocaine. Finally, there was an observed significant increase in heroin experimentation as well as a slight increase in hallucinogenic mushroom experimentation while, in contrast, current ecstasy use seems to be falling.

Since the early 90s, the *Institut national de prévention et d'éducation pour la santé* (INPES, the French National Institute for Prevention and Health Education), has been conducting, in cooperation with many institutions, a series of surveys called *Baromètre santé*, which examine the various behaviours and attitudes that the French have regarding health. These surveys are random and two-tiered (household then individual), and are conducted using a computer-assisted telephone interview (CATI) system. The 2010 survey, entrusted to the GfK-ISL institute, took place from 22 October 2009 to 3 July 2010. The telephone numbers were generated at random using French area codes from 01 to 05 ("geographic zones"), which allowed ex-directory numbers to be surveyed. The reverse phone book was used to find an address and send a letter to households with directory-listed numbers (those with ex-directory numbers received the letter after the call). This letter emphasized the importance of the study in order to limit the number of refusals to respond. If households did not answer or if calls went unanswered, the numbers were automatically redialled up to forty times at different times of the day and on different days of the week. Investigators hung up after eight rings. To be eligible, a household had to have at least one person in the age range under consideration (15 to 85 for the *Baromètre santé* 2010) and speak French. Individuals were selected at random from among the eligible members of the household. If unavailable, a telephone session was suggested. In the event of a refusal to participate, the planned interview was abandoned without replacement. Anonymity and confidentiality were guaranteed by erasing telephone numbers, which also helped create an anonymous file that met the criteria of the French *Commission nationale informatique et liberté* (CNIL, the French Data Protection Authority).

In 2010, as in 2005, to offset the phenomenon of landlines being replaced with mobile phones for part of the population with special characteristics in terms of health behaviour, a sample of 2,944 individuals from households that could only be reached by mobile phone was questioned in addition to the 23,605 individuals with a landline and a geographical zone telephone number at their home. Furthermore, 1,104 individuals with a landline who were only reachable through a number starting with 08 or 09 (approximately 3% of households) were questioned using their mobile telephone number, which helped improve the representativeness of the sample. In total, the sample comprised 27,653 individuals. The rate of refusal was approximately 40% for both the mobile telephone and landline samples. The questionnaire lasted thirty-two minutes on average.

The data were weighted using the number of eligible individuals and telephone lines in the household (in particular to offset the fact that an individual in a large household had a smaller chance of being randomly chosen) and aligned with the most recent national INSEE (*Institut national de la statistique et des études économiques*, the French National Institute of Statistics and Economic Studies) reference data, i.e., the 2008 employment survey for *Baromètre santé* 2010 and the 2005 employment survey for *Baromètre santé* 2005. Calibration considered gender, age group, region of residence, size of town or city, education level and telephone equipment. Finally, since people over the age of 75 were not questioned in previous versions of the *Baromètre santé* surveys, the trends only concerned people aged 18-75. The drug questionnaire was designed in partnership with the OFDT, which exploits the data, in cooperation with the INPES.

References

- Herring (R.), Berridge (V.), Thom (B.), « Binge drinking: an exploration of a confused concept », *Journal of Epidemiology and Community Health*, 2008, 62 : n° 6 476-479.
- Beck (F.), Guilbert (P.), Gautier (A.) (dir.), *Baromètre santé 2005, attitudes et comportements de santé*, INPES, Saint-Denis, 2007, 608 p.
- Beck (F.), Guignard (R.), Richard (J.-B.), Wilquin (J.-L.), Peretti-Watel (P.), « Augmentation récente du tabagisme en France : principaux résultats du Baromètre santé, France, 2010 », *BEH*, n° 21-22, numéro spécial Journée mondiale sans tabac, 31 mai 2011, 230-233.
- Saunders (J.B.), Aasland (O.G.), Babor (T.F.), de la Fuente (J.R.), Grant (M.), « Development of the Alcohol Use Disorders Identification Test (Audit): WHO Collaborative Project on Early Detection of Persons with Harmful Alcohol Consumption-II », *Addiction*, 1993 ; 88(6) : 791-804.
- Bush (K.), Kivlahan (D.R.), McDonnell (M.B.), Fihn (S.D.), Bradley (K.A.), « The AUDIT alcohol consumption questions (AUDIT-C): an effective brief screening test for problem drinking. Ambulatory Care Quality Improvement Project (ACQUIP). Alcohol Use Disorders Identification Test », *Archives of Internal Medicine*, 1998 September 14; 158 (16):1789-95.
- European monitoring centre for drugs and drug addiction (EMCDDA), 2010 Annual report on the state of the drugs problem in Europe, Luxembourg, Publications Office of the European Union, 2010, 114 p.
- Beck (F.), Legleye (S.), Spilka (S.), Briffault (X.), Gautier (A.), Lamboy (B.), Leon (C.), Wilquin (J.-L.), « Les niveaux d'usage des drogues en France en 2005, exploitation des données du Baromètre santé 2005 », *Tendances*, 2006 ; n° 48, 6 p.
- Costes (J.M.) (Dir.), *Les usages de drogues illicites en France depuis 1999 vus au travers du dispositif TREND*, Saint-Denis, OFDT, 2010, 194 p.
- Beck (F.), Gautier (A.), Guignard (R.), Richard (J.-B.), « Une méthode de prise en compte du dégroupage total dans le plan de sondage des enquêtes téléphoniques auprès des ménages », in Lavallée (P.), *Méthodes d'enquêtes et sondages en Europe, Afrique, et Amérique du Nord*, Dunod, Collection « Sciences Sup », Paris, 2011, à paraître.

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