

Cocaine and crack

Reference points

Consumption

- The consumption of stimulants in general, and cocaine in particular, appears to have been growing over the past few years, a finding that is more distinctly discernible among specific populations (persons attending festive events, opiate-dependent users).
- Experimentation, and more importantly, actual use of cocaine remains relatively limited. However in the year 2000, 1.4% of French people from age 18 to 75 years had experimented with cocaine.
- Within the adult population, the highest level of experimentation is found generally within the 18-44 age group, and more particularly among 35-44 year olds (1.6% for women and 4% for men). Among younger people, experimentation varies between 1% and 3% depending on gender and age.
- Women are always less numerous in admitting to experimentation with cocaine. Irrespective of gender, experimentation is found especially among young adults.
- Consumption of cocaine is frequently noted in a context associated with other licit and illicit drugs, primarily alcohol, tobacco and cannabis. This is particularly the case in festive environments in which cocaine is associated with other stimulants and hallucinogenic drugs.

Healthcare and social consequences

- Healthcare and social care cases arising from cocaine or crack use increased appreciably between 1997 and 1999. The majority of this increase relates to previously monitored users and opiate dependants, especially those receiving substitution treatment.
- Use of these two drugs is the cause of care in less than 5% of primary drug cases and 15% for secondary drugs.
- Cocaine is particularly involved in multidrug use as the cause of health or social care; its consumption is often linked to the use of opiates.
- This finding explains the profile of cocaine users seen in the healthcare and social structure, which is close to that of opiate users within the same structure.
- Cases of deaths attributable to cocaine appear to be rare.

Criminal consequences

- Cases of police interrogation for use and drug dealing of cocaine or crack have greatly increased over the last ten years, in particular since 1997. They are very much in the minority compared to cases of police interrogation for the use drug dealing of cannabis (3,200 versus 82,300), but currently represent half of those in relation to heroin (5,800).
- More and more cocaine and crack users interrogated by the police are older. In 1991, the respective average ages for the drugs were 29 and 31 years.

Supply and trafficking

- The number of cocaine seizures and the quantities seized are rising, but there are large variations from one year to the next, arising from the influence of *ad hoc* operations that may not have been completed at years end.

- Cocaine is becoming more and more accessible. Although its price fell considerably in the 1990s, it appears to have stabilised.
- The supply of crack appears to be a relatively localised phenomenon, primarily affecting the Parisian region, the Antilles and Guyana.

Consumption of cocaine and crack by the French population

The consumption of cocaine and crack in the French population is described on the basis of survey results from representative samples of the young or adult populations. The trends that emerge from these surveys are corroborated by information from the field, both in the profile of consumers and their modes of use.

As cocaine consumption is rare, both in the adult and adolescent populations, only experimentation is considered here. Experimentation with crack in the adult population is too low a phenomenon for reliable study, because the question was not explicitly asked. In the same way, among young people, its investigation posed two difficulties: the low number of experimenters, and the level of comprehension of the question, confirmed by a relative ignorance of the drug [9].

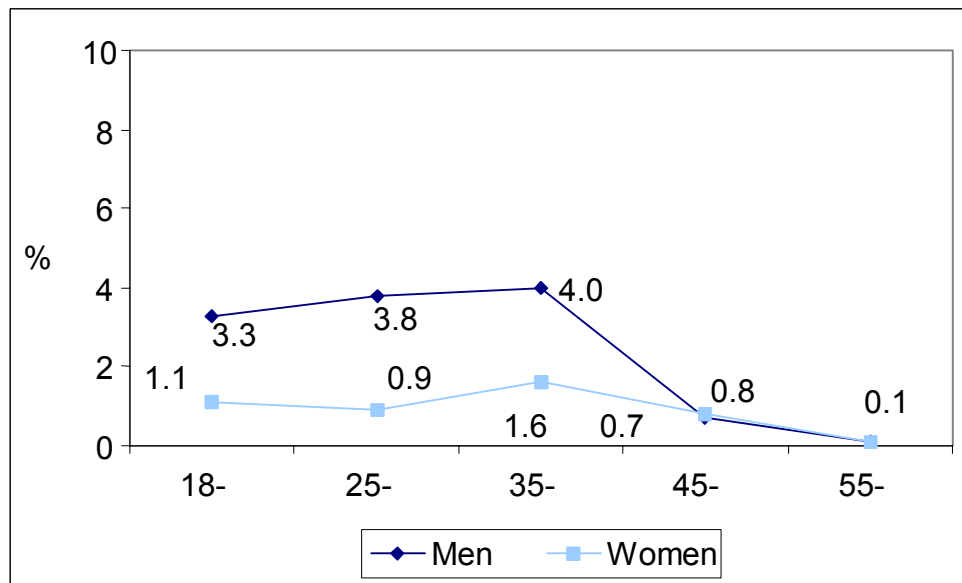
Experimentation by the general adult population

Within the general adult population, experimentation remains rare and is primarily found in young adults [3]. Consumption is predominantly masculine. While there is a marked division among men in their forties, with experimentation being much more frequent below 44 years, the contrast is less marked among women.

Over the past few years, an upward trend appears to be emerging. The use of cocaine among 18-44 year olds has, between 1995 [2] and 1999 [3], increased from 0.5% to 1.2% among women, and from 2.8% to 3.7% among men. This data is corroborated by field observations that show a marked spread in the distribution of cocaine, particularly in the context of festive events.

