

Alcohol

Reference points

Sales

- During the first half of the 1990s, sales of alcohol continued the downward trend that had started at the end of the 1950s. This decline was, however, of a lower size than that recorded for the preceding ten-year periods. The trend changed during the second half of the 1990s: alcohol consumption appears to have stabilised. The reduction in the quantity of pure alcohol consumed can be entirely attributed to the reduction in the consumption of wine.
- In 1998, households spent approximately 80 billion francs on alcoholic drinks, of which 60% was for wine. The State received a little more than 25% of this amount in the form of taxes.

Consumption

- In the **general adult population**, over the past ten years, the alcohol consumption indicators are relatively stable, whether for consumption, intoxication or problematic consumption
- In the general adult population, alcohol is, by far, the most consumed psychoactive substance: only 2.5% of French people declare never having taken a drink, 29% consume only occasionally, 42% at least once a week and 21% every day. Nine per cent show signs of current or past dependence and may be considered as having, or having had, problematic alcohol use.
- The alcohol most frequently consumed is wine, ahead of beer and spirits.
- Daily consumption is essentially masculine and is strongly associated with age.
- Fourteen per cent of adult declare having had at least one episode of intoxication during the last twelve months. Such episodes are more frequent among men (22%) than women (7%) and occur most often between the ages of 18 and 25 (51% of men and 22% of women).
- Intoxication is not more frequent among regular drinkers: in effect, more weekly drinkers reported having been intoxicated (24%) than daily drinkers (11%).
- Among young persons, the development in consumption during the 1990s was, as for adults, relatively stable.
- At 16 years of age, 86% of boys and 85% of girls said they had already drunk an alcoholic drink during their lives, with repetitive use (at least ten times in the month) being the case for 14% of boys and 5% of girls. At the same age, 51% of boys and 42% of girls admitted to at least one episode of intoxication and 5% of boys and 3% of girls to repetitive intoxication (10 and more per annum).
- For both genders, alcohol is the psychoactive substance which is experimented with earliest: on average at approximately 14 years of age. The first episode of intoxication occurs approximately two years after the first consumption of alcohol.

Healthcare and social consequences

- Alcohol is the direct origin of a certain number of pathologies: cirrhosis of the liver, foetal alcoholism syndrome. It is also more or less directly implicated in the occurrence of a large number of other injuries: cancers in the aero-digestive tracts, illnesses of the circulatory system (joint responsibility of tobacco for these two groups of pathologies), cancer of the liver, optical neuritis, alcoholic neuritis, psychic problems, accidents, (road, domestic, work), brawls and suicides. The number of deaths in France attributable to alcohol was evaluated at 45,000 in 1995; we do not have a more recent estimation.

- Due to a much greater consumption of alcohol, the problematic healthcare consequences related to alcohol are much greater for men than for women.
- With regard to the harmful consequences of alcohol consumption, some studies show evidence of possible health benefits from alcohol consumption (cardio-vascular illnesses): a very moderate consumption of wine, even daily, will reduce global mortality. The conclusions of a summary of knowledge on this subject, undertaken in the context of a collective report requested from INSERM, (*Institut national de la santé et de la recherche médicale*: National Institute for Health and Medical Research) have just been published.
- In 1998, 80,000 alcohol consumers were taken into care by the *centres de cure ambulatoire en alcoologie* (CCAA: Alcoholism out-patient cure Centres). This number is an increase over preceding years. Three out of four patients are men. The average age of patients is 41 years. They are principally persons who are alcohol dependent or “excessive” consumers.

Consumption of alcohol by the French population

The consumption of alcohol in the French population is described on the basis of survey results from representative samples of the young or adult populations.

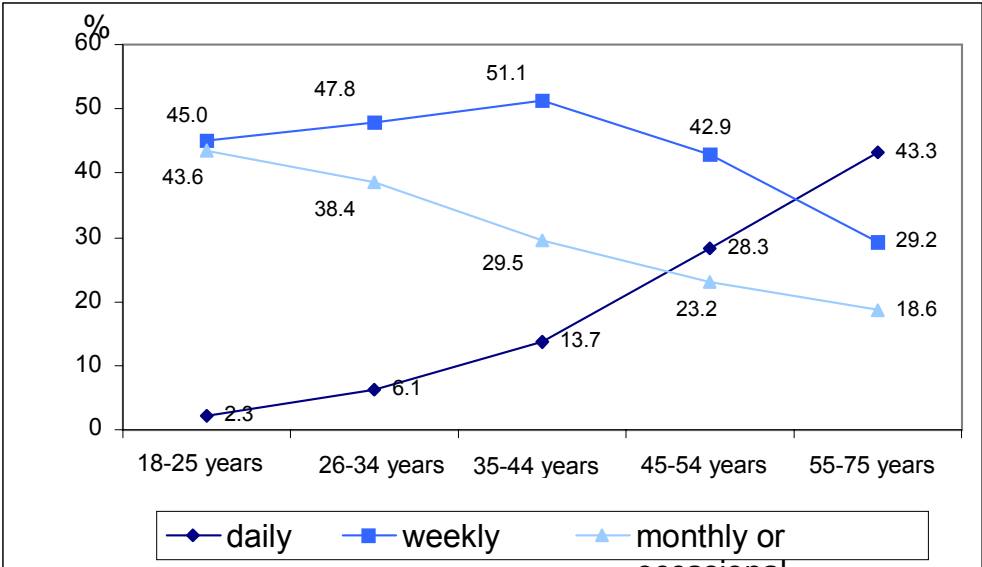
Consumption by the general adult population

In the general adult population, alcohol is the most consumed psychoactive substance: only 2.5% of the French population declare never having taken a drink, almost three times as many women as men [3]. In 1995, 4.5% of 18-75 year-olds declared never having drunk alcohol during their lives. In 1999, this was 4.1% (2.5% declaring never having drunk even a slightly alcoholic drink such as cider or shandy). But this relative increase in the declarations of consumption during their lives does not imply that it had increased at the same time. All the indicators show, to the contrary, a great stability in behaviour, linked to a reduction in the volume of consumption.

The consumption of alcohol is examined primarily on the basis of its frequency over the last twelve months.

A distinction is therefore made between daily (21.5%), weekly (drink at least once per week, but not every day: 42.1%), monthly or occasional drinkers (who drink at least once a year, but less than once a week: 29.0 %).

Frequency of alcohol consumption in the general adult population in 2000, by age and type of use {3111}



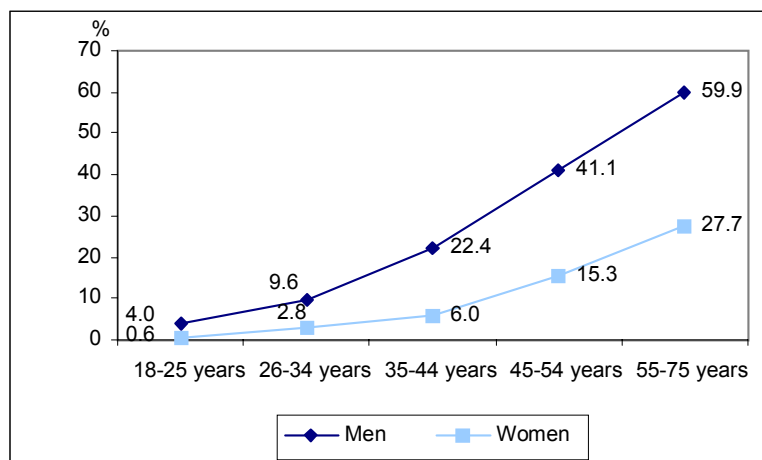
Source: Health Barometer 2000, CFES, OFDT production

From 18 to 54 years of age, it is weekly consumption which involves the greatest number of persons, reaching its highest point in the 35-44 age bracket; monthly or occasional consumption, which involves almost half of the 18-25 year age bracket, sees its share continually reduce with age to a point where only one-fifth of over 55s are involved. Conversely, daily consumption, to the detriment, firstly of monthly or occasional consumption and then weekly consumption, sees its share increase and then become predominant among over 55s.

The most frequently consumed alcohol is wine (83.6% of the French admit having drunk it during the year), ahead of other alcohols (including champagne, cider, etc.: 64.7 %), spirits (60.3%) and beer (56.5 %).

Daily consumption

Frequency of daily consumption of alcohol (during the last 12 months) in the general adult population in 2000, by gender and age {3112}

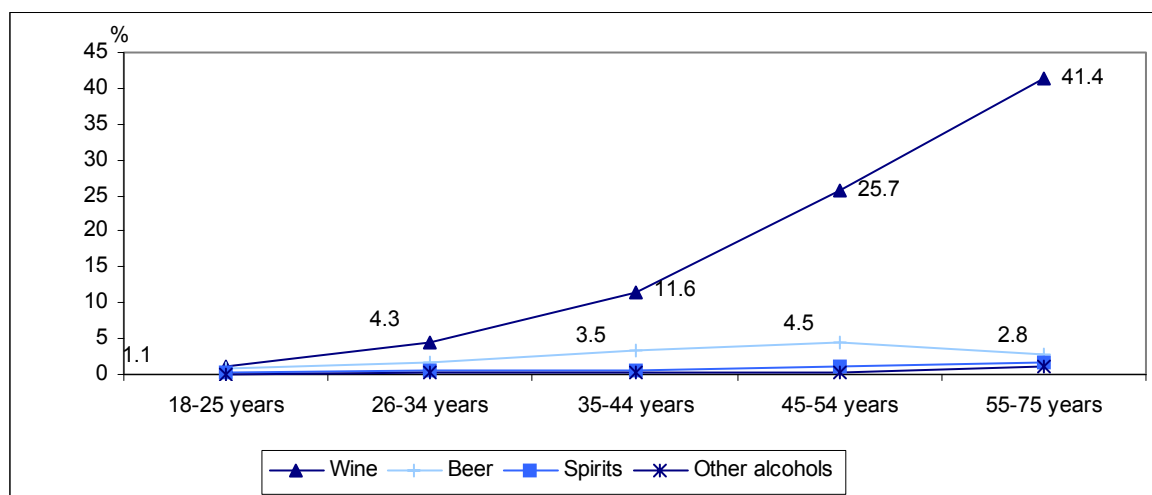


Source: Health Barometer 2000, CFES, OFDT production

Daily consumption is predominantly masculine (31.2% of men against 12.3% of women) and grows strongly with age to involve almost 60% of men over 55 years of age. Less frequent rates of consumption (weekly, monthly or occasional) are less differentiated on a gender basis.

