

CAARUD: client profiles and practices in 2008

The results of the second ENa-CAARUD French national survey on drug users visiting low-threshold CAARUD structures.

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The status of CAARUD (Support Centres for the Reduction of Drug-related Harms), defined by the 9 August 2004 French Public Health Policy act, has been accessible since 2006 to structures (e.g., "drop-in", needle exchange programmes, street teams and mediation teams) that carry out drug-related harm reduction missions¹. Harm reduction aims at limiting the impact of drug use (especially viral infections), providing information on the risks related to different substances and practices, promoting access to treatment, social entitlements and acceptable living conditions, without first requiring users to stop using drugs.

French CAARUDs mainly admit drug users who, although they can be followed up by healthcare system services (whether or not specialised in addictology), tend to have, on average, more uncontrolled addiction than users in general and live in more unstable social situations.

In order to acquire monitoring indicators for the characteristics of treated drug users and help improve the responses of professionals and authorities to the changing needs of this population, the National Health Directorate (DGS) announced, in its 2 January 2006 circular, a biennial national survey of treated drug users. The survey is called "ENa-CAARUD".

This issue of *Tendances* presents the main results of the second edition of this survey, which was conducted in 2008. These results will be presented in their entirety in a future report.

Methodology

All of the drug users admitted in a centre or encountered by a mobile team from 24 to 30 November 2008 were surveyed by professionals (e.g., social workers, educational officers, or nurses) who were assigned to this task preferably for the entire survey week. Information was gathered through anonymous questionnaires in 128 CAARUD centres, i.e., nearly all of them. During the process, 4,737 questionnaires were completed or considered "non-responder" questionnaires², representing slightly less than 10% of the annual, total CAARUD treatment base (number of subjects seen at least once during the reference period), which was estimated to be 56,000 people in 2007. After eliminating double counts or suspected double counts, the questionnaires completed outside of the survey period and the "non-responder" questionnaires, 3,138 individuals were included in the analysis. The overall response rate was 72.8%. The two main reasons for not completing the questionnaire were a lack of time on the part of the investigator (40.4%) and the client's refusal (38.0%).

Since several of the questions had changed since the first survey in 2006 [1] (particularly questions on substances used), the 2008 information could not systematically be compared to the 2006 data.

¹ Missions stipulated in a 14 April 2005 French Health Ministry decree, which was completed by the 2 January 2006 circular of the National Health Directorate (DGS).

² A "non-responder" box helped to quantify and provide a minimum of information on the users who did not complete the questionnaire.

Results

One out of every six men now over the age of 45 (in 2008)

The average age of clients was 34.1, a slight increase compared to 2006 (33.4 years of age) due to a fringe group of ageing consumers. Hence, one out of every two clients was 35 or over (48.8%)³ and the proportion of clients over 45 continued to rise, increasing from 9.6% in 2006 to 13.9% in 2008 ($p < 0.01$). This change was especially marked in men, for whom these percentages rose from 10.1% to 15.1% respectively ($p < 0.01$). However, the arrival of new generations whose representativeness did not drop partially compensates for this phenomenon.

The average age of women was still significantly lower (30.7) than for men (35.1) because their numbers were proportionally higher in the younger age groups (31.8% of women were under the age of 25 vs. 14.4% of men). Subsequently, under the age of 25, women represented 38% of users and under the age of 20, men and women were represented in equal proportions. The percentage of men varied little over the years, remaining close to 80% (78.3%).

Table 1 – Detailed breakdown of the three levels of CAARUDs' clients instability according to the variables used in the classification, 2008

	Minimally unstable	Moderately unstable	Highly unstable	Total (of provided data only)
Healthcare cover				N = 3115
Social security cover with or without supplemental insurance	65.1%	26.3%	0.0%	31.3%
Social security cover with CMU (Universal Medical Coverage) or ALD (Long Duration Disease)	34.9%	73.7%	0.0%	56.5%
No coverage (except AME, State Medical Assistance)	0.0%	0.0%	57.1%	7.5%
Not provided or other	0.0%	0.0%	42.9%	4.8%
Housing				N = 3068
Long-term (independent or with friends/family)	67.0%	42.6%	19.0%	46.7%
In an institution or temporarily with friends/family	20.2%	25.5%	23.9%	24.8%
Homeless/squatter ⁴	11.0%	29.4%	55.7%	28.6%
Not provided	1.8%	2.5%	1.5%	-
Source of income				N = 3082
Employment or unemployment benefits	97.9%	0.0%	7.9%	21.8%
Welfare / From a third party	0.0%	75.5%	14.3%	52.8%
Other resources (illegal or unofficial) and no income	0.0%	23.3%	73.9%	25.4%
Not provided	2.1%	1.3%	3.9%	-

Interpretation: columnar percentages - 65.1% of CAARUD users classified as living in "minimally unstable conditions" have French national health coverage or supplemental insurance.

