



In France, the Interministerial mission for the fight against drugs and drug addiction (MILDT - Mission Interministérielle de Lutte contre la Drogue et la Toxicomanie) is responsible for co-ordinating government action in the domain of prevention, health and social care, law enforcement, training, communication, research and international exchanges; the MILDT reports to the Prime Minister.

The MILDT's field of action today covers all illegal drugs in addition to alcohol and tobacco abuse and addiction.

In order to have access to reliable data and the clearest possible overview of consumption levels, treatments, health-related or social consequences and trafficking, the MILDT draws heavily upon the work carried out and the data gathered by a public interest group, the French monitoring centre for drugs and drugs addiction (OFDT - Observatoire français des drogues et des toxicomanies).

This document, produced by the OFDT, provides the most recent and relevant figures in order to measure drug-related phenomena.

The first part gives the framework data and definitions concerning the number of users for each of the various substances. Key data is then presented for each substance in turn.

Estimates of the number of consumers of psychoactive substances in metropolitan France, among 12-75 year olds [1, 2, 3]

	Illegal substances				Legal substances	
	Cannabis	Cocaine	Ecstasy	Heroin	Alcohol	Tobacco
Life time users	12.4 M	1.1 M	900,000	360,000	42.5 M	34.8 M
including last year users	3.9 M	250,000	200,000	//	39.4 M	14.9 M
including regular users	1.2 M	//	//	//	9.7 M	11.8 M
including daily users	550,000	//	//	//	6.4 M	11.8 M

///: Not available

NB: The number of people aged 12-75 in 2005 was approximately 46 million.

These figures are estimates and consequently should be considered as framework data. A margin of error exists even if this is quite reasonable. For example, 12.4 million life time users with cannabis means in reality that the number of experimenters is probably between 12 and 13 million.

Regular consumption of cannabis, alcohol and tobacco, by age and sex (%) [1, 3]

	17 years old			18-75 years old				men	women	all
	boys	girls	17 y. o	18-25 y. o	26-44 y. o	45-64 y. o	65-75 y. o			
Cannabis	15.0	6.3	10.8	8.7	2.5	0.2	-	3.7	1.0	2.3
Alcohol	17.7	6.1	12.0	8.9	13.6	29.8	45.1	33.4	12.1	22.5
Tobacco	33.6	32.3	33.0	36.2	33.5	21.6	7.9	30.3	22.9	26.5

Cannabis

↗ **2.3%** of adults aged 18 to 75 and
→ **10.8%** of 17 year-olds regularly smoke cannabis

↗ **35,000** users consulted specialised treatment centres

Drivers under the influence of cannabis are **1.8** times more at risk of being responsible for a deadly road accident

↗ **200,000** users of home grown cannabis, at least on an occasional basis

84,000 arrests for cannabis use

72 tonnes of cannabis seized

↘ **€4** for a gram of cannabis resin
€5.4 for a gram of herbal cannabis

Regular users (2005)

Although experimentation with cannabis concerned almost 3 adults in 10 (**26.9%**) in 2005, regular consumption of the drug is far less frequent. Nevertheless, consumption figures are up compared to 2000 and as with all illegal substances, men are more likely to use this drug than women (**3.7%** compared to **1.0%**) [3].

At 17 years of age, the proportion of regular users is far higher [1]. This proportion is virtually unchanged compared to the figures from 2003, with boys accounting for most of the consumers (**15.0%** compared to **6.3%** for girls).

In 2003, French young people aged 15 to 16 were among Europe's most intensive users of cannabis [2].

Treatment (2005)

Of the 35,000 people seen in 2005, approximately half were met by the 280 "clinics for young users" mainly attached to the outpatient specialized care centres for drug-addicts (217 young people units in 2005¹) [4]. In these centres, almost half of the individuals seeking help with their cannabis problem are referred by the justice system.

More than 80% of those seen for a problem with cannabis were male.

The number of cannabis consumers welcomed in these centres has considerably increased since the late 1990s.