The proportion of daily drinkers has been reducing for some years: if the last week is examined, it has reduced from 22.6% of adults in 1995 [2] to 20.3% in 1999 [3], with a constant population structure.

Frequency of daily consumption of alcohol (during the last 12 months) in the general adult population in 2000, by age and type of drink {3113}



Source: Health Barometer 2000, CFES, OFDT production

Wine is the single alcoholic drink whose daily consumption is so substantial: it represents the virtual totality of daily consumption with all alcohols included. Thereafter, the daily consumption of beer never exceeds 4.5% in an age bracket, and that of the other types of drink is anecdotal.

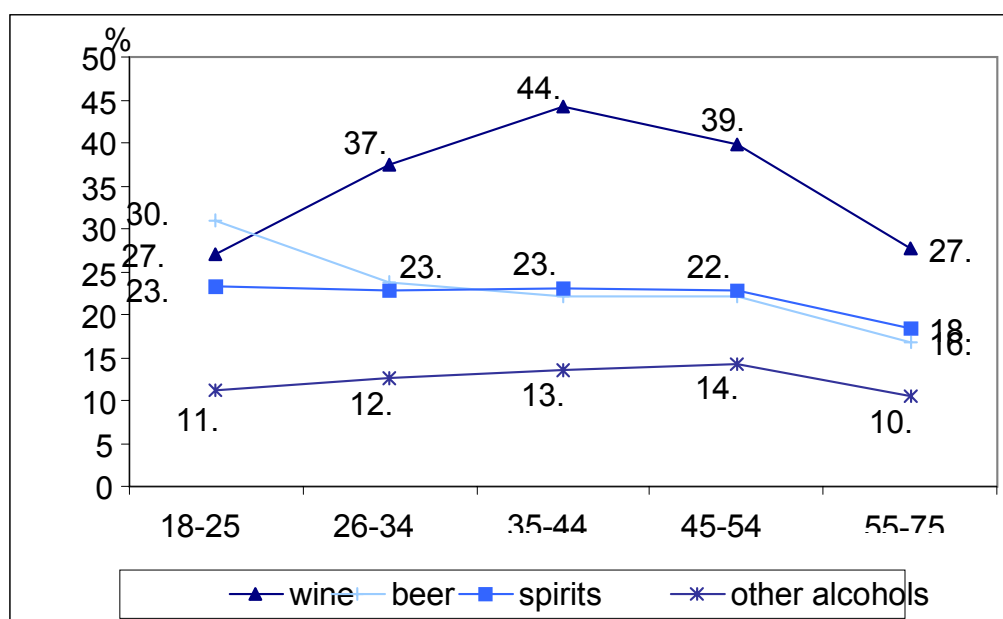
A series of five-yearly surveys done by ONIVINS (*Office national interprofessionnel des vins*: National Interprofessional Wine Office) and INRA (*Institut national de recherche agronomique*: National Institute for Agronomic Research) between 1980 and 2000 showed that the consumption of wine in the French population has reduced during the last twenty years, but that the share of non-drinkers has now stabilised at 37% of the population above 14 years of age (Aigrain *et al.*, 2000).

Daily consumption is essentially masculine and is strongly associated with age. It is, moreover, closely linked to the professional situation. There are three opposite groups from this point of view: the liberal professions, retired and other inactive persons, for whom this mode of consumption is very frequent; employees in the private or public sectors and unemployed persons who occupy an intermediary position; and finally students, for whom it is relatively less common.

Weekly consumption

The weekly consumption of alcoholic drinks (drinking at least once a week) involves more than 40% of the population up to 45-54 years of age. Wine is still the most consumed drink after 25 years of age, but its use is a little more rare after 45-54 years of age [3]. The other drinks, and in particular beer and spirits, whose daily consumption is anecdotal, are consumed on a weekly basis (in this case essentially at the weekend) by almost 20% of the population.

Frequency of weekly consumption of alcohol (during the last 12 months) in the general adult population in 2000, by age and type of drink {3114}



Source: Health Barometer 2000, CFES, OFDT production

Quantities consumed

The quantities consumed on the previous night depend on the gender but relatively little on age. On average, among person who drank on the previous night, men drank 3.0 glasses and women 1.7 [3]. This difference between men and women increases slightly with age: 1.1 glasses among 18-25 year-olds, against 1.3 after 55 years of age. The quantity drank the previous night is highest between 18 and 25 years of age (3.2 glasses for men and 2.0 for women), and fluctuates with age among men, while it progressively reduces among women (1.6 glasses among over 55s). Among those who had drank the previous night, daily consumers drank on average 2.8 glasses, weekly drinkers 2.3 and monthly or occasional drinkers 1.7: the frequency of consumption appears, therefore, to be globally related to the quantity consumed.

The details for the days of the week underline a well-known fact: consumption at the weekend is much greater than that during the week (number of glasses on average for drinkers: 2.4 from Monday to Thursday, against 2.6 for Friday and 2.9 for Saturday and Sunday). As is the case for the quantity drank the previous night, the quantity drank on Saturday increased with the frequency of consumption reported over the year; nevertheless, weekly consumers are a notable exception as they admit drinking as much as daily consumers (3.0 glasses). In addition, contrary to the average drank the previous night, the quantity drank on Saturday clearly reduces with age (5.6 glasses between 18 and 25 years of age, against 1.9 at over 55 years of age). Thus, on Saturday night, the 18-25 year-old weekly consumers drink, on average, more than daily consumers of the same age.

Finally, the type of drink consumed varies according to the day examined. During the week, wine is present (with minor fluctuations depending on the day) in 80% of declared consumption, beer in almost 20%, spirits in less than 15% and other alcohols in a little more than 5%. At the weekend (Friday, Saturday, Sunday), beer is present to a greater degree (57%), but it is primarily spirits (79%) and other alcohols (73%) which become more frequent; wine remains present in the majority of cases (80%).

The number of types of drink and the total quantity consumed therefore increases significantly at the weekend. This certainly contributes to explaining why intoxication is more frequent among weekly consumers (who drink more at the weekend) than among daily consumers, who nevertheless drink more on average over the week.

Intoxication

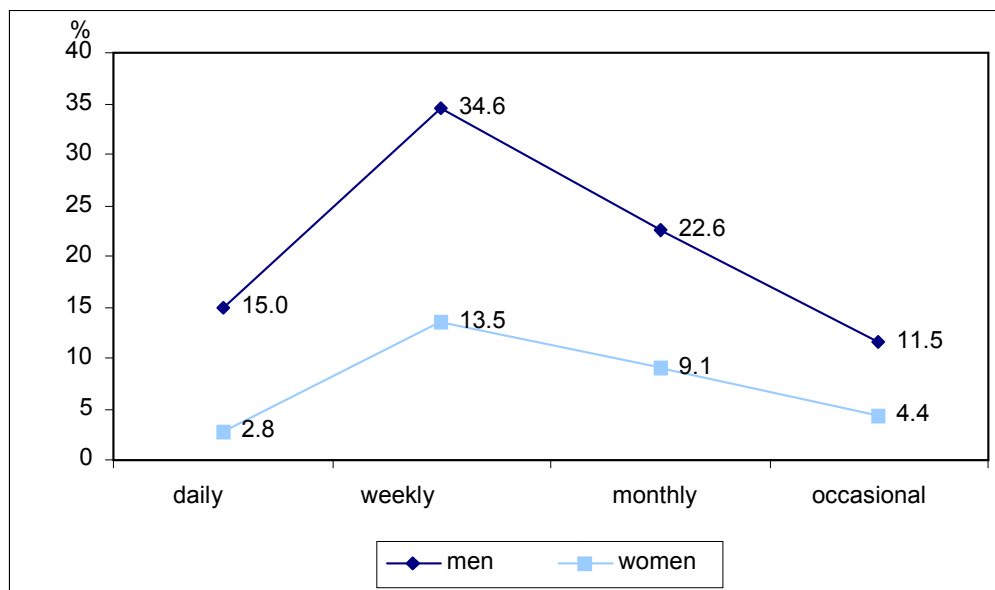
Fourteen per cent of adults admit having had at least one episode of intoxication during the last twelve months [3]. In 1995, this proportion amounted to 15% [2]. The prevalence of repetitive intoxication (at least four episodes admitted during the year) has also remained fairly stable between the two surveys: it involved 4.2% of the population in 1995 as against 4.6% in 1999.

The prevalence of intoxication depends initially on gender and age. Such episodes are three times more frequent among men (21.6%) than among women (6.7%) and vary significantly depending on age. The peak is situated between 18 and 25 years of age (50.6% of men and 22.2% of women)

Of those who admit having been intoxicated during the year, the average number of episodes of intoxication is 4.6% (5.1% for men and 2.9% for women). This number decreases with age: 5.9 between 18 and 25 years of age to less than 3 above 45 years of age. At all ages, it is substantially higher among men, but the most important differences involve primarily those under 35 years of age, and particularly those under 25 years of age. Above 55 years of age, the difference between the genders is not significant.