Above 44 years, the experimentation rate for this drug is extremely low.

Frequency of experimentation with cocaine in the general adult population in 2000, by gender and age {331a}



Source: Health Barometer 2000, CFES (Comité français d'éducation pour la santé: French Centre for Health Education), OFDT (Observatoire français des drogues et des toxicomanies: French Observatory of Drugs and Drug Addiction) production

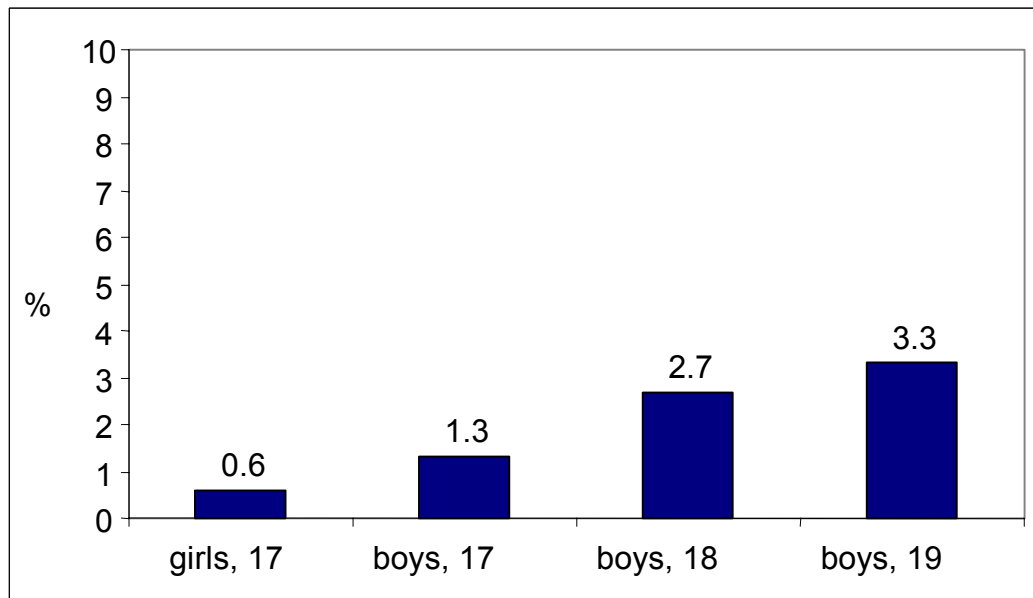
Among adults, experimentation with cocaine is observed in all social environments. Experimenters with cocaine are not, however, of sufficient number to allow the formulation of a precise socio-demographic profile of them. Some features emerge, however: experimentation is significantly more common among unemployed persons registered with the ANPE (5%). However, the socio-professional category, education degree, or level of household income did not allow a differentiation of this experimentation.

Experimentation by adolescents

Among educated young people, 1.2% of girls and 2.1% of boys from 14 to 18 years of age admitted having already taken cocaine during their lives [7]. Experimentation with cocaine has been on the increase since 1993, reaching 0.8% among girls and 1.4% among boys, with the difference being significant for boys [5].

At the end of adolescence, prevalence among boys and girls is equally higher, and increases with age among the latter between 17 and 19 years [8].

Frequency of experimentation with cocaine among young people at the end of adolescence in 2000, by gender and age {331b}



Source: ESCAPAD 2000, OFDT (Observatoire français des drogues et des toxicomanies: French Observatory of Drugs and Drug Addiction)

More young people who have left the school system have experimented with cocaine than others, as is the case for students registered in professional channels, and who have already repeated a school year. Thus, when gender, age and school year repetition *are checked*, experimentation is found more frequently among young people who have left the school system, and, among students, those registered in professional channels, and who have repeated a school year. Moreover, young people who have already used cocaine are markedly more regular consumers of alcohol, cannabis and tobacco, than the others.

While experimentation with cocaine involves only a small proportion of young people who have already attended *techno* parties (4.2%), these are seven times more likely to be experimenters than others (0.6%). When gender, age, professional channels, and repetition *are checked*, experimentation with cocaine is found more frequently among those who attended such an event.

Observations in the field

These data are from the TREND [33] device that operates in thirty sites in France and during *techno* party events.

Profile of consumers

In metropolitan France, the emergence of a number of cocaine-user categories has been observed over the last number of years:

- Young consumers of cannabis, ecstasy or other synthetic drugs, who come into contact with cocaine either in their locality, or when participating in a party event (*techno* or *discotheque*)
- Persons receiving substitution (methadone or high dosage buprenorphine)
- Persons in precarious social situations, on the very fringes of society, and multidrug addicts.

In the overseas departments, cocaine is still essentially reserved for socially well-integrated persons.

Crack users in cities are, for the most part, marginalised persons, some of whom alternate the use of crack and opiates. Nevertheless there are also occasional crack consumers among well-integrated groups, or even cocaine consumers who, from time to time, experiment with the smokeable form of this drug.

In the Antilles and in Guyana, profiles of crack consumers vary. As in the city, however, the majority of use is by persons in serious social difficulty. In these departments, the broad availability and low prices have contributed to a 'democratisation' of consumption, the scale of which is difficult to estimate.