Mortality (2002/2003)

This risk is multiplied by almost **15** when alcohol is also consumed.

The number of deaths following a road accident involving cannabis is estimated at approximately **230** deaths annually based on 6,000 fatal accidents [5].

Although a small number of studies mention the existence of a higher death rate of cannabis users compared to non-users, it is not currently possible to establish a causal role for cannabis, as its use is often related to other risk situations (sexual risks, use of other drugs, etc). The responsibility of this drug in some pathologies has however been established, particularly in lung cancer, for which cannabis use multiplies the risk by **3** [6].

"Home-grown" cannabis (2005)

In 2005, **5%** of individuals aged 15 to 64 having consumed cannabis during the year declared that they obtained their cannabis by growing it at home [3].

The prevalence of this hidden phenomenon in all its various forms (including outdoor and indoor cultivation) appears to have substantially increased over the last 10 years or so.

Arrests (2006)

Arrests for cannabis use account for 90% arrests for narcotics use. Their number has increased fourfold since the early 1990s.

Apart from cases involving use, the police and gendarmerie made a total of **7,200** arrests for use/dealing, and **3,800** for cannabis trafficking [7].

Seizures (2006)

Cannabis seizures in France chiefly comprise resin.

The annual quantities of cannabis seized have fluctuated around the 60-tonne level since the 1990s. They rose to almost 110 tonnes in 2004, doubtless due to a number of exceptional seizures. These major catches seemed to have encouraged traffickers to seek out new supply channels and transport methods, which would partially explain the fall in the quantities seized in 2005 and 2006 [7].

In 2006, the security forces confiscated €1.9 million during cannabis-related cases (arrests or seizures) [7].

Price and purity (2005)

The average retail price for cannabis resin lost a quarter of its value between 1996 and 2004, while the price per gram for herbal cannabis virtually halved during the same period [8].

The average THC potency is approximately **10%** for both cannabis resin and herbal cannabis [9].

1. A minority of "clinics for young users" are managed by the Centres de cure ambulatoire en alcoologie (Alcohol Outpatient Cure Centres), by the hospitals or by the Points écoutes jeunes (youth counselling offices).

Heroin and opioids, cocaine and other illegal drugs



1.0% of 15-39-year-olds report using cocaine in the last year

150,000 to 180,000 users experiencing medical, social or legal problems

Between **45,000 and 50,000** drug users seen during the year in specialised centres

The quantities of opioid substitution treatments sold lead to an estimate of approximately **100,000** patients treated per year

171 drug related deaths

69 AIDS deaths among injecting drug users

10.8% drug users infected with HIV ; **59.9%** with HCV

29% of heroin or cocaine users seen in the specialised centres have been hospitalised for a psychiatric problem



Prevalence over the last year (2005)

In 2005, 200,000 people aged 15-39 (out of 20 million) are likely to have used cocaine. This figure is up compared to 2000, men are more frequent consumers than women (**1.4%** compared to **0.6%**).

Ecstasy use over the last year concerned **0.9%** of this age group, totalling around 180,000 people out of 20 million. For heroin, the proportion was **0.2%** [3].

"Problem drug use" (1999)

This figure is based on the European problem drug use indicator : it is an annual estimate of the number of regular users of opioids and cocaine, whose consumption of these drugs results in major problems concerning both the health and social aspects (integration difficulties, problems with the law, etc) [10]. These individuals are mostly characterised by their precarious living conditions, their high levels of psychiatric morbidity and by their polydrug use, often intended (for the most precarious among them) to help them endure extremely difficult living conditions. Among the users of the Caarud (centres d'accueil et d'accompagnement à la réduction des risques pour les usagers de drogues - Reception and harm reduction support centres for drug users), many of whom are not yet enrolled on a treatment programme, **22%** have no income and **45%** live on benefits alone.