The proportion of repetitive intoxication (at least four episodes) among persons having admitted at least one episode of intoxication during the year provides an indicator of their recurrence. This decreases with age: it reduces from 35.0% among 18-25 year-olds to 15.2% among those over 45 years of age. The difference between genders is substantial (29.2% of episodes of intoxication are repetitive among men as against 20.1% among women) with the maximum at 18-25 years of age (38.5% against 26.7%). It is therefore among young men that intoxication appears to be most often sought after [3].

Prevalence of intoxication during the last twelve months, in 2000, by frequency of consumption and gender {3116}



Source: Health Barometer 2000, CFES, OFDT production

Age and gender are not the only factors associated with intoxication: the frequency of alcohol consumption during the year also plays an important role. However, an increase in the frequency of

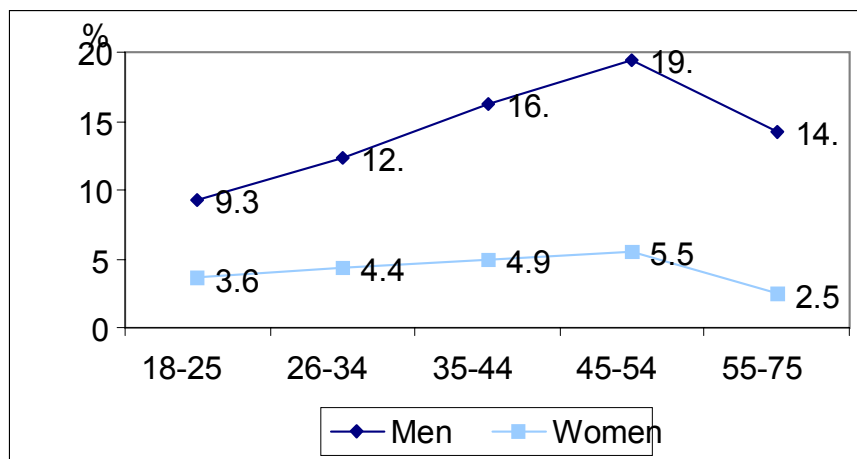
consumption is not always related to an increase in the frequency of intoxication. In effect, in order, the most numerous in having been intoxicated during the year were the weekly consumers, followed by the monthly consumers (once a month), daily consumers and finally occasional consumers (less than once a month). As young people drink less frequently but are intoxicated more often than older persons, and as there is a substantial difference between the genders, these concurrent factors must be checked in order to correctly understand this relationship. Weekly and daily consumers therefore have more or less the same chance of having been intoxicated at least once or in a repetitive manner.

Intoxication and repetitive intoxication are therefore linked to at least weekly consumption, particularly at the weekend: 18.8% of persons who admitted having drunk during the weekend preceding the survey had been intoxicated during the year (5.6% at least four times), against 8.5% for the others (2.2% respectively).

With gender and age checked, repetitive intoxication (at least four episodes of intoxication during the year) is little dependent on the professional activity, but is more frequent among more the most well-off households [3].

Signs of dependence and problematic use

Proportion of persons showing signs of potential dependence on alcohol during their lives, in the general adult population, in 2000, by sex and age {3117}



Source: Health Barometer 2000, CFES, OFDT production

The Health Barometer questionnaire asked people about their previous or current risk of alcohol dependence using the DETA test for alcohol (DETA: *Diminuer entourage trop alcool*: Reduce alcohol-based surroundings). The prevalence throughout life has remained stable between 1995 (8.3%) and 1999 (8.9%).

While less than one adult in ten is concerned, men are three times more at risk than women (14.6% against 4.1%) and the difference between the genders increases with age. As the DETA test relates to use throughout life, it is not possible, with due diligence, to conclude that there is an increase in prevalence of the signs of dependence with age. It is however, reasonable to consider that the answers are relatively cyclical, which allows the fall in the curves after 55 years of age to be interpreted as a change in the mode of consumption and the relationship with alcohol: smaller quantities, intoxication being rarer, etc.

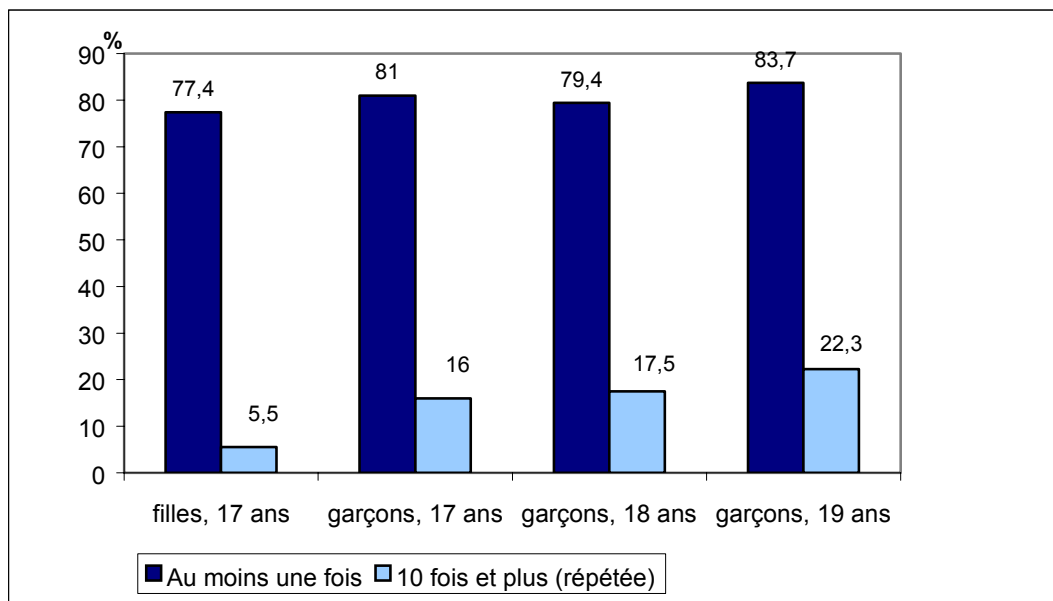
The consumers for whom the DETA test is positive have a special consumer profile. They overestimate, more often than others, the maximum daily quantities of alcohol deemed “at risk” (four glasses for men and three for women) and are four times more numerous than the others in admitting repetitive intoxication (13.8% against 3.25). They are also twice as numerous in drinking daily (39.8% against 19.7%) and their consumption on the previous Saturday exceeds five glasses (22.3% against 6.4%) much more often.

Consumption by adolescents

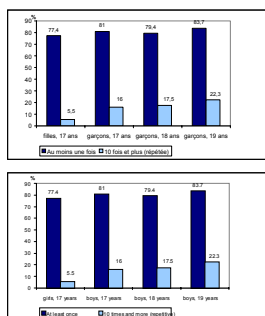
In the school environment, between 1993 [5] and 1997 [7], experimentation with alcohol increased slightly, increasing, at 16 years of age, from 81% to 86% among boys and from 79% to 85% among girls. Repetitive use (at least ten times during the month) does not appear to have shown notable growth between

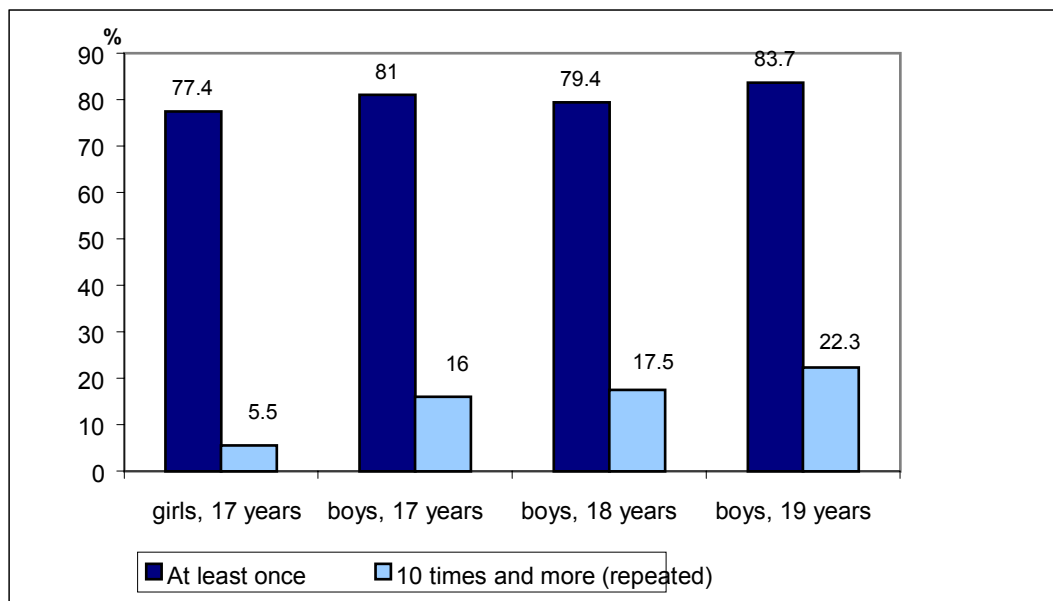
the two surveys, but comparison is difficult because the questions were not the same. As regards intoxication, between 1993 and 1999, the proportion of young people who admitted having had at least ten episodes of intoxication during the year remained stable among 14-16 year-olds, but reduced slightly among 17 and 18 year-olds (14.5 to 10% among boys of 18 years of age and from 3% to 2% among girls of the same age).