Source: ENa-CAARUD 2008 / OFDT, DGS

³ Under 25 years of age: 18.2% (M: 14.4%, F: 31.8%), 25-34 years old: 33.0% (M: 32.5%, F: 34.9%), 35 and over: 48.8% (M: 53.3%, F: 33.3%).

⁴ The "minimally unstable" classification for homeless people or squatters may apply to poor workers who have employment or receive unemployment benefits, but cannot obtain housing, or may concern some people who are voluntarily squatting (artistic squats, for example) within the scope of a counter-culture lifestyle.

Eight out of ten clients are in a highly unstable social situation

Based on a synthetic variable of socioeconomic instability⁵ [Table 1], we can consider that 79.2% of CAARUD clients were in a moderately or highly unstable situation⁶. Approximately half of the clients (49.3%) did not have stable housing⁷. Nearly one out of every three clients was homeless or was a squatter (29.6%). The proportion of squatters tended to drop after the age of 34, while the proportion of homeless clients did not diminish with age; on the contrary, the number of homeless clients increased with age.

Few clients who answered the questionnaire had no social coverage (4.6%). Some benefited from State Medical Assistance (AME) granted to foreigners without health coverage. Half of the users depended on the general social security system through France's CMU (free health care for people on low incomes), which is consistent with the minimal access this population has to employment. The younger the users, the more of them there were in the extreme groups (mainly in the "minimally unstable" group, but also in the "highly unstable" group), although the majority were in the "moderately unstable" group.

Clients in a highly unstable social situation: an unequally distributed minority

Clients in the "minimally unstable social situation" group had social cover. The majority had long-term housing and were not disconnected from the world of work (i.e., they were either working or collecting unemployment benefits).

The "moderately unstable social situation" group also had social cover (CMU, i.e. free health care for people on low incomes) for the most part, but did not have income generated through employment.

The clients who were in "highly unstable" situations had no social cover whatsoever (or only had AME, i.e. state medical aid allowance) and were homeless or squatting for the most part; over seven out of ten highly unstable clients did not have any official income. The clients in highly unstable social situations were much more present in the Paris region than the rest of France (20.7% vs. 8.9% respectively) and included one out of every four drug users in inner Paris. Furthermore, 44.4% of the 124 clients encountered in the French Antilles were classified as being in highly unstable social situations.

In addition to the characteristics that were used to determine the groups, these clients in highly unstable social situations differed on average from the other drug users for several items⁸: nearly half of them did not have proper identity documents (no proper ID papers: 33% vs. 1.3% for the other groups, lost documents or documents that needed to be redone: 14.3% vs. 4.2%); one quarter of them lived with "friends" (25.9% vs. 11.6%); 21.7% had not gone beyond primary school vs. 11.4%; they had been more frequently incarcerated than others in the past year (22.4% vs. 16.7%); they had gone to addictology centres less frequently (34.2% had had at least one consultation in the past year vs. 45.0%) and the majority had not received substitution treatment (60.8% vs. 11.4%); fewer of them had used needles (47.8% vs. 63.9%) due mainly to the fact that one out of every three people in this group used crack (33.0% vs. 14.4%). However, when these highly unstable users did inject, more of them shared at least one injection equipment item (36.1% vs. 23.7%) and they were nearly twice as likely (all other things being equal) to state that they were hepatitis C positive than the users in minimally unstable social situations.

⁵ Variable resulting from an ascending hierarchical classification based on the following variables: "social cover", "housing", "resources". For further information, please see the report.

⁶ Understanding that these categories are defined for the study population and not for the general population. In a classification method adapted to the general population, a large majority of CAARUD clients would probably be considered as living in highly unstable social conditions.

⁷ They cannot remain for six consecutive months in an institution, are living with a friend or family member's, are homeless or are squatting.

⁸ All of the differences mentioned here are significant with $p < 0.01$.