The substances most frequently consumed in any given month by these users are opioids (heroin **34%**, but also substitution treatments whether issued as part of a programme of treatment or not), cocaine (**40%** in crack form for **16%** of all users), misused psychotropic medicines (16%) but also alcohol, which a third of them consumed in large quantities (more than 10 glasses per occasion) [11].

Treatment (2005)

It is difficult to accurately estimate the annual number of drug users (excluding cannabis) seen in the specialised centres as these people are likely to seek assistance at several centres during the same year [4].

General practitioners also see a large number of drug users, particularly those undergoing opioid substitution treatment including methadone or high-dose buprenorphine (Subutex® or generic products). These medicines have been available in France since 1995. Although the number of treatments involving high-dose buprenorphine have recently stabilised, those involving patients treated with methadone continue to increase in number.

Estimates of the people receiving substitution treatments during the complete year (according to the quantities of these medicines prescribed by doctors practising in specialised centres, doctors' practices or hospitals) are between **75,000** and **87,000** for high-dose buprenorphine and between **14,000** and **17,000** for methadone in 2005 [12].

Regarding high-dose buprenorphine, although most of the users do in fact use it for therapeutic purposes, a percentage are involved in the misuse of this product.

Mortality

This concerns the number of overdoses of illegal substances for the year 2005. Most of these deaths are related to a combination of several products and cannot be attributed to a specific drug [13].

Following a sharp fall during the second half of the 1990s, overdose deaths are once again increasing [7].

Apart from fatal overdoses, a total of **69** deaths by AIDS were recorded among intravenous drug users in 2006. The number of such deaths has fallen consistently since the mid-1990's [14].

Men arrested for heroin, cocaine or crack use have an overall risk of dying which is **5** times higher than for other men of the same age. Where women are concerned, the risk of death is multiplied by **9** [15]. This comparatively higher death rate can be explained by the risks of overdoses and infection by the AIDS virus, but also by a general increase in risk taking for most causes of death.

Morbidity

These average figures have been obtained from a survey carried out in 2004 in several cities, which reveals major disparities in HIV positive rates according to the locality. The prevalence level was lowest in Lille at 1%, compared to 31.5% in Marseille. Disparities are far less pronounced for hepatitis C (43.7% in Lille compared to 65.9% in Marseille) [16].

Persons treated for heroin and cocaine use often have a past history of psychiatric problems. More than a third of them had already been hospitalised for a psychiatric problem in 2006. These individuals are characterised by an even worse socio-economic situation than the others. [17].

5,000 arrests for heroin use
3,400 for cocaine or crack use
750 for the use of ecstasy

1,000 kg of heroin seized
10,000 kg of cocaine seized
1.5 million ecstasy tablets seized

€60 per gram of cocaine
€40 per gram of brown heroin
€5 per ecstasy tablet

Arrests (2006)

The number of arrests for heroin use was divided by four between 1995 and 2003. Since then, the number has risen (+50% between 2003 and 2006).

Arrests for cocaine or crack use have multiplied threefold since 1995. Those concerning ecstasy have fallen sharply: -41% compared to 2005.

Where trafficking is concerned, the security forces arrested **2,100** heroin users/dealers and traffickers, **2,800** for cocaine or crack and 480 for ecstasy [7].

Seizures (2006)

Seizures of heroin and cocaine have considerably increased since the early 2000s. The number of ecstasy seizures has somewhat diminished.

For all of these seizures, in most cases France is simply a transit country. A large proportion of the quantities seized is not intended for distribution within France.

In 2006, the security forces confiscated €3,700,000 during the seizures of these narcotics and the arrests for the use or trafficking of these substances (with cocaine-related cases accounting for half of this sum) [7].

Prices (2006)

In 2006, the price per gram of cocaine was approximately €60. The price had halved compared to the early 1990s [8, 9].

This phenomenon is identical for brown heroin, with the average price falling from €70 to €40 over the space of a decade.

The price of an ecstasy tablet has considerably fallen. This stood at €6 in 2006 compared to 15 in 2000.