A very large majority of young people admit to having consumed alcohol during the last thirty days. At 17 years of age, this consumption is a little more frequent among boys, and increases little with age until 19 years of age [8]. The differences are much greater for repetitive consumption. At 17 years of age, 49.5% of girls admit having already being intoxicated during their lives, against 63.3% of boys. Among the latter, the prevalence of intoxication increases with age, reaching 74.8% among 19 year-olds.



Frequency of alcohol consumption during the last thirty days among young persons at the end of adolescence, in 2000, by sex and age {3118}





Source: ESCAPAD 2000, OFDT

Alcohol is the drug that is experimented with soonest (13.6 years of age among girls, 13.1 among boys). The first episode of intoxication is later than the first consumption of alcohol by approximately two years, irrespective of age and gender: it appears to be a relatively late stage in learning about alcohol. Girls admit to being intoxicated for the first time on average five months after boys of their age. It must therefore be noted that the very much earlier masculine consumption of alcohol is associated with a very much earlier first episode of intoxication.

Repetitive consumption of alcohol depends on schooling: young people who have left the school system are more numerous than the others in having drunk at least ten times during the month preceding the survey. Among students, those registered in the professional channels have a greater chance, when gender, age and school year repetition are checked, of having done so; but, contrary to widespread opinion, the fact of having repeated a school year is not associated with the repetitive use of alcohol.

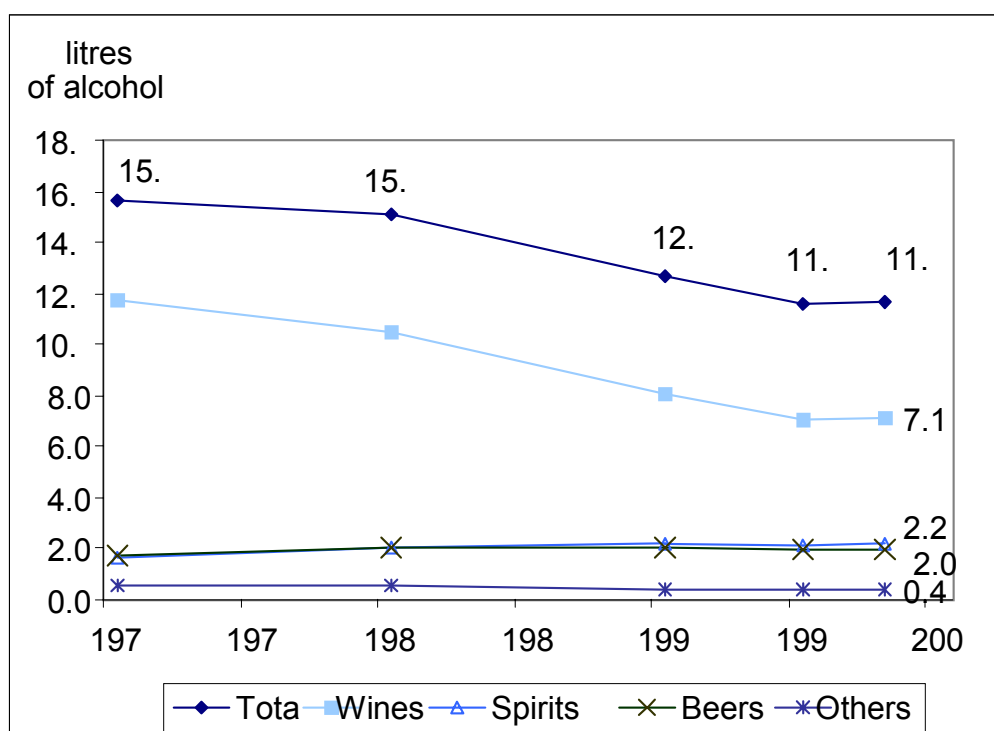
Young people who have already attended a techno party are twice as numerous as the others in having consumed in a repetitive manner (22.5% against 11.5%). With age, gender and school year repetition checked, students in such cases are twice as likely as the others to have drunk in a repetitive manner. This ratio intensifies among young people who have left the school system.

Sales of alcoholic drinks

Alcoholic drinks available to French consumers

In 1998, the annual consumption of alcoholic drinks measured in pure alcohol was 11.7 litres per inhabitant, as against 15.7 in 1970. The downward movement in the consumption of alcohol began at the end of the 1950s. After the phase of marked reduction in the 1980-1995 period, consumption appears to have stabilised in the second half of the 1990s.

Sales of alcoholic drinks to consumers residing on the French territory from 1970 to 1998 (3131)



Source: Update of data given in (Got et al., 1997, p. 35)

In France, alcohol is mainly consumed in the form of wine, a product which represented approximately 61% of the volume of pure alcohol consumed in 1998 and, in a much lower proportion, in the form of spirits (19%) and beer (17%). Between 1970 and 1995, the share of wine reduced steadily and the reduction in the quantity of pure alcohol consumed may be attributed in the greater part to this reduction; the consumption of spirits (in equivalent pure alcohol) increased by one-third between 1970 and 1990 and has changed little since then. The consumption of beer increased by 20% between 1970 and 1980 and then reduced until 1995. Since that time, consumption measured in pure alcohol has stabilised and may even have increased for all products, including wine. Taking account of the uncertainties inherent in this type of calculation, variations of a minor size must, however, be carefully considered. It must be pointed out that the data on the quantities of pure alcohol consumed take account, since the opening up of the Single Market in 1993, of the development in the purchases of alcohol by non-residents, mainly of British nationality, in the border areas close to England.

The development in the consumption of wine is itself the result of two opposite trends between 1970 and 1995, on the one hand, the doubling of the quantities of “superior” wines (*AOC* (*Appellation d'origine contrôlée*: Appellation of origin) and *VDQS* (*Vin délimité de qualité supérieure*: Superior quality wine) consumed, and, on the other hand, the division, by more than two, over the same period, of the quantities of other wines (*vins de table* (*table wines*) and *vins de pays* (*higher class table wines*) consumed.

Household expenditure

In 2000, households spent almost 84.5 billion francs on alcoholic drinks, of which 50.6 billion was on the category of wines, ciders and champagnes, 9.8 billion on beer and 24 billion on other alcoholic drinks. The share of alcohol in household budgets between 1990 and 2000 reduced from 1.45% to 1.33% (INSEE (*Institut national de la statistique et des études économiques*: National Institute for Statistics and Economic Studies), 2001). It must be clarified that this figure does not include expenditure related to the consumption of alcoholic drinks in cafes, restaurants and hotels.

The volume¹ of alcoholic drinks consumed increased by 7% between 1992 and 1998, an average per annum increase of approximately 0.8%. The relative prices of these drinks remained almost stable between 1993 and 1998, which indicates that their average price varied in the same way as all prices over this period.

Of the 84.5 billion spent by households in 2000, the State received a little more than 19 billion francs in the form of taxes on alcohol (excluding VAT). These receipts have remained practically stable compared with 1999 (+0.5%²).

¹ The volume of consumption is calculated by deducting the increase in the price index for alcoholic drinks from the increase in the value of consumption

² Data provided by the General Department of Customs and Indirect Duties

Health and social consequences of alcohol consumption

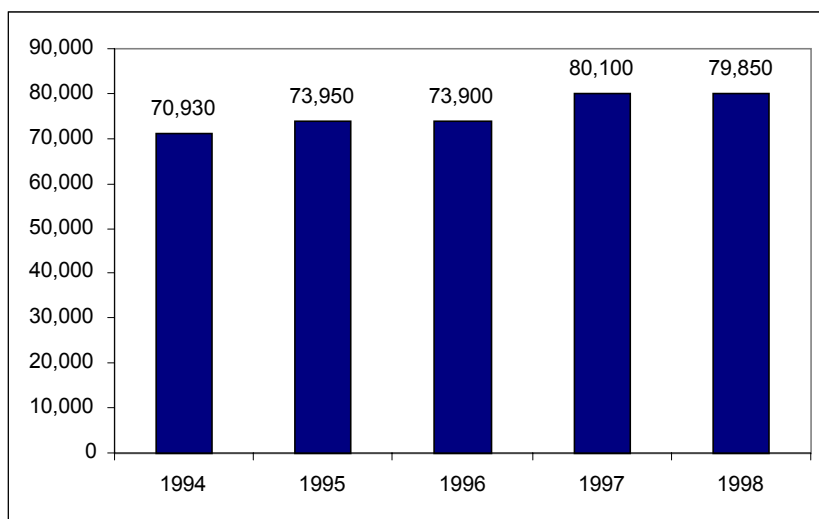
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Demands for treatment

Specialist structures

In 1998, the number of consultations (consumers of alcohol³) seen in the *centres de cure ambulatoire en alcoologie* (CCAA: Alcohol Out-patient Treatment Centres) amounted to approximately 80,000 persons, a figure which is almost identical to that for 1997 [16]. If, however, account is taken of the variation in the number of centres who replied to the survey, the increase amounted to approximately 10%. Between 1994 and 1998, the number of cases of care increased at a moderate rate.

Consultations by consumers of alcohol in centres de cure ambulatoire en alcoologie (CCAA: Alcohol Out-patient Treatment Centres) from 1994 to 1998 {3121}



Source: Activity reports of the structures specialising in alcoholism, 1998, DGS

The *centres de soins spécialisés pour toxicomanes* (CSST: Specialised Centres for the Care of Drug Addicts) also admit persons who have difficulty with alcohol. The numbers are, however, very limited in relation to the figures given above. In the month of December 1999, approximately 700 persons had recourse to the CSST (*centres de soins spécialisés pour toxicomanes*: Specialised Centres for the Care of Drug Addicts) due to their consumption of alcohol as a [primary drug](#) and approximately 1,800 as a [secondary drug](#).