Modes of use

Cocaine is still sniffed, particularly among well-integrated consumers, or those frequenting the *techno* environment. Use of the intravenous route is infrequent and mainly involves users, or previous users, of injected heroin or substitution drugs. Although in a minority, this practice is developing in the *techno* party area. As regards the practice of injecting crack, it is almost exclusively seen in Paris. Finally, the smokeable mode of cocaine (in hydrochloride form) is even more rare, because it involves a substantial loss of the drug in the process. Regarding cocaine that is smoked, this is generally in the form of cocaine base (crack).

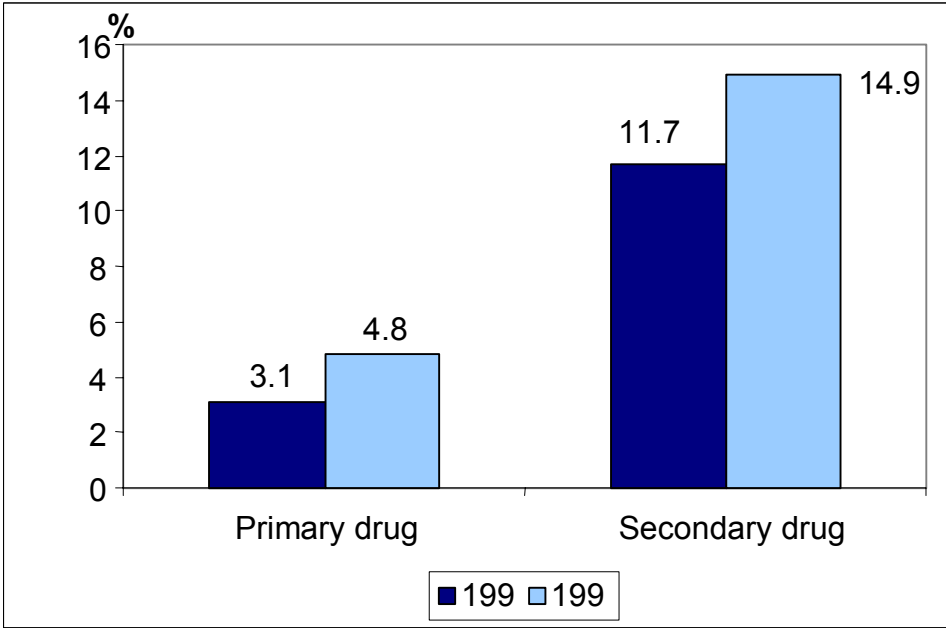
Healthcare and social consequences of the use of cocaine and crack

Use of cocaine and crack drives a fraction of its consumers into the medico-social care structure. The number and characteristics of the persons taken into care in the medico-social institutions due to their dependence on (or abuse of) cocaine, are described first. The consequences of cocaine use, in terms of mortality and morbidity, are dealt with in the second section. The data shown is, in the majority of cases, collected from users by the care institutions, or the police services (mortality).

Demands for treatment

Between 1997 and 1999 the number and percentage of cases related to cocaine and crack have increased markedly, whether for **primary drugs (+80%)** or **secondary drugs (+33%)**. Despite this growth, cocaine and crack are a very small proportion of all care cases for primary drugs (a little less than 5%). They appear, however, much more often as secondary drugs (almost 15%), which shows that cocaine is particularly implicated in multidrug use and dependency, more specifically in association with opiates.

Share of cocaine and crack in the entirety of drug-user care cases in 1997 and 1999 {333a}



Entirety of cases in the month of November in specialised and healthcare establishments, excluding double counting, with at least one drug product being the cause of care (see methodological appendix); N = 18, 075 in 1997; N = 19,564 in 1999.

Source: Survey on the care of drug addicts in November 1997 and 1999, DREES/DGS

The data from the OPPIDUM [18] survey showed an increasing trend in the proportion of recent consumers (in the previous week) of cocaine since 1996 (11% in 1999 as opposed to 7% in 1996). In the DREES/DGS survey, the proportion who had consumed cocaine and crack in the last thirty days had increased from 9% to 12% between 1997 and 1999.

Characteristics of persons in care.

The characteristics of users are drawn from the cases of care for cocaine and crack use as a primary drug only. The secondary drugs referred to, are, in the majority of cases, associated with opiates, due to the preponderance of this family of drugs in care cases. The characteristics of users mentioning cocaine and crack as a secondary drug are very similar to those of opiate users, which aspect is described elsewhere.

In November 1999

Generally, the characteristics of persons described in care cases of cocaine use as a primary drug, are similar to those of opiate users. This average profile results from the aggregation of three sub-populations:

- The first group of persons (a little more than 50% of cases related to cocaine in November 1999) had a simultaneous problem of abuse or dependence in relation to cocaine (or crack) and opiates.

These users are receiving substitution treatment¹ and/or consume opiates as a second drug. Their profile is identical to those opiate users as a primary drug (average age over 30 years, small proportion of first-care cases, frequent practice of injection, high prevalence of HIV and VHC²).

- A group of persons without an associated case of care related to opiates (a little less than 40% of care cases in November 1999³).