Purity (2006)

For cocaine, the purity level of the samples seized in the street stood at between 20 and 30%. The samples of brown heroin seized by the police had an average purity level of 12%. The purity levels of white heroin (very seldom encountered) exceed 50% in 50% of cases. [7].

Tobacco

3.3 cigarettes sold per day, per person aged 15+

26.5% of adults aged 18 to 75 and
33.0% of 17-year-olds are daily smokers

1.7 million smokers a year use medical products to help them stop smoking

60,000 deaths caused by tobacco each year

Sales (2006)

Of the 65,700 tonnes of tobacco sold via tobacconists in 2006, cigarettes accounted for the lion's share (**55,800** tonnes or million units). The level of sales is comparable to those witnessed in 2004 and 2005 following the sharp falls between 2003 and 2004 as a result of price increases [18].

Cross-border purchases and smuggled tobacco were estimated to be equivalent to 8,625 tonnes in 2004 and 9,934 tonnes in 2005 (i.e. almost 10 billion cigarettes). [19]. In 2006, the Customs Department seized 240 tonnes of tobacco products (47 of which were counterfeit), this being 17% more than in 2005 [20].

Daily use(2005)

Tobacco consumption among adults aged 18 to 75 is down compared to the year 2000 [3]. Men have a higher tendency to be daily consumers than women (**30.3%** compared to **22.9%**). Tobacco consumption tends to decline with age.

At 17 years of age, daily consumption is down sharply compared to 2003. Boys and girls now have comparable consumption levels (**33.6%** compared to **32.3%**) [1]. In 2003, French youths aged 15 to 16 had a daily tobacco usage rate comparable to that of European teenagers as a whole [2].

Treatment (2006)

In 2006, sales through retail pharmacists of products designed to help smokers quit the habit mainly concerned skin patches and oral forms, with Zyban® (bupropion), available from late 2001 concerning just 6% of smokers taking replacement treatments. Ten months after its launch in February 2007, Champix® (Varenicline) now accounts for **21%** of sales [21].

During an activity peak in just one week in January almost 5,000 smokers (one third of whom were new patients) were welcomed in the 485 "stop smoking" consultations recorded in 2005 [22]. Meanwhile, general practitioners treated increasing numbers of people to help them stop smoking (approximately 84,000 per week in early 2003) [23].

Mortality (2000)

The latest estimate of the annual number of deaths caused by tobacco dates from 2000. This includes cancers (of the lungs, upper aerodigestive tract, but also of the oesophagus, of the bladder and cervical cancer), chronic obstructive bronchitis and cardiovascular diseases.

Compared to 1995, the percentage of deaths attributable to tobacco in France has fallen among men. The mortality rate among women is situated at a much lower level but is nevertheless rising. [24].

Alcohol



12.9 litres of pure alcohol per inhabitant aged 15+



22.5% of adults are regular users



Repeated episodes of drunkenness: **5.5%** of 18 to 75 year-olds and



26.0% of 17 year-olds

390,000 addicted users
3.3 million "at-risk" consumers among the adults



132,000 consumers seen in the specialised treatment centres



37,000 yearly alcohol-related deaths



118,000 drunk driving penalties

Alcohol sales (2006)

For the year 2006, this quantity is equivalent to an average of slightly under **3** glasses of alcohol per day, per inhabitant aged 15 or over [25]. The quantities of alcohol sold in France have fallen considerably since the early 1960s, with this change being almost entirely due to the drop in wine consumption.

Although no longer an exception, France still features among the countries in which alcohol consumption levels are highest [26].

Regular use (2005)

In 2005, regular alcohol use concerned almost a quarter of adults aged 18 to 75 (**33.4%** of men, **12.1%** of women), with the percentage of users increasing considerably with age [3].

A total of **12.0%** of 17-year-olds declared such use. This far more frequently concerns boys (**17.7%** compared to **6.1%** for girls) [1].

Generally speaking, this regular consumption of alcohol is declining, both among youths and adults.