Cases of care by the city medical services

On the basis of a survey conducted in 1999 [21], general practitioners saw, on average, a little less than two patients (1.7) who wished to stop drinking, during the week preceding the survey. If this figure is extrapolated to all general practitioners, it is equivalent to approximately 92,000 persons seen per week.

³ The CCAA also receive the close friends of drinkers

As for illicit drugs, it was doctors who are part of a network, and more so when its purpose was alcohol, who saw the greatest number of persons who had a problem with this drug. As a positive factor associated with the care of a large number of these patients, reference can also be made to the proportion of patients who benefit from free medical assistance, the number of admissions, and the fact that the doctor is of masculine gender.

By comparison with 1993, the average number of patients wishing to stop drinking who were seen during the previous week has reduced (1.7 in 1999 against 2.3 in 1993). This development may be explained in different ways. Firstly, patients may have had more recourse to the specialist structures. Secondly, it is possible that doctors are less and less inclined to take difficult patients, for whom they feel it will not be effective, into care. The third possible explanation is that the number of persons with a problem with alcohol has reduced. It should be noted, however, that the number of persons with a risk of alcohol dependence, such as are measured by the Health Barometers in 1995 [2] and 2000 [3] (DETA test)(DETA: *Diminuer entourage trop alcool* - Reduce alcohol-based surroundings) has remained constant in percentage terms. It appears, in fact, to be difficult to determine whether the number of persons currently dependent on alcohol is lower than it was ten years ago.

Characteristics and orientation of persons in care.

The only available data relates to the number of new consultations received in the CCAA (*centres de cure ambulatoire en alcoologie*: Alcohol Out-patient Treatment Centres), which covers a little less than half (47% in 1998) of all consultations. The figures come from two sources, the activity reports of the CCAA [16] and an annual more detailed survey conducted on the initiative of the *Association nationale de prévention de l'alcoolisme* (ANPA: National Association for the Prevention of Alcoholism) in the CCAA which are part of its network [15], and which represents almost 50% of alcohol users who had a consultation in the CCAA.

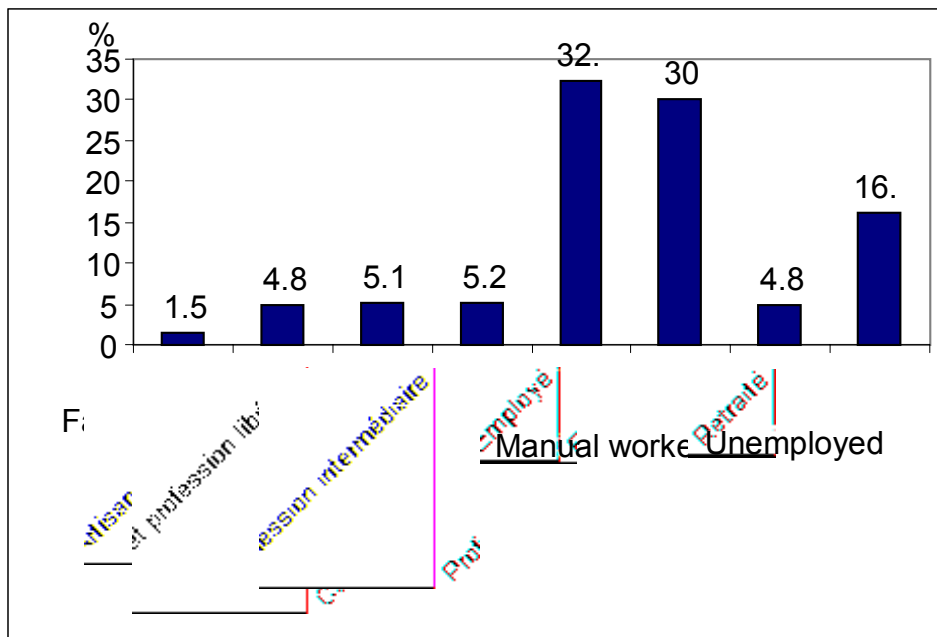
Age, gender and socio-professional category

Three consultations out of four are with men, this proportion tending to reduce slightly since 1994 [16]. According to the ANPA (*Association nationale de prévention de l'alcoolisme*: National Association for the Prevention of Alcoholism) data, the average age of patients was 41 years in 1999, with the average age for all the CCAA (*centres de cure ambulatoire en alcoologie*: Alcohol Out-patient Treatment Centres) being, without doubt, slightly higher. A little less than two-thirds of new patients were between 30 and 49 years of age, and the share of the under 30s is quite low (between 15% and 23% depending on the source). Between 1994 and 1998, the share of persons aged from 20 to 29 years reduced steadily to the benefit of those over 40 years of age [16]. The persons taken into care in the CSST (*centres de soins spécialisés pour toxicomanes*: Specialised Centres for the Care of Drug Addicts) for alcohol use, are, on average, younger (33 years of age), but they nevertheless form the oldest category among users attending these structures [17].

Approximately four patients out of five have an educational level lower than the baccalaureate. One out of ten had higher-level education [15]. This breakdown appears to be relatively close to that found for the whole French population.

The socio-professional categories most represented in the ANPA sample are employees and manual workers. If the socio-professional category structure of those who have declared a profession is compared to the structure of the active population, an under-representation is noted in the CCAA of executives, liberal professions and particularly intermediary professions (6% against 20%) while manual workers and employees are over-represented. The taking into account of the different gender structures in the CCAA and in the active population would have the effect of reducing the over-representation of manual workers and accentuating that of employees.

New consultations in centres de cure ambulatoire en alcoologie (CCAA: Alcohol Out-patient Treatment Centres) in 1999, by socio-professional category {3122}



Source: Consultations in the CCAA in 1999, ANPA

Insertion

A little more than one patient out of eight has no stable residence (precarious situation or homeless) and this proportion has remained practically unchanged since 1994 [15]. As regards work, a little more than one-third of those who are of an age or are in a position to work have no regular professional work, which proportion has been reducing since 1994. In the ANPA (*Association nationale de prévention de l'alcoolisme*: National Association for the Prevention of Alcoholism) sample, approximately one person in two is working professionally, and one in four is either unemployed or receiving RMI (*Revenu minimum d'insertion*: Minimum Insertion Income). The persons in care in the CSST (*centres de soins spécialisés pour toxicomanes*: Specialised Centres for the Care of Drug Addicts) for alcohol use appear to be less well inserted socially as two-thirds have no paid professional work.

Drugs used

Among the new consultations, 30% admit having consumed a number of types of alcoholic drink [15]. 22% indicated that they only drank wine, 19% beer and 13% spirits. As in the case of surveys on the consumption of alcohol in the general population, the type of drink consumed is strongly associated with age. Beer is the cause in the large majority of cases among young patients. Toward 40 years of age, the proportions of wine and beer consumers tend to balance out and wine becomes predominant in the higher ages. As regards other drugs, more than two-thirds of new patients say they smoke; approximately one in ten admit associating alcohol and medications and one in twenty admit to smoking cannabis. The other illicit drugs are rarely referred to (less than 1% of cases).

The profile of the beer-drinking patient in the CCAA (*centres de cure ambulatoire en alcoologie*: Alcohol Out-patient Treatment Centres) corresponds to that of a younger person and is more often masculine than is the case for other drinks. Among beer consumers, alcoholism occurs earlier and takes place more in cafes than among other alcohol users. This patient associates tobacco and cannabis more frequently and is sent to the CCAA by the justice and/or as a result of a positive alcohol check in a much greater proportion than for other drinkers.

Some of the persons seen in the CSST (*centres de soins spécialisés pour toxicomanes*: Specialised Centres for the Care of Drug Addicts) for their alcohol problem also have, or have had, problems with illicit drugs. Substitution treatment is reported for 23% of them and 30% have already practised injection.

Orientation

The medical environment was at the origin of 40% of contacts with the CCAA (*centres de cure ambulatoire en alcoologie*: Alcohol Out-patient Treatment Centres) in 1998 (30% of the ANPA (*Association nationale de prévention de l'alcoolisme*: National Association for the Prevention of Alcoholism) sample in 1999). One quarter of new consultations in the CCAA were sent by the administrative and judicial services (driving under the influence of alcohol, justice, DDASS (*Direction départementale des affaires sanitaires et sociales*: Departmental Management for Health and Social Action), etc.), 11% by the social services and 3.5% by the associations (particularly associations of previous drinkers). In the CCAA, a spontaneous request occurred in only 20% of cases, against 40% in the CSST.

Before making contact with a CCAA, some of the patients had already taken healthcare steps. This was withdrawal in 22% of cases, psychiatric treatment in 16% and, care by the treating doctor in 15% [15].

Among the new consultations with drinkers in the CCAA, approximately two out of three were considered, at the start of care, as “alcohol-dependent”, one in five as “excessive drinkers” and one in six as “occasional drinkers”. The latter category makes contact with the CCAA primarily following a positive alcohol check on the road.

Morbidity

Negative consequences of alcohol consumption

Alcohol consumption is at the direct origin of a certain number of pathologies (cirrhosis of the liver, optical neuritis, alcoholic neuritis, foetal alcoholism syndrome) for which alcohol can therefore be considered as being the origin of virtually all the cases diagnosed. But alcohol is also involved in a more or less direct manner in the appearance of a large number of pathologies. It is certainly associated with the increase in cancers of the upper aero-digestive tract (ascribed to both alcohol and tobacco) and to liver cancer in patients who have developed an alcoholic cirrhosis. There is also a probable link between alcohol and breast cancer and colorectal cancer (Alcohol. Effects on health, 2001). Alcohol is also involved in illness of the circulatory system (myocardopathy, hypertension and cerebrovascular accidents) and psychic problems. This substance is also very often implicated in accidents (road, domestic, work), violence and attempted suicide. To try to determine the impact of alcohol on morbidity, either the illnesses for which alcohol is considered as responsible for virtually all cases (essentially cirrhoses and cancers of the upper aerodigestive tract) can be used, or on a larger scale, the [relative risks](#) and the [attributable fractions](#) for all the pathologies involved can be calculated.