Use: cannabis, opioids, alcohol... and polydrug use

The substances used in the previous month for the large majority of drug users surveyed in 2008 [Table 2] were cannabis, alcohol and opioids (taken as a whole). Of the CAARUD clients, 2.8% stated not having used any substances and 12.1% stated having used only one substance in the previous month. The most frequently used single substance was alcohol (for 3.9% of all users) or cannabis (3.3%). On average, the users who declared substance use in the previous month had used 3.8 different substances (including alcohol and cannabis). Of the drug users who had used at least one substance other than alcohol or cannabis, the percentage of polydrug use was 72.8%. Briefly, the younger and more provincial, and the more attracted the drug users were to substances typically associated with the alternative "party" setting (stimulants, hallucinogens), the more they were polydrug users.

Table 2 - Prevalence of use in the past month among CAARUD clients, 2008

	N	Proportion of users (%)
Cannabis	2,247	71.8
Alcohol	1,968	62.9
Opioids	2,152	68.8
HDB	1,264	40.4
Heroin	921	29.4
Methadone	740	23.6
Morphine sulphates	463	14.8
Stimulants	1,611	51.5
Powder cocaine/Freebase*	1,138	36.4
Crack*	521	16.6
Amphetamines (speed)	441	14.1
MDMA, Ecstasy	333	10.6
Hallucinogens	519	16.6
Ketamine	231	7.4
Hallucinogenic plants	269	8.6
LSD, acids	328	10.5
Benzodiazepines	874	27.9

* It was decided here to differentiate between cocaine purchased in powder form, whether or not it is subsequently turned into freebase cocaine, and cocaine purchased directly in crack form.

Source: ENa-CAARUD 2008 / OFDT, DGS

Cocaine, crack and freebase

Cocaine circulates in two chemical forms: hydrochloride form (powder) or base form (called "crack", if purchased in base form, and called "freebase" if "freebased" – converted from cocaine hydrochloride to its base form for smoking- after purchase). Cocaine (in all forms) was used by 45.7% of the CAARUD clients, but 36.4% of the clients purchased powder cocaine and 16.6% purchased crack cocaine⁹. Of the powder cocaine buyers, 23.4%, or 8.5% of all CAARUD clients, had used freebase. Freebased cocaine (purchase of crack or freebasing after purchase) was therefore used by 21.9% of all users. We will note that, even though crack had been recently used by 4.5% of users in provincial mainland France, 45.9% of Greater Paris users had recently used it and 84.9% of Antilles survey participants.

⁹ Briefly, and despite a division that has become blurry, crack was purchased by highly unstable populations, which were mainly concentrated in Northeast Greater Paris and in the French Antilles. The freebasing of cocaine purchased in powder form mostly concerned cocaine users in the festive environment [2].

The most problematic substances: HDB still at the top of the list

Each surveyed user was asked to identify the substance used in the past 30 days that, according to the user in question, caused him the most problems (primary drug). The most frequently mentioned substance was HDB (high dose buprenorphine, whether taken as a treatment or not) [Table 3]. In nearly one out of every two cases, the users mentioned an opioid. However, nearly one out of every five CAARUD clients thought that alcohol was the substance that caused them the most problems. The results cannot be compared to those of 2006, since at that time, the health professionals' point of view (and not that of the users) was recorded.

Table 3 - The most problematic substances (primary drug), as mentioned by the users themselves

	In % of all users N=2,600	In % of users of a substance
Opioids	43.5%	60.7%
Buprenorphine	21.6%	53.6%
Heroin	12.6%	43.0%
Morphine sulphate	6.1%	41.2%
Methadone	3.1%	13.1%
Codeine	0.1%	
Stimulants	16.1%	31.4%
Cocaine	7.7%	21.2%
Crack	7.3%	44.0%
Amphetamines	0.8%	5.7%
Ecstasy	0.3%	2.8%
Hallucinogens	1.0%	6.0%
Plants/Hallucinogenic mushrooms	0.4%	4.7%
LSD	0.3%	2.9%
Ketamine	0.3%	4.1%
Medicines	3.3%	
Benzodiazepines	3.0%	10.8%
Other medicines	0.3%	-
Alcohol	18.7%	29.8%
Cannabis	7.5%	10.5%
All	0.1%	-
Others	0.9%	-
None	8.3%	
Don't know	0.5%	-
All	100.0%	

One mention per user.

Interpretation: 21.6% of CAARUD clients mentioned buprenorphine as being the most problematic substance for them. 53.6% of buprenorphine users thought that it was the most problematic substance for them.