These users are a little younger than the opiate users (29.7 years on average). The proportion of first-care cases among them is very high (50%), which is probably explained by a more ad hoc case of care than those of opiate users, who have settled into the healthcare structures by their substitution treatments. The practice of injection reported is much lower than in the case of opiate users (23% of cases for current or previous injection, and 10% for injection in the last thirty days).

- A final group consisting of crack users in the Antilles-Guyana region (10% of care cases in November 1999).

These users are, on average, older than those in the cities (33.7 years), half of them being 35 years or more. They are almost exclusively men (94% of cases) and are first-care cases in almost one in two cases (46% of cases). Opiates and substitution treatment are almost completely absent, as is the practice of injection. The only associated drugs in these care cases are cannabis and alcohol. Finally, by comparison with the preceding

¹ Such treatment is prescribed, without exception, in cases of dependence on opiates

² See the chapter on opiates

³ The "given month" survey method tends to overestimate the persons regularly attending healthcare structures (the case of opiate user receiving substitution treatment)

groups, a higher proportion of users are sent to the healthcare structures by a legal decision (22%).

Profile of care cases related to cocaine, crack and opiates (as a *primary drug*)

	Cocaine with associated opiates ⁽¹⁾	Cocaine without associated opiates ⁽²⁾	Crack in the Antilles-Guyana region	Opiates
Number of care cases (primary drug)	474	333	95	13 613
% of first-care cases	27	50	46	29
Average age	30,9	29,8	33,7	31,5
% under 25 years	12	28,9	11,6	13
% of men	81	78	94	76
% of persons sent by the justice	7	11	23	6
% of persons employed	33	34	37	39
% of pupils and students	5	4	4	2
% of persons receiving RMI	32	22	30	31
% of persons having used the intravenous route (currently or previously)	72	23	3	73
% of persons having used the intravenous route within the last 30 days	21	10	0	19

⁽¹⁾ Cases of care in cities with a mention of substitution treatment and/or opiates as a second drug.

⁽²⁾ Cases of care in cities without mention of substitution treatment and/or opiates as a second drug.

Source: Survey on the care of drug addicts in November 1999, DREES/DGS

Development 1997-1999

For all of the care cases related to cocaine, the principal changes that have occurred between these two years are the increase in the proportion of substitution treatments (from 35% to 45%) and the reduction in the percentage of first-care cases (from 48% to 38%). These developments are mainly the result of differentiated growth in the numbers of each of the groups referred to above. The number of users receiving substitution treatment, or with opiates as secondary drugs has doubled, the number of users without association with opiates has increased by 50%, and crack user numbers in the Antilles and Guyana have reduced slightly. It should be noted that, as in the case of all care cases (all drugs included), the practice of injection, within the last thirty days, has reduced quite considerably, in proportion, in the last two groups (from 27% to 21% in the first group and from 16% to 10% in the second). Also, a general phenomenon, the consumption of heroin during the last thirty days has dropped (from 27% to 18%⁴), while that of Subutex® is increasing (from 6% to 12%).

In total, approximately two-thirds of the overall growth in care cases related to cocaine and crack results from the increase in the number of multidrug-dependent users, most of whom are receiving substitution treatment for opiates. The increase in the average age of all the groups, and the trend of a reduction in the percentage of first-care cases and the under 25 year-olds, shows that the increase in care cases related to cocaine can only be marginally attributed to the youngest users.

⁴ The percentage relates to persons taken into care for cocaine use and having consumed at least one drug within the last thirty days.

Morbidity and mortality

Consumption of cocaine can be the cause of death through overdose, and manifests itself through different pathologies (endocarditis, cerebrovascular accidents, and psychiatric conditions). As for other substances, there is little data on these questions. The available figures relate to deaths by overdose, as provided by the police services, and the prevalence of HIV and VHC infections, originating from surveys of users and the medico-social care structures.

Morbidity

The practice of intravenous injection is the main risk factor in the transmission of HIV and VHC among drugs users. As previously indicated in care cases related to cocaine, the majority of persons with which injection is mentioned are opiate users, usually receiving substitution treatment. The same prevalence is noted to the same degree for users of opiates as a primary drug. As for all opiates users, the prevalence of HIV is reducing, and that of VHC increasing.

Reported prevalence of HIV and VHC among persons in care in 1997 and 1999 for cocaine use as a primary drug, in specialised establishments

	1997	1999
Prevalence of HIV in persons having practiced injection (currently or previously) as a % of the number of known pathologies	20 (N = 165)	14.9 (N = 329)
% of unknown pathologies	23 (N = 213)	16.1 (N = 392)
Prevalence of VHC in persons having practised injection (currently or previously) as a % of the number of known pathologies	53.3 (N = 149)	59.7 (N = 315)
% of known pathologies	30 (N = 213)	19.7 (N = 392)

Source: Survey on the care of drug addicts in November 1999, DREES/DGS

Mortality

In the year 2000, according to police services, cocaine was the direct cause of 11 deaths out of the total 120 recorded deaths from overdose. Analysis of five of these deaths revealed the presence of other substances (cannabis, hallucinogenic mushrooms, crack, ecstasy or heroin). Crack appears to be the main cause of overdose.

The number of cocaine-related deaths has fluctuated over the last fifteen years and for the first time is greater than ten cases. In the context of a substantial reduction in deaths related to heroin during the 1990s, the part in relation to cocaine tended to increase. The presence of cocaine was also detected, in 2000, in five cases of deaths directly related to heroin or methadone.