Due to the absence of systematic data on the number of cases diagnosed for all of the pathologies, the impact in terms of morbidity from the consumption of alcohol is difficult to evaluate. Studies conducted on the cost of alcohol have attempted to measure, with the aid of attributable fractions, the impact on the healthcare system. According to the two most recent studies, the cost was situated within a range of from 14 to 18 billion francs in the middle of the 1990s (Kopp *et al.*, 2000; Reynaud *et al.*, 1999), which represents approximately 30% of the cost of all the pathologies examined. Due to the absence of data, a number of pathologies could not be taken into account in both studies. Moreover, the pathologies included were not the same for one study to the next.

As regards traumas, alcohol was the cause of 30% to 40% of mortal road accidents, of 10% to 20% of work accidents and of at least 20% of domestic accidents. For suicides, the range, which is quite large, is between 5% and 25% (Reynaud *et al.*, 1999).

Due to the absence of systematic data on the number of cases diagnosed for all of the pathologies, the impact in terms of morbidity from the consumption of alcohol is difficult to evaluate. Studies conducted on the cost of alcohol have attempted to measure, with the aid of attributable fractions, the impact on the healthcare system. According to the two most recent studies, the cost was situated within a range of from 14 to 18 billion francs in the middle of the 1990s (Kopp *et al.*, 2000; Reynaud *et al.*, 1999), which represents approximately 30% of the cost of all the pathologies examined. Due to the absence of data, a number of pathologies could not be taken into account in both studies. Moreover, the pathologies included were not the same for one study to the next.

The morbidity related to alcohol can also be approached by means of surveys aimed at determining the proportion of persons with excessive alcohol consumption or who are alcohol dependent amongst those in contact with the healthcare system. Different studies were conducted during the 1990s, mainly in the hospital environment.

The percentage of persons, among hospitalised patients, who can be considered as having a problem with alcohol is between 13% and approximately 20% (Com-Ruelle *et al.*, 1997; Reynaud *et al.*, 1998; Malet *et al.*, 1999; Arvers *et al.*, 2000). In the short-stay services, the range is from 18% to 24%. The prevalence of alcohol problems among hospitalised persons is three to four times higher among men than among women. As regards age, it is persons aged from 45 to 55 years who appear to be most affected. In all the surveys, these patients were seen most often in the psychiatric services (30% to 40% of hospitalised persons). In the survey conducted in the hospitals in the Auvergne region, patients in difficulty with alcohol were found equally frequently in the gastroenterology (36%), intensive care (27%), neurology, ENT, ophthalmology, and pneumology (from 22% to 23%) services.

Mortality⁴

The mortality data are initially approached on the basis of the three causes of death related totally or principally to the consumption of alcohol: psychosis and alcohol addiction, cirrhosis of the liver, and cancer of the upper aerodigestive tract (VADS: *Voies aérodigestives supérieures*). The second part relates to the calculation of all of the deaths attributable to alcohol.

“Restricted” estimation of the number of deaths related to alcohol

En 1998⁵, a total of a little over 23,000 deaths related totally or predominantly to the repetitive and excessive consumption were recorded, of which approximately 10% were due to alcohol addiction, 40% to cirrhosis of the liver and 50% to VADS (*Voies aérodigestives supérieures*: upper aerodigestive tract) cancer.

80% of the cases were men, an excessively high death rate which reflects the over-representation of men among users.

In more than one case in two these deaths were of persons under 65 years of age and hold an important place in premature mortality: between 45 and 54 years of age, these three causes represent one death in five among men and one death in ten among women. Their number also varies on the basis of the socio-professional categories: while for all causes of death the excessively high death rate index of manual workers/employees by comparison to the higher executive/liberal professions is 3, it reaches a maximum value of approximately 10 for the three causes of death related to alcohol.

Deaths related to chronic alcohol poisoning in 1998, by cause and gender

Causes of death	Men		Women		Total	
	Number	%	Number	%	Number	%
Alcohol addiction	1,992	10.8	549	11.6	2,541	11.0
Alcoholic or unspecified cirrhosis	6,282	34.2	2,581	54.7	8,863	38.4
Cancers of the lips, oral cavity or pharynx	4,289	23.3	714	15.1	5,003	21.6
Cancer of the oesophagus	3,709	20.2	723	15.3	4,432	19.2
Cancer of the larynx	2,116	11.5	155	3.3	2,271	9.8
Total chronic alcohol poisoning	18,388	100.0	4,722	100.0	23,110	100.0

Source: National register of the causes of death 1998, INSERM-SC8

⁴ This part incorporates, with the exception of the part on the enlarged estimation, the principal elements developed by E. Michel and E. Jouglu, in the INSERM collective report (Michel *et al.*, 2001). See also, by the same authors, the October 2001 issue of the *Studies and Results* review by the Division for research, studies, evaluation and statistics.

⁵ Last known figures

“Enlarged” estimation of the number of deaths related to alcohol

According to the most recent estimates, the number of deaths attributable to alcohol in France was calculated at 45,000 in 1995 (Hill, 2000). This calculation is based, as for morbidity, on the determination of the fraction of deaths attributable to alcohol of a certain number of causes of death.

As can be seen in the following table, alcohol was responsible for the totality of deaths from psychosis and alcohol addiction syndrome and the majority of deaths from cirrhosis of the liver, cancer of the upper aerodigestive tract and cancer of the liver. Alcohol was also the cause of one death in two of death by suicide in men and one death in three in traffic accidents. Half of the deaths related to alcohol occurred before 65 years of age, 12% between 25 and 44 years of age and 38% between 45 and 64 years of age. On the basis of the data shown, alcohol was responsible for approximately one death in four before 65 years of age in men and one death in ten thereafter.

Total number of deaths and fraction of deaths attributable to alcohol in 1995, by cause and gender

	Total number of deaths among men	Fraction attributable to alcohol (in %)	Total number of deaths among women	Fraction attributable to alcohol (in %)
Cancer				
Oral cavity	1,577	84 %	373	24 %
Pharynx	2,880	89 %	330	30 %
Oesophagus	3,947	86 %	666	55 %
Rectum	3,460	12 %	6,303	5 %
Liver	4,868	71 %	1,468	54 %
Larynx	2,210	79 %	151	15 %
Mental problems				
Psychosis and alcohol addiction syndrome	1,924	100 %	489	100 %
Cardiovascular				
Ischemic cardiopathy *	4,916	39 %	3,770	7 %
Alcoholic cardiomyopathy*	93	100 %	8	100 %
Cerebrovascular illness*	6,221	26 %	3,775	8 %
Respiratory				
Pneumonia, flu*	1,964	36 %	822	7 %
Digestive				
Cirrhosis of the liver	6,391	91 %	2,981	69 %
Acute pancreatitis*	433	40 %	332	40 %
Chronic pancreatitis	69	70 %	17	55 %
Traumas and poisoning				
Traffic accidents	4,077	34 %	1,677	33 %
Accidental fall	1,256	49 %	596	11 %
Suicide	7,961	53 %	3,027	13 %
Homicide	308	50 %	202	50 %

* Before 75 years of age

Reading note: among men, 84% of the 1,577 deaths from cancer of the oral cavity are attributable to the consumption of alcohol.

Source: National register of the causes of death 1995, INSERM-SC8 and (Hill, 2000)

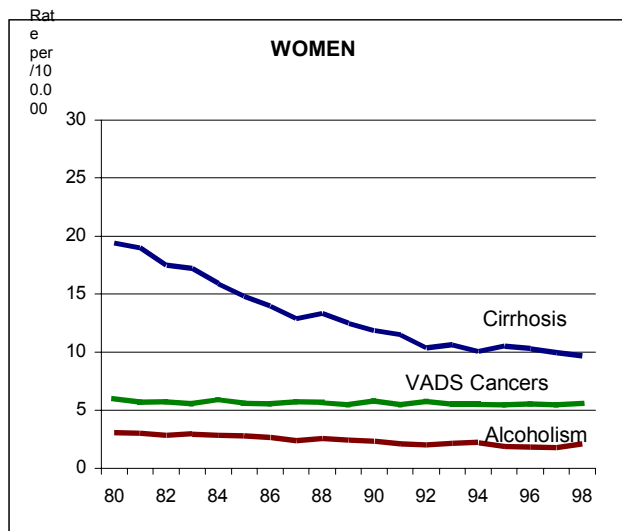
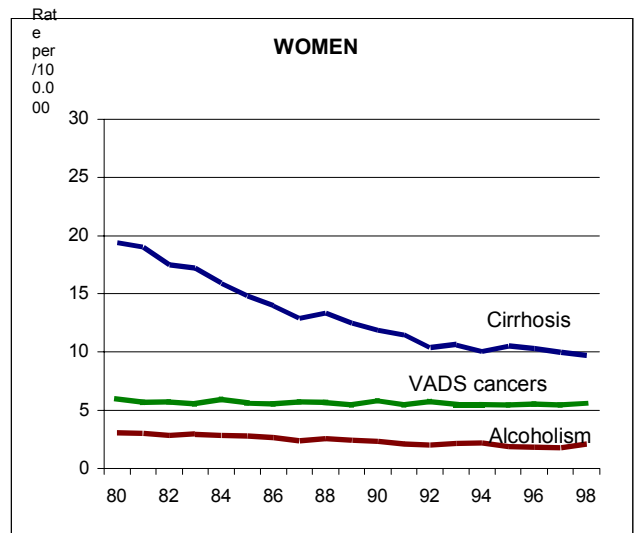
Developments