Source: ENa-CAARUD 2008 / OFDT, DGS

The proportion of recent users of a particular substance who considered that substance to be the most problematic one for them [Table 3, second column] provides some insight into the perceived dangerousness of the substances by the users. Hence, more than half of the HDB users considered that substance to be the one that was most problematic for them. Although HDB remained at the top of the list, it shared the top ranking with two other

opioids - heroin and morphine sulphate - and crack. All of these substances were considered to be the most problematic by almost one out of every two persons using them. Alcohol was considered to be the most problematic by one out of every three alcohol drinkers and cocaine by one out of every five cocaine users. In contrast, methadone's position contrasted sharply with that of the other opioids.

The number of injectors decreased, but is still high

In 2008, 64.4% of CAARUD clients had injected at least once in their life, which was slightly lower than in 2006 (68.7%). The average age at first injection was around 20.7 years (median 20 years) and did not vary. More than one out of every 10 injectors (11.2%) was not yet 16 at the age of first injection, and 42.4% of injectors were already doing so by the age of 18.

A recent injection (in the last month) had been performed by 46.2% of users, which is lower than the 2006 value (50.2%). Injection was frequently used to take opioids (with the exception of methadone) and cocaine (injected by more than half of cocaine users) as well as ketamine and amphetamines (4 out of 10 users inject them) [Table 4].

Table 4 - Routes of administration of substances used by CAARUD clients during the month preceding the interview, 2008

	N	injected	orally	sniffed	inhaled, smoked
Moscontin / Skenan	463	87.3%	9.6%	8.0%	0.5%
Heroin	921	63.6%	0.5%	42.0%	24.2%
Buprenorphine, Subutex	1,264	56.4%	44.1%	18.4%	4.3%
Cocaine or Freebase	1,138	53.3%	1.3%	42.1%	23.3%
Ketamine	231	39.4%	6.9%	66.1%	2.3%
Amphetamines (speed)	441	38.8%	28.1%	52.4%	3.3%
MDMA, Ecstasy	333	13.9%	81.0%	22.0%	3.1%
Crack	521	8.3%	0.5%	1.8%	95.5%
Benzodiazepines	874	7.3%	93.5%	2.1%	1.3%
Methadone	740	2.5%	97.4%	0.6%	0.8%
Hallucinogenic plants	269	2.0%	91.0%	1.6%	9.4%
LSD, Acids	328	0.3%	98.0%	1.4%	1.0%
Cannabis	2,247	0.2%	1.9%	0.3%	98.5%

Notes: 1/ Several routes of administration may be used by a user for the same substance. Consequently, the total percentages per substance may exceed 100%.

2/ The substances are listed according to the injection usage frequency

Source: ENa-CAARUD 2008 / OFDT, DGS

Equipment sharing on the rise

Of recent injectors, 24.9% said that they had shared at least one injection equipment item in the preceding month (9.3% the syringe, 17.9% the preparation receptacle, 14.3% the filter, 16.7% the preparation water and 10.1% the rinsing water). These results were all higher than the estimated equipment sharing rates in 2006, although only the differences pertaining to sharing preparation water and at least one item of equipment were statistically significant [1, 3]. It would appear that these sharing practices were more prevalent among women and were increasingly frequent the younger they were and the more unstable their

social situation. Like in 2006, logistical regression analysis showed that, depending on the piece of equipment concerned, recent injectors under the age of 25 were two to three times more likely to share than those aged 35 or older¹⁰. For identical ages and instability, women were approximately twice as likely to share their injection equipment as men. Finally, equipment sharing also increased with the level of instability, but the relative risk only appeared to be significant for sharing rinsing water, the receptacle, and the filters, which were shared twice as often among users in highly unstable social situations than among those in minimally unstable situations.

Of the 887 CAARUD clients surveyed in 2008 who had sniffed recently, 29.6% had shared a straw in the last month. For smoking, excluding cannabis smoking¹¹, (N = 769), half of the users had shared their material in the last 30 days (52.8%). Finally, one quarter of users (24%) had shared a sharp utensil (to cut a product or open a package) while consuming, and such tools can be sources of contamination if they injure users.

Screening on the rise, but not performed with sufficient regularity

In 2008, only 12.8% of CAARUD clients had never had HIV testing and 16.2% had never had HCV testing. These data demonstrated a significant decrease since 2006, when they were 15.6% and 18.6% respectively. If we consider injectors only, whether current or past injectors, only 8.9% had never had hepatitis C testing and only 7.7% had never had HIV testing.