Criminal consequences of the use of cocaine and crack

The use of cocaine and crack, as for all illicit drugs, may result in police interrogation and criminal proceedings. Only the cases of police interrogation can be described. Sentences and imprisonment that do not refer to the drug in question cannot be dealt with here.

Police interrogation for use in 2000

During the year 2000, law enforcement services recorded almost 2,000 cases of police interrogation for simple cocaine use, which represents 2.3% of the total number of cases of police interrogation for simple use [28]. When user-dealers are taken into account, this proportion amounts to 2.5%. Cocaine is the third leading drug causing police interrogation of users in France, but is well behind cannabis (87.3% of users questioned) and heroin (6.2%).

The number of cases of police interrogation for crack use is much lower (869 in 2000) and amounts to less than 1% of cases of police interrogation for drug use. It should be noted that almost one-third of cases of police interrogation occur in the little crown, and another third in the Antilles and Guyana.

Cases of police interrogation for use and drug dealing of cocaine and crack in 2000

	Cocaine	Crack	Cocaine and crack	All drugs included
Simple use	1 944	707	2 651	83 385
Drug dealing	379	162	541	10 954
Total	2 323	869	3 192	94 339

Source: FNAILS 2000, OCRTIS (Office central pour la repression du trafic illicite de stupéfiants: Central Office for the Repression of Drug-Related Offences)

As for other drugs, the majority of persons questioned for use or drug dealing of cocaine were only questioned once during 1999 (85% of them). The majority of those arrested more than once were arrested for the use or possession of a drug other than cocaine, principally cannabis (145 persons) and heroin (99 persons).

Development in cases of police interrogation for use since 1990

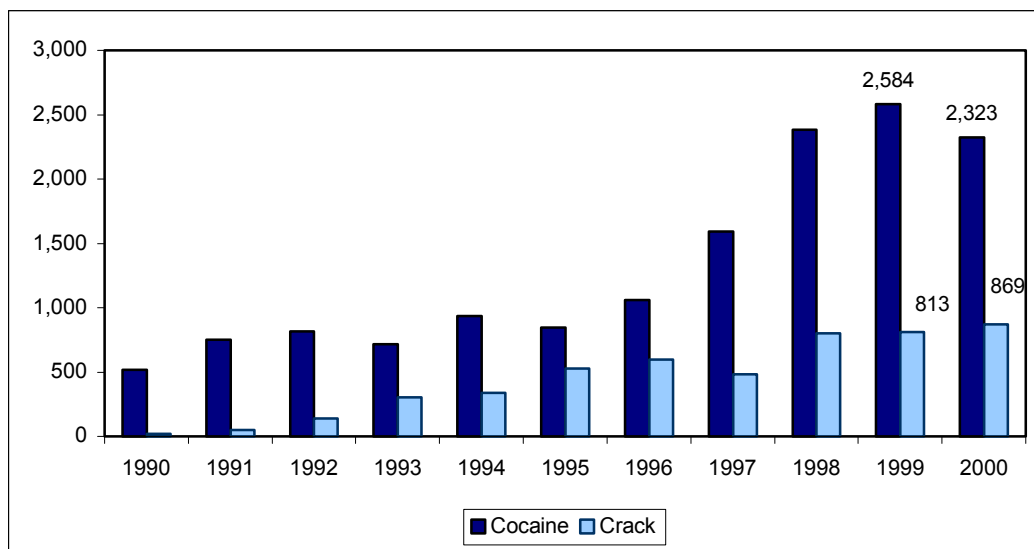
The reduction in the cases of police interrogation for cocaine use in 2000 (-10%) appears to be a break in the upward trend observed over the ten-year period. In 1999, the rise had already been more modest than in previous years. The [police interrogation of crack users](#) increased by 7% between 1999 and 2000.

From 1990 to 1999, cases of police interrogation for cocaine use multiplied by five, a more rapid progression than for all cases of police interrogation of users (which tripled). Growth was also exceptional for crack (+56% on average each year). This is, however, partly due to the introductory phase of a new substance into the nomenclature, and the low numbers at the beginning of the period. The population

is very different compared to other users and is certainly more visible to the police. However, the transfer of police interrogation cases from cocaine toward crack can be assumed to be due to a better knowledge of the drug.

It is too early to say whether the reduction observed in 2000 represents a new trend, and whether the cases of police interrogation for cocaine use reached a peak in 1999.

Cases of police interrogation for use or drug dealing of cocaine or crack from 1990 to 2000 {334a}



Source: FNAILS, OCRIS (Office central pour la repression du trafic illicite de stupéfiants: Central Office for the Repression of Drug-Related Offences)

Characteristics of users questioned

In the year 2000, cocaine and crack users were the oldest of the users questioned: respectively 29.6 and 31.3 years as opposed to 28.3 years for heroin users and 21.8 years for cannabis users. Among the cocaine and crack users questioned, there were only 63 minors who were essentially cocaine users.

As for heroin users, the ageing trend of this population has been confirmed for a number of years now: cocaine users questioned in 1990 were, on average, 27.9 years old. For crack users, this trend is only visible from 1995.