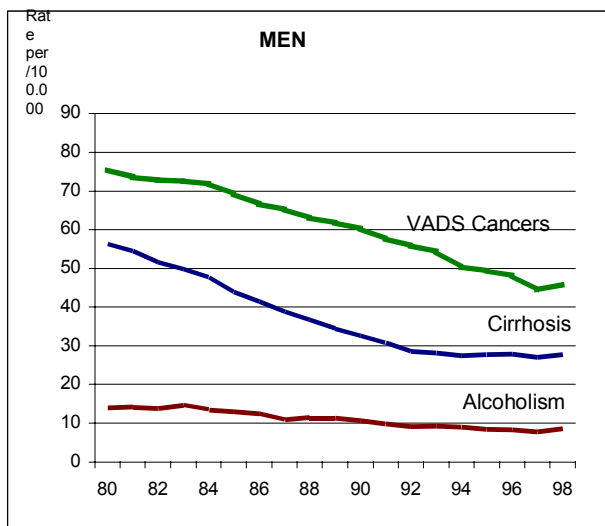
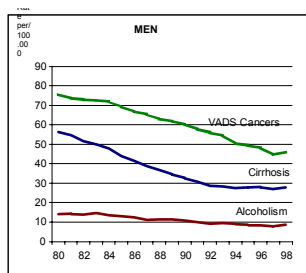
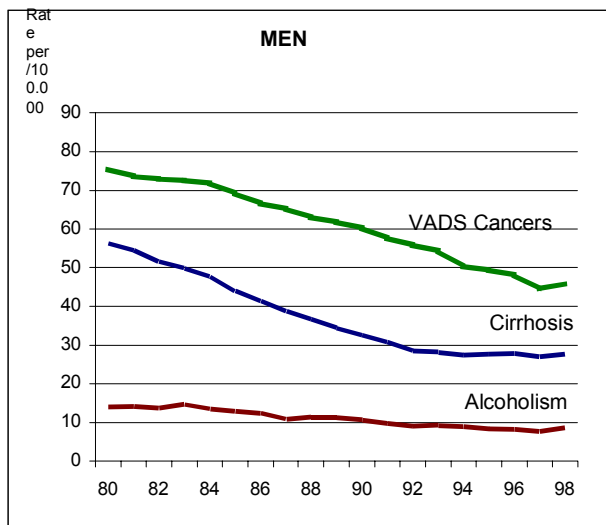
The number of deaths attributable to alcohol reduced by 13% between 195 and 1995 (at least 7,000 deaths). The reduction in relative terms was substantial among 45-64 year-olds and smaller among those under 45 years of age. As the same attributable fractions were used on both date, this drop results from the reduction in the total number of deaths from the three causes normally referred to (psychosis and alcohol addiction, cirrhosis, cancer of the upper aerodigestive tract), but also for the majority of causes of death taken into account.

For the three causes most directly related to alcohol, mortality has reduced overall by 40% in 20 years, principally due to the reduction in deaths from cirrhosis for both genders and deaths from cancer of the VADS (*Voies aérodigestives supérieures*: upper aerodigestive tract) among men. It should be noted, however, that

the number of deaths from cirrhosis has only reduced very slowly since the start of the 1990s. It is necessary to examine cirrhosis of a viral origin in this development.

Between 1997 and 1998, deaths from alcohol addiction and cancer of the VADS increased among men and women and have remained virtually stable for cirrhoses. Such an increase had not be recorded for a large number of years. The results of one or two subsequent years must be awaited before concluding on a reversal of the trend.





Rate of mortality related to chronic alcohol poisoning from 1980 to 1998 among subjects aged 15 years or more (comparative rate* per 100,000){3123}

* Reference population = 1990 census for both genders

Source: National register of the causes of death, INSERM-SC8

The reduction in deaths related to alcohol since the end of the 1970s can be compared with the downward movement in the quantities of pure alcohol consumed per inhabitant, a movement which began at the end of

the 1950s. The existence of a relation between these two terms (known as the “Lederman law”) is the subject of discussion. Fairly close developments in the average quantity consumed per inhabitant and, for example, the deaths from cirrhosis have been shown for a number of countries. However, in a global context of a reduction in mortality, it is difficult to ascertain which is the respective share of the reduction in average consumption, therapeutic progress and a better detection of some illnesses in the reduction of mortality related to alcohol.

Benefits of alcohol consumption

At the same time as the harmful consequences of the consumption of alcohol, the possible health benefits of this drug must be considered. Different studies show a J curve linking death and alcohol consumption. By comparison with abstainers, a small consumption of alcohol (at maximum 10g to 20g of pure alcohol per day for men and less for women) appears to reduce the risk of deaths related to coronary and cardiovascular illness in general (*Alcohol. Effects on health*, 2001). Above this threshold, the risk of death increases with the quantity of alcohol consumed.

Criminal consequences of alcohol consumption

The role of alcohol in numerous offences committed appears to be important even if few studies or data allow it to be clearly shown. Only the data in respect of alcohol checks and convictions related to driving under the influence of alcohol are subject to annual monitoring.

Alcohol checks

In 1999, approximately 9.7 million alcohol checks took place in France, of which a little more than 80% were preventive checks and the remaining 20% took place following an accident. The number of detections more than doubled between the end of the 1980s and 1995 and subsequently stabilised at that level until 1998, but increased substantially again in 1999 (+12%). The proportion of positive detections was, on average, 2.0% in 1999. This percentage was 1.4% for preventive checks against 15.9% for drivers involved in a fatal accident (ONISR (*Observatoire national interministériel de sécurité routière*: National Interministerial Observatory for Road Safety), 2001). If reference is made to the number of fatal accidents in which at least one driver involved showed an illegal alcohol level, a higher proportion of positive checks is obtained (32% in 1994) (Biechler *et al.*, 1999).

The rapid growth in the number of detections is accompanied by a reduction in the share of positive detections, which reduced from 2.6% in 1989 to 1.5% in 1995. The constant growth of this rate since that date can be explained in part by the reduction in the illegal alcohol rate to 0,5 grams per litre of blood in 1995, which resulted in an immediate increase in the positive detection rate. It is difficult to ascertain what proportion of the remainder of the increase is due to lesser vigilance on the part of the French population in relation to drink-driving and/or to a much greater efficiency of the checks.

Convictions

Following a pronounced reduction in 1996 and 1997, the number of convictions for driving under the influence of alcohol exceeded the 1994 in 1999, without however reaching the exceptional level reached in 1996 (approximately 106,000 convictions). These convictions are one of the largest offences handled by the courts (23% of convicted offences in 1998). It should be noted that of the entirety of convictions, 10% related to subsequent offences, the number of which is steadily increasing (ONISR (*Observatoire national interministériel de sécurité routière*: National Interministerial Observatory for Road Safety), 2001).

The persons convicted are, in 94% of cases, men, whose average age is 38 years. In ten years, the share of young people from 18 to 24 years of age has clearly reduced, going from more than 20% to 13%, while the share of those above 40 years of age has increased by more than one-third, reaching 43% in 1999.

The number of convictions for involuntary homicide by drivers under the influence of alcohol has remained stable between 1998 and 1999. The trend has been downward since the end of the 1980s.

These offences are punished by penalties of imprisonment in virtually all cases (98%) and half of them are fixed-term (in part or in whole).

The convictions for involuntary injuries by drivers under the influence of alcohol have been moving downward since the end of the 1980s. A penalty of imprisonment is pronounced in 80% of convictions with a fixed-term part in less than 10% of cases.

Alcohol checks and convictions related to driving under the influence of alcohol, from 1990 to 1999

	1990	1992	1994	1996	1998	1999
Number of positive detections	116,613	119,601	129,910	132,283	167,465	193,192
Convictions for driving under the influence of alcohol	93,043	99,725	101,274	95,251	101,636	103,088
Involuntary injuries by drivers under the influence of alcohol	5,766	5,858	4,889	4,294	4,029	3,919
Involuntary homicides by drivers under the influence of alcohol	607	608	505	485	453	451

Source: ONISR

Geography showing the consumption of alcohol

Regional approach

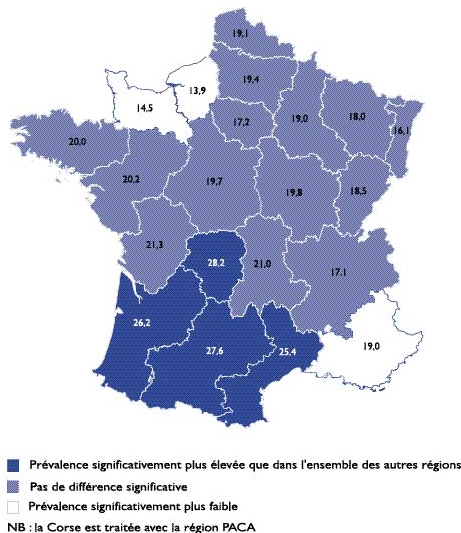
The geographic data on the consumption of alcohol come from two surveys: the first relates to the consumption by adults in the general population [3] and the second relates to young people at the end of adolescence, questioned during the Defence Preparation Day [8].

The socio-healthcare consequences of alcohol consumption in the regions are drawn from the requests for treatment [16] and the data on mortality [13].

Consumption in the general population

The regional geography is shown on using two indicators: the daily consumption of alcohol during the last twelve months and the prevalence of intoxication during that period. The results are based on the population aged from 12 to 75 years.