In 2003, French youths aged 15 to 16 were in the European average where the regular consumption of alcohol is concerned [2].

Repeated drunkenness (2005)

Among adults, in 2005 men were proportionally four times more likely to declare at least three episodes of drunkenness during the year than women (**9.2%** compared to **1.9%**). Since 2000, the incidence of drunkenness has remained stable [3].

On the other hand, in late adolescence, the percentage of repeated episodes of drunkenness rose compared to 2003, with boys once again being those chiefly concerned (**33.4%** compared to **18.3%** for girls) [1].

In 2003, compared to the other European countries, French youths aged 15 to 16 were among those to have been drunk the least often, according to their own declarations. [2].

Problem consumption (2005)

In 2005, far more men suffered from alcohol addiction than women [3]. This problem concerned a total of **350,000** men and **40,000** women aged 18 to 75 (according to the Audit-C screening test). Among men, alcohol addiction increases considerably with age.

Men account for the vast majority of non-addicted but "at risk" consumers (according to the Audit-C screening test): **2.8 million** compared to 500,000 women.

Treatment (2005)

Individuals experiencing problems with alcohol came as outpatients to the 230 specialised centres recorded in 2005 [27] but also sought help in hospitals or via community physicians. Hospital statistics revealed more than **100,000** hospital stays due to problems with alcohol in 2005 [28]. More than two thirds were related to severe intoxication (drunkenness) and were of extremely short duration.

Apart from these referrals directly related to the treatment of alcohol abuse or addiction, in 2003 it was estimated that **1.3 million** hospital stays were related to pathologies caused by excessive alcohol consumption (cancer, cirrhosis, strokes, injuries caused by road traffic accidents or household accidents involving drunken individuals, etc.) [29].

Mortality (2002-2005)

This figure includes **10,000** deaths by cancer, **6,900** deaths by cirrhosis, in addition to **3,000** deaths by psychosis and alcoholic addiction [13]. This figure also includes violent deaths resulting from road accidents, the estimated number of which in 2002-2003 was **2,200** out of an annual total of 6,000 fatal accidents (i.e., for a driver with a blood alcohol level above zero, the risk of being the cause of a fatal road traffic accident is multiplied by **8.5**) [5].

Overall, the number of deaths related to alcohol consumption is falling.

Sentencing (2004)

Among the penalties handed down for alcohol-related offenders, **2,700** concerned driving under the influence of alcohol (DUI) resulting in reckless bodily harm and **350** concerned DUI involving one or more deaths. [30].

Definitions

Life time use: at least one lifetime experience (this indicator is chiefly used to measure the circulation of a given substance within the population).

Last year prevalence: consumption at least once during the year. For tobacco, this concerns persons who declare that they smoke even if only occasionally.

Regular use: consumption of alcohol at least three times during the week. Daily consumption of tobacco. Cannabis consumed at least 10 times during the month.

Daily use: at least once a day.

Repetitive drunkenness: refers to a declaration by the individual that he/she has been drunk at least three times during the last 12 months.

Problem drug use: an indicator used by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) which covers "injecting drug use or long duration/ regular use of heroin, cocaine and/or amphetamines". For France, this corresponds to regular users of opioids or cocaine, the consumption of which generates major problems concerning both health and social aspects (integration difficulties, problems with the law, etc).

The Audit-C is the short version of the Audit test (Alcohol use disorder identification test), developed by the World Health Organisation (WHO) to identify consumers jeopardising their health (with the aid of three questions concerning consumption frequency and the quantities of alcohol consumed over the last 12 months).