The differences observed in the breakdown by professional category among users questioned are age-related: as in the case of heroin users, more cocaine and crack users than the average admitted not having a job (49% of cocaine users and 73% of crack users) and there are fewer students and secondary school pupils (6% and 2% respectively). The data are reversed for cannabis users, one-third of whom are unemployed, and another third are students or secondary school pupils.

Almost 82% of cocaine users questioned were men, a slightly smaller proportion than that observed among crack users (86%) or other users questioned. There has been little change over the years.

Finally, as regards nationality, the majority of cocaine and crack users were French, as was the case for all users questioned. But the number of foreigners is greater among crack users than among any other users questioned. They represented 13% in 2000.

Supply and trafficking of cocaine and crack

The international and national supply of cocaine and crack is examined mainly via the seizures made by the international and national services. Local supply is described from field observations.

International trafficking and supply routes to France

In the year 2000, 43 [metric] tonnes of cocaine were seized in Western Europe (INTERPOL, 2000). During the 1990s, the European market (in the geographic sense) became an increasingly valuable destination for cocaine, which seems to be suggested from the regular growth in seizures.

Quantities of cocaine seized in Western Europe, from 1993 to 1999

(in metric tonnes)

1993	1994	1995	1996	1997	1998	1999
17.3	29.4	21.0	31.2	38.8	36.1	44.1

Sources: UNODCCP

This increasing trend cannot be attributed to an increase in production, because the annual global supply of cocaine hydrochloride coming from South America has remained relatively constant over the last five years: approximately 800 tonnes per annum, of which 200 to 300 tonnes were seized according to INTERPOL (INTERPOL, 2000). The influx of cocaine into Europe is rather the consequence of the United States market saturation—the traditional destination of the drug—that forced the traffickers to seek new markets.

Cocaine arrives in Europe primarily through Spain and the Netherlands, most often after transit through the Caribbean. 63% of seizures from 1997-1998 had transited through this region.

The quantities of cocaine hydrochloride seized in France amounted to 1,311 kg in the year 2000, showing a reduction of 64% over the previous year, although the number of seizures remained constant (approximately 1,800) [28]. This apparent reduction in trafficking is probably artificial and reflects the fact that 1999 was marked by three exceptional seizures which, in total, amounted to more than 2,400 kg. If the last seizures are compared to those of 1998, an increase of more than 25% is noted, which appears to better fit the trends observed elsewhere (increase in consumption and much greater availability in certain environments). The quantities of cocaine seized annually are always subject to considerable variation due to frequent large busts.

Quantities of cocaine seized in France, from 1990 to 2000

(in kg)

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Cocaine	1 845	831	1 625	1 715	4 743	865	1 742	844	1 051	3 687	1 311
Crack	0	0.4	1.9	5.2	10.2	8.6	10.5	16.3	25.1	10.6	22.2

Source: FNAILS, OCRTIS

In 2000, a large part of the cocaine seized in France came from Brazil and Venezuela via the Netherlands, which appears to be an important new point of entry (22% of the quantities seized, whose source was identified in 2000, as opposed to 4% in 1999).

Except in unusual years, the main countries of destination are: France, the Netherlands, the United Kingdom, Italy, (and less so in 2000, Spain) with 25%, 18%, 16% 15% and 3% respectively of the seized quantities whose destination was identified. One new fact is the emergence of a black African drug connection with more than 100 kg destined for Togo and the Ivory Coast.

It is difficult to discuss the international supply of crack, as it is most often manufactured on the spot from cocaine hydrochloride. With 22 kg, the quantities of crack seized have doubled versus 1999. However, it must be noted that 12 kg came from a single seizure in Martinique [28]. Increasing quantities of crack are seized each year coming from the Antilles. The number of seizures is also increasing steadily (325 in 1995 and 472 in 2000).

In France, as throughout Europe, the importation of cocaine is not done by large criminal organisations, but by casual groups of criminals or commercial companies with licit businesses (OGD, 2000). Likewise, a substantial fraction of the retail trade is still in the hands of a relatively large number of individuals or small groups who supply cocaine to ‘groups of friends’, and which are not considered to be ‘criminal operators’.

Nevertheless, some traditional Turkish, Kurdish, Yugoslav, Kosovo-Albanian and Moroccan drug networks, in liaison with Colombian gangs, have started to diversify their activities, originally centred on hashish and heroin, and now including cocaine (INTERPOL, 2000).

Traffickers questioned by the police in France

In the year 2000, 1,088 cocaine traffickers were apprehended by law enforcement services, representing 17% of all traffickers questioned that year [28]. With 200 cases of interrogation, crack traffickers correspond to 3% of all cases reported in 2000. The number of cases of police interrogation for trafficking in these two drugs has increased over the last ten years (14% on average each year for cocaine and 38% for crack).

Cases of police interrogation for cocaine and crack trafficking, from 1990 to 2000

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Cocaine	397	537	448	383	541	376	623	711	789	1 003	1 088
Crack	16	25	59	60	116	73	98	100	183	185	200
All drugs	5 198	5 303	5 982	6 451	7 179	7 107	8 412	6 560	5 541	5 506	6 531

Source: FNAILS, OCRTIS (Office central pour la repression du trafic illicite de stupéfiants: Central Office for the Repression of Drug-Related Offences)

Almost 40% of police interrogation cases regarding cocaine in 2000 related to so-called international traffickers, that is, involved in importation or exportation activities. This proportion is substantial compared to the all-drug average—19% of international traffickers. Mirroring the seizure data, trafficking in crack seems to be on a smaller scale, as 96% of traffickers questioned in 2000 were considered as local traffickers or

dealers [28]. As for the police interrogation of users, law enforcement action in relation to local trafficking took place primarily in Paris, in the Antilles and in Guyana (64% and 32% respectively in 2000).