Prevalence of the daily consumption of alcohol during the last twelve months among 12-75 year-olds in 2000, by region {314a}

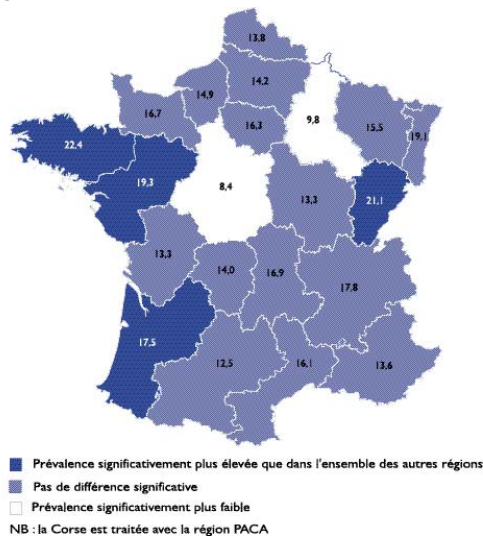


Inter-regional comparisons with age and gender checked

Source: Health Barometer 2000, CFES, OFDT production

Seven regions distinguish themselves from the rest of France from the point of view of the prevalence of the daily consumption of alcohol during the last twelve months: Limousin, Aquitaine, Midi-Pyrénées and Languedoc-Roussillon are clearly above the average while Basse-Normandie, Haute-Normandie and the PACA region are clearly below it. The South-West of France appears therefore to be the region where daily consumption is particularly anchored. On the other hand, the remainder of the West coast, particularly Bretagne and the Pays de la Loire are situated within the average. The disparities between the genders are particularly high in the South and the North-East and particularly low in Ile-de-France and Haute-Normandie.

Prevalence of intoxication during the last twelve months among drinkers from 12-75 years of age in 2000, by region {314b}



Inter-regional comparisons with age and gender *checked*

Source: Health Barometer 2000, CFES, OFDT production

Five regions distinguish themselves from the rest of France from the point of view of the prevalence of intoxication during the last twelve months: Bretagne, the Pays de la Loire and Franche-Comté are significantly above the average, while the Centre and Champagne-Ardenne are clearly below it. The South-West, above the average for daily consumption, does not stand out from the point of view of intoxication. The two Normandies and the PACA region are within the average, although below it for daily consumption. The difference between genders is mainly quite low in the south and higher in the west and east of France.

Consumption at the end of adolescence

The geographic data on the alcohol consumption are drawn from the survey conducted on young people at the end of adolescence, during the Defence Preparation Day [8].

For both genders, the prevalence of intoxication is minimal in the Parisian region (41% and 47%) and in the North (43% and 54%), and is at the maximum in the South-West (61% and 71%), with the North-West arriving in second position: 53 % and 68 %). At 17 years of age, experimentation with intoxication is therefore more frequent in the west of France. The difference between the two genders is minimal in the Parisian regions (7 points) and at the maximum in the Centre-East (22 points).

At 17 years of age, 5.5% of girls and 16.0% of boys reported having consumed alcohol at least ten times during the last thirty days. This repetitive use reproduces the geographic disparities observed for experimentation with intoxication: the Parisian region and the North are again distinctive, with the lowest prevalence (3% for girls and 10% for boys in the Parisian region and 4% and 12% respectively in the North), while the highest prevalence is found in the three regions in the West, particularly the South-West (10% for girls and 20% for boys).

At a more detailed level of analysis, it appears that the regional variations are more marked for boys than for girls. In other respects, the difference between the two genders is minimal in the Parisian regions (6 points) and at the maximum in the North-West (13 points).

Prevalence of the repetitive use of alcohol* at 17 years of age in 2000, by region {314c}



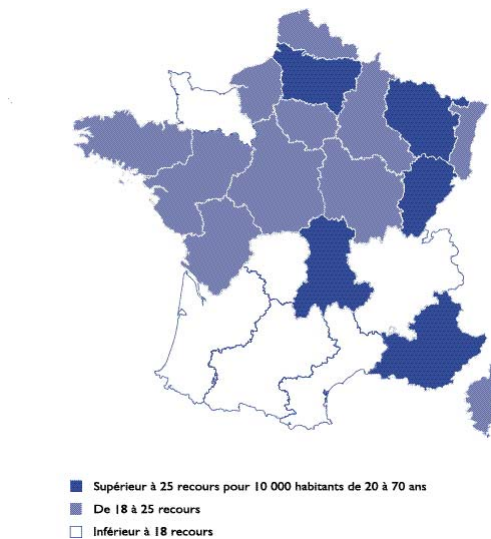
Inter-regional comparisons with age and gender *checked*
 * At least ten times during the last thirty days

Source: ESCAPAD 2000, OFDT

Demands for treatment

The regional breakdown of the number of care cases in the CCAA (*centres de cure ambulatoire en alcoologie*: Alcohol Out-patient Treatment Centres) per inhabitant shows a split between the north and south of France, which partly confirms the breakdown of deaths related to alcohol. The PACA region and Basse-Normandie are, however, exceptions. The situation in these two regions can be explained by an effect of supply, with the number of care cases being very largely related to the presence of (healthcare) structures.

Care cases in out-patient alcohol treatment centres in 1998, by region {3141}



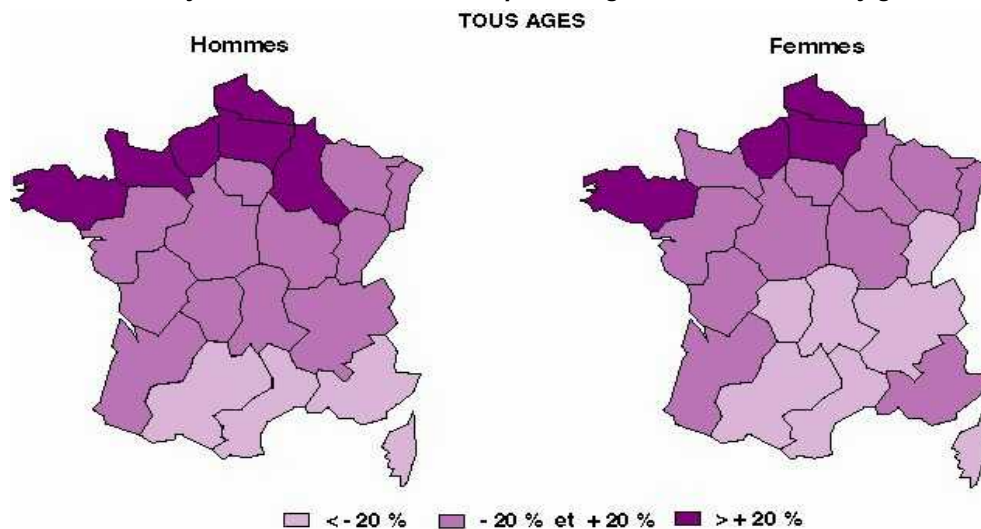
Source: Activity reports of the structures specialising in alcoholism, 1998, DGS

Mortality

For the three causes of death most related to alcohol (psychosis and alcohol addiction, cirrhosis of the liver and cancers of the upper aerodigestive tract), there is a strong split between the North and South among men, with an excessively high death rate in the first group of regions and a lower death rate in the South (see map on page 91). This difference between the North and the South appears in all of the causes of death and is not specific to deaths related to alcohol. The role of alcohol in a large number of pathologies explains, without doubt, one part of the global differences in mortality between the North and the South. Other factors of a

social, cultural or environmental order also play a part, without doubt, in explaining the regional disparities in mortality (Michel *et al.*, 2001).

Rate of mortality related to chronic alcohol poisoning from 1992 to 1996, by gender and region {3142}



Variations in rates against the average for France

Source: National register of the causes of death, INSERM-SC8

European approach

In order to compare the situation in France with those of its European neighbours, from the point of view of alcohol consumption and its consequences, the data was essentially taken from the ESPAD (European School survey Project on Alcohol and other Drugs) survey on school-going young people in thirty European countries (Hibell *et al.*, 2001) and a study on mortality related to the consumption of alcohol in France and Europe (Michel *et al.*, 2001).

Consumption

In 1999, a comparison of 17 European countries showed France with the highest consumption of alcohol expressed in litres of pure alcohol consumed per inhabitant and per year (EUROSTAT, 1999).

Within the school-going population and among the thirty countries covered by the ESPAD survey, the use of alcohol by French students of 16 years of age is above the average, for consumption during the year and the month, as is the frequency of intoxication during the year. This survey also showed that:

- for at least ten uses during the year (occasional consumption), France is in the second half of the classification;
- for more than ten uses per month (repetitive consumption), France is at the end of the first third (8% overall, 12% for boys and 5% for girls). Malta (20 %), Denmark (18 %), Ireland and the United Kingdom (16 %) are at the top. The differences between genders is low in these countries, contrary to that which is observed in France;
- for the consumption of beer and wine (more than three glasses during the month), France is in a median position, although it is in the first third for spirits. It is in the same classification for the quantities drunk last time (beer, wine and spirits);
- for ten or more episodes of intoxication during the year, France is among the last (3% overall, 6% for boys, 1% for girls), against 39% for Denmark. Here also, the difference between genders is high in France, but low for the countries most concerned (Hibell *et al.*, 2001).

Mortality

Within the countries of the European union, France holds the record for mortality related to alcohol among men in 1994, with an excessively high death rate of 27%, closely followed by Germany. Remaining with men, a distinction can be made between Southern Europe (with the exception of Greece), which is situated within the average, and Northern Europe, where mortality is lower than the average (Michel *et al.*, 2001).

Among women, mortality related to alcohol is highest in Germany, while in France it is a little below the European Union average. The north-south split is less marked than among men, while the Scandinavian countries are also a zone of lower than average mortality for women.

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