[1] ESCAPAD 2005: Enquête sur la santé et les consommations lors de la journée d'appel et de préparation à la défense/ Survey on health and consumption on call-up and preparation for defence day (Observatoire français des drogues et des toxicomanies (OFDT)/French monitoring centre for drugs and drug addiction/Direction centrale du service national (DCSN)/National Service Directorate)

[2] ESPAD 2003: European School Survey Project on Alcohol and Other Drugs (Institut national de la santé et de la recherche médicale - National Institute of Health and Medical Research (INSERM-U472)/OFDT/Ministère de la Jeunesse, de l'éducation nationale et de la recherche (M)JENR) Ministry of Youth, national education and research)

[3] Health Barometer 2005 (Institut national de prévention et d'éducation à la santé (INPES)/French national institute for prevention and education in health. OFDT research)

[4] Standard activity reports of the specialised drug addiction treatment centres (Direction générale de la santé (DGS) General Health Department /OFDT)

[5] SAM: Road Safety epidemiological survey on narcotics and fatal road accidents 2002-2003 (Institut national de recherche sur les transports et leur sécurité (INRETS)/ National institute for research on transport and safety-UMRESTTE/CEESAR/INSERM/INRETS-MA/Lab PSA Peugeot/OFDT)

[6] "Cannabis, essential data" (July 2007) (OFDT)

[7] OSIRIS (Office central pour la répression du trafic illicite des stupéfiants (OCRTIS)/ Central Office for the repression of Drug related offences)

[8] TREND: Recent trends and New drugs in France (OFDT)

[9] SINTES: National poison/substance identification system (OFDT)

[10] National estimated number of problem drug users in 1999 (OFDT)

[11] PRELUD Survey 2006: drug users met in low threshold structures (OFDT)

[12] SIAMOIS: Information system for the accessibility of drug injection equipment and substitution (Institut de veille sanitaire/ French Institute for Public Health Surveillance (InVS), OFDT estimate)

[13] National register of the causes of death (INSERM/- Centre d'épidémiologie sur les causes médicales de décès (Cépi-DC) Centre for epidemiology of the medical causes of death, OFDT estimate)

[14] HIV and AIDS surveillance (InVS/ National health watch institute)

[15] Mortality of individuals arrested for illicit drug use- Cohort of individuals arrested for drug use in the 1990s (OFDT)

[16] Coquelicot Survey 2004 (InVS)

[17] RECAP 2006: Joint Report on Drug Addiction and Drug Treatment (OFDT)

[18] Tobacco sales (Altadis, OFDT estimate)

[19] Estimate of trans-border cigarette purchases 1999-2005 (OFDT)

[20] Bilan d'activité de la douane/ French Customs activity report (Direction générale des douanes et droits indirects (DGDDI) / French customs)

[21] Ventes de substituts nicotiniques/ Sales of nicotine replacement therapies (Groupement pour l'élaboration et la réalisation de statistiques (GERS), Office français de prévention du tabagisme (OFT) French office for the Prevention of smoking/OFDT estimate)

[22] Enquête auprès des consultations de tabacologie/ Stop smoking consultations survey (Direction de l'hospitalisation et de l'organisation des soins (DHOS) Department of hospital management and health care organisation/OFT)

[23] Baromètre Santé médecins généralistes 2003/ General practitioners' Health barometer (INPES, OFDT estimate)

[24] Registre national des causes de décès/ National Register of the causes of death (INSERM-Cépi-DC, CTSU research/ University of Oxford)

[25] Alcohol sales (Institut national de la statistique et des études économiques (INSEE) National Institute for Statistics and Economic Studies, OFDT research)

[26] World Drink Trends (World Advertising Research Center/Commission for Distilled Spirits)

[27] Rapports d'activité du dispositif spécialisé en alcoologie /Standard activity reports of the specialist structures for the fight against alcoholism (DGS/OFDT)

[28] PMSI 2005: Programme de médicalisation du système d'information/ Medicalised information system programme (Agence technique de l'information sur l'hospitalisation (ATIH) Technical hospitalisation information agency)

[29] PMSI 2003 (ATIH, P.Kopp (univ. Paris I) et P.Fenoglio (Nancy II) estimate)

[30] Casier judiciaire national/ National criminal record register (Ministère de la Justice/ Ministry of Justice-Sous-direction de la statistique, des études et de la documentation (SDSÉD) Statistics studies and documentation sub-division)

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