In 2000, one in five of the international cocaine traffickers questioned by police was of French nationality. Among the foreigners, the countries most represented were the Netherlands, Brazil, Italy, Great Britain, Spain, Surinam and Colombia. Regarding local traffickers involved in the running of a dealer network, the majority (77%) were of French nationality.

Although the number is lower, the composition of crack-trafficking groups questioned is somewhat unusual when compared to other drugs. The proportion of foreigners is quite substantial: three-quarters of those questioned in 2000 were, for the most part, from African countries (Gabon, but also Somalia and Senegal) and, to a lesser degree, from Guyana and Surinam. Crack trafficking appears to have been developed by West Indians (impossible to count), and taken over by the African community for some years now.

Local supply: availability, price and quality

The data given here are taken from the TREND [33] observation device for availability and price, and the police and customs laboratories for composition of samples seized.

Availability

Since the implementation of the TREND device in 1999, the data converge to show a net increase in the availability of cocaine in all metropolitan areas.

In the *techno* party environment, despite some differences between regions and events, the availability of cocaine is on the increase.

Formerly available in private areas known only to the initiated, this small trafficking is spreading increasingly into public areas. In some places, it is no longer necessary to call on intermediaries to obtain cocaine.

This phenomenon is partly related to changes noted in the small cannabis and heroin-trafficking networks. Some dealers have started, in effect, to also sell cocaine, while others are progressively moving toward its exclusive sale. Small cocaine trafficking, like its consumption, remains, nevertheless, faintly visible. No cocaine hydrochloride *open scene* was found in the TREND areas. On the other hand, there have been, since the beginning of the 1990s, open cocaine base (crack) scenes in Paris, the Antilles and in Guyana. Within the *techno* party environment, in parallel with the spread of cocaine hydrochloride, the small-scale manufacture of cocaine base has developed.

Due to the methods of manufacture⁵, the availability of crack goes hand-in-hand with that of cocaine. Thus, the consumption of crack was indicated by all the TREND sites, with the exception of the island of Réunion, where cocaine itself is very rare. The virtual absence of street dealing of crack on the sites (with the exception of Paris, the Antilles and Guyana) contributes to reducing the visibility of the phenomenon. It is only in these four departments that small trafficking has achieved a high degree of organisation and structure. This is evidence of the regularity of supply and the relative price stability.

⁵ Crack is made from the chlorohydrate form of cocaine (powder).

Price

Compared to the level reached some years ago (between Fr 800 and Fr 1,200 per gram), the price of cocaine has fallen. During 1999 and 2000, the average prices found by the metropolitan TREND sites remained stable around Fr 500 to Fr 600. In the *techno* party environment, the price per gram is also stable and is traded, depending on quality, between Fr 350 and Fr 600.

Regarding crack, prices vary: between Fr 4 and Fr 10 per dose in Guyana, Fr 10 and Fr 20 in Martinique and from Fr 40 to Fr 50 in Paris.

Quality

The purity rate of cocaine (hydrochloride and base) seized by the national police and customs services showed a drop between 1998 and 2000. Between 1999 and 2000, the share of samples with high purity (between 50% and 100%) reduced by 16%. These results should be cautiously interpreted insofar as they are the result of the purity rates of cocaine samples circulating in France, and also the strategies and practices of law enforcement services.

On the basis of samples seized, the most common diluting products are found to be mannitol, lactose, caffeine, procaine and lidocaine.

Purity rate of cocaine and crack samples seized by the national police and customs, from 1998 to 2000

	1998		1999		2000	
	Number	%	number	%	number	%
0-20 %	15	2 %	15	2 %	42	5 %
20-50 %	106	13 %	99	15 %	201	25 %
50-100 %	670	85 %	522	83 %	543	70 %
Total	791	100 %	636	100 %	786	100 %

Source: TREND, OFDT (data provided by the scientific laboratory of the Lyon police and the inter-regional laboratory of the Paris customs).

Geography showing the consumption of cocaine and crack

Regional approach

The number of general population surveys is too few to show the geographic aspect of the consumption phenomenon. Only in the Southwest region is there prevalence for cocaine that is slightly higher than for all the other regions (1.9% versus 0.8%) at 17 years of age.

The socio-medical or criminal consequences of cocaine and crack use in the regions are considered on the basis of the care-case data in the month of November [17] and those of police interrogation [28].

Demands for treatment

In the majority of regions, cocaine (excluding crack) represents a proportion of care cases that is close to the national average (3.6%).

We must, however, refer to the case of Languedoc-Roussillon in which cocaine represents 7% of care cases in the region, Lorraine (6.0%) and the PACA region (5.7%), in which the proportions are significantly higher than the national average. Cocaine is a little under-represented, on the other hand, in the Rhône-Alpes (2.4%), Alsace (2.5%), Bretagne (2.5%), and Poitou-Charentes (2.6%) regions. It is totally absent in care cases in Réunion.