However, if high-risk behaviour persists after screening, the screening tests rapidly become obsolete. In fact, in more than half of the people who had had a negative result, the result was at least 6 months old (HIV 59.9%, HCV 56.9%). It would even seem that in recent injectors, who are most at risk, the number of tests that were over a year old was higher (33.9% vs. 29.7% for HIV, and 30.4% vs. 27.6% for HCV).

Towards a decrease in hepatitis C prevalence?

The stated prevalence of HIV infection in 2008 in the CAARUD population was 6.3%. A comparison of the 2006 and 2008 data shows a continued decrease in the prevalence of HIV infection in drug users, although the decrease is not significant. The situation is similar in people who had already injected (from 8.7% in 2006 to 7.7% in 2008).

The prevalence of declared hepatitis C seropositivity in people who had injected at least once in their life was approximately 40.0%¹² in 2008. This value was significantly lower ($p < 0.01$) than the value measured in 2006 [Table 5]. Although this result alone does not mean that there has been a drop in the infection rate, particularly because we are talking about *stated* seropositivity and because the CAARUD population may have changed in two years, it is part of a set of data that, by and large, indicates a decrease in the seropositivity rate [4-5].

¹⁰ With the exception of cotton or filters.

¹¹ Most often smoked in joints, hence, without pipes.

¹² For all CAARUD clients, the level of reported hepatitis C seropositivity was 29.0% in 2008 versus 35.1% in 2006 (2008 standardised on the 2006 age: 26.3%).

Table 5 - Prevalence of positive declared infection by hepatitis C in CAARUD injectors in 2006 and 2008

	2006 N = 1,681	2008 N = 1,630
< 25 years old	22.5%	14.3%
25-34 years old	44.4%	29.2%
> 35 years old	58.7%	53.7%
Altogether	47.2%	40.0%
2008 standardised on the 2006 age		36.5%

Note: $p < 0.05$ for all age groups

Source: ENACAARUD 2006 and 2008, OFDT/DGS

Opioid substitution treatments (OST)

More than half (56.3%) of CAARUD clients stated that they were receiving substitution treatments (by prescription and under medical supervision). The majority of these users (57.4%) were receiving HDB, but the proportion of methadone (34.8%) seemed to be higher than the estimates performed on the entire substitution population (between one out of four and one out of 5) [5-7]. A minority (6.3%) was receiving morphine sulphate.

Of those people who had recently used HDB, 74.1% stated receiving it as substitution treatment, 6.1% stated being treated with another opioid, and 18.4% stated not being under OST. Proportionally, the situation was more or less the same for methadone, with which 74.3% of recent users stated being under supervised medical treatment, 11.1% stated receiving another substitution treatment, and 14.2% stated not being under OST. However, only 20.7% of morphine users stated that they were receiving morphine as a treatment. Regarding polydrug use, methadone and HDB were also in the same situation since patients who were receiving either treatment stated that they had used an average of 4.2 different substances¹³ in the previous month, starting with cocaine and heroin.

The large majority of users (nine out of ten) who stated being under OST took the prescribed medication on a daily basis. Regarding the usage method, these data once again confirmed the large proportion of HDB injection in this population of active users, including for users who stated being medically supervised (58.0%); methadone was not subject to this kind of misuse. This is probably one of the reasons why HDB is on the top of the list of substances that are problematic to users.

Conclusion

There were several apparently paradoxical trends regarding the infection issue. Subsequently, injection equipment sharing, especially among younger groups, is on the rise and although screening is becoming more frequent, it is still rarely performed on a regular basis. Nevertheless, these data, although declarative, suggest, as other surveys do, the beginning of a decrease in hepatitis C among injectors [4]. Moreover, the study

¹³ Including alcohol and cannabis.

quantitatively confirms the general trends in drug use. In a context of ageing users, new generations are arriving in the CAARUDs, and they are either more socially integrated or more socially unstable than their older predecessors. These people are often female, use a wider array of substances, especially those typically associated with the alternative "party" setting, and when they inject, they more frequently share their equipment.

Finally, there are marked differences between the Paris region and the rest of France. The drug users who were closer to the capital were older and in much more precarious situations on average than those in provincial France. The latter seemed to resort to more polydrug use with a "party goers" consumption profile. There was a striking difference for crack: 43% of Greater Paris drug users had used crack recently, compared to less than 5% of provincial drug users.

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