When compared with 1997, care cases related to cocaine have increased in all regions. This growth was, however, particularly strong in the Languedoc-Roussillon and PACA regions, where cases have almost multiplied by three.

Contrary to cocaine, the cases of crack-user care⁶, as such, are very localised, and appear almost only in the Antilles-Guyana regions (42% of all care cases for cocaine) and Ile-de-France (45%). This very strong localisation is confirmed by field observations of the TREND [33] monitoring device, which reveals that crack trafficking only appears in Paris, the Antilles and Guyana, and by police sources (see *infra*).

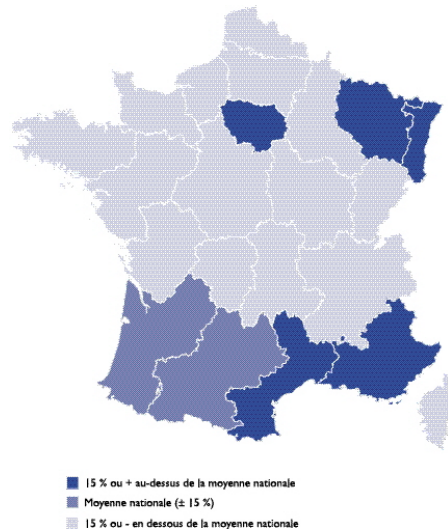
Police interrogation

The cases of police interrogation for use and drug dealing of cocaine are quite concentrated, as almost half of them occurred in two regions: Ile-de-France (29%) and Provence-Alpes-Côte d'Azur (21%). These regions are also part of those in which most of the cases of police interrogation for all drugs were recorded.

These two regions are also distinctive by the importance of interrogation for cocaine, when cases of interrogation of the population most concerned with consumption are taken into account. More generally, all the regions of the South (Southeast or Southwest) stand out, probably due to their proximity with Spain, where there is a large availability of cocaine.

⁶ It is likely that the consumption of smoked cocaine is not systematically categorised as crack use, as observations on the ground seem to suggest a wider territorial spread [TREND].

Cases of police interrogation of cocaine users in 2000, by region {338a}



National average: 13.2 cases of police interrogation per 100,000 inhabitants from 20 to 39 years of age.

Source: *FNAILS 2000, OCRTIS (Office central pour la repression du trafic illicite de stupéfiants: Central Office for the Repression of Drug-Related Offences)*

The cases of police interrogation of crack users are very localised—in 2000, more than half occurred in Ile-de-France (41 % in Paris and 10 % in Seine-Saint-Denis) and more than 40 % in the Antilles and Guyana (25 % in Martinique, 13 % in Guyana and 5 % in Guadeloupe).

European approach

In order to compare the situation in France with those of its European neighbours, from the point of view of cocaine consumption and its consequences, the data was taken from the annual report for 2000 of the European Observatory for Drugs and Drug Addiction (OEDT, 2000) and other information collected by that organisation. The data is augmented by the ESPAD survey on school-going young people in thirty European countries (Hibell, *et al.*, 2001).

Consumption by the general population

Among young adults, cocaine is consumed much less often than cannabis: 1% to 6% of individuals aged from 16 to 34 have tried cocaine. This use appears to be lower than for ecstasy for all of the 1990s.

Figures from the different countries of the European Union show a global increase in such use during the 1990s, which no longer appears to be the prerogative of a single social group. In effect, we are seeing a ‘democratisation’ of cocaine consumption, and its spread to a larger population of consumers.

Among the school-going population, experimentation with cocaine by French pupils of 16 years of age is slightly lower than the average (2% versus 1%), for both boys and girls (Hibell, *et al.*, 2001).

Demands for treatment

As in France, cocaine was very little represented at the end of the 1990s, in the demands for treatment in the majority of EU countries. According to the latest data available, this drug has, however, a particularly important position in the Netherlands (a little more than 20% of care cases) and Spain (11%). It is singularly weak in Greece, Denmark, and

Ireland (between 0% and 2%) (OEDT, 2000). France is situated, together with England, Germany and Italy, in the intermediary group of countries in which the share of cocaine is between 3% and 7%. It is not, however, certain that the profile of persons taken into care for cocaine use in the different countries is always identical. In Germany, as in France, a strong association with opiates is found, which is much less frequent in Italy, Spain and the Netherlands. In the majority of European countries, the share of cocaine in care cases increased towards the end of the 1990s.

Police interrogation

Conversely to cannabis or heroin, cocaine does not appear to be the primary drug in question in cases of police interrogation related to drugs⁷ in Europe. In 1999, cocaine represented less than 10% of cases of police interrogation for use or possession.

With a proportion of 3% of cases of police interrogation for use/possession of cocaine, France is close to Ireland (2%), the United Kingdom (4%) and Portugal (5%). The highest proportions were recorded in Germany (9%), Austria (8%), Italy (7%) and Luxembourg (6%).

The United Kingdom reported 829 cases of police interrogation for the use or possession of crack, compared to 813 cases in France. In both cases, crack represents less than 1% of users questioned.

⁷ The term “cases of police questioning related to drugs” may have a very different definition depending on the country. The reason for questioning and the drug are not always reported.

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