

Ecstasy and amphetamines

Reference Points

Consumption

- Ecstasy consumption first started in France at the beginning of the 1990s and has risen steadily since then. Nevertheless, experimentation, and moreover, its current use remain relatively limited. It seems to be confined to young adults and dance environments.
- Within the adult population, the levels of experimentation with ecstasy are low (0.7% of women and 2.2% of men aged 18-44). For young people, experimentation varies between 1 and 7% depending on gender and age. The consumption of amphetamines is more long-standing but, like ecstasy, experimentation and current use remain limited.
- Within the adult population, the levels of experimentation with amphetamines are low among 18-44 year olds (1.2% of women and 2.3% of men). For young people, experimentation varies between 1 and 4% depending on gender and age.
- Less women admit to having experimented with ecstasy and amphetamines. For both genders, prevalence increases with age.
- Consumption of ecstasy and amphetamines is often observed in an environment where there is also consumption of other legal and illegal drugs, mainly alcohol, tobacco and cannabis. This is the case particularly at dance events in which these products are combined with other stimulants and hallucinogenic products.

Health and social consequences

- The use of ecstasy and amphetamines causes a very low number of cases requiring health or social care, and seems to have stabilised over recent years.
- People who require care following the use of ecstasy have a profile similar to that of cannabis users. They are young as well. On the other hand, they are more likely to use multiple drugs, unlike the latter.
- People who require care following the use of amphetamines have average characteristics that are different to those of ecstasy users. In particular, they are older and more frequently use injections.
- At this time, the serious health consequences of using ecstasy and amphetamine have not been identified, apart from their implication in certain exceptional cases of death that have occurred since 1999, and in the absence of information on their possible implication in road accidents. Scientific expertise available on the subject indicates that psychiatric disorders and potential for long-term neurotoxicity are linked to the consumption of ecstasy.

Criminal consequences

- Police interrogation on the use and dealing of ecstasy has increased considerably over the last decade, with the exception of 1998 and 1999. However, it remains in a minority when compared to all the police interrogation incidents for narcotics use and dealing (1,900 as against 94,300). Police interrogation incidents linked to amphetamines remain relatively stable and marginal (about a hundred).
- Users of ecstasy taken in for interrogation seem closer to those of cannabis than those of heroin or cocaine. They are young, mainly aged between 18 and 25.

Supply and trafficking

- After a significant increase in the first half of the 1990s, seizures of ecstasy seem to have levelled off.
- Ecstasy and amphetamines are very accessible in dance environments. The price of these products has tended to decrease during recent years.
- The generic term ecstasy, in fact, covers a very wide range of products. The pills sold under this name do not always contain the researched active substance ([MDMA](#)), but rather several active substances for which the interaction is not known—in particular assorted medications used differently than in their normal use. When MDMA is present, the dosages vary greatly.

Consumption of ecstasy and amphetamines by the French population

The consumption of ecstasy and amphetamines within the French population is described through the results of declaratory surveys in representative samples of the populations of young people or adults. The trends that emerge from these surveys are corroborated by information from the field, on the profile of consumers and their methods of use.

As the consumption of ecstasy and amphetamines is rare in the adult population, only experimentation will be considered here. On the other hand, amongst adolescents, recent use of ecstasy is also included.

Reports of ecstasy and amphetamines within the French population appear less clear than those of other products, such as cocaine or heroin. Those relating to ecstasy reveal either a total lack of knowledge of the product, or uncertainties as to its effects—somewhere between the ‘love pill’, strong stimulating agents and products that are dangerous to health [9]. Amphetamines are not systematically used like drugs, due to their more recent usage as an appetite suppressant or stimulating agent. Today, however, those products have been withdrawn from the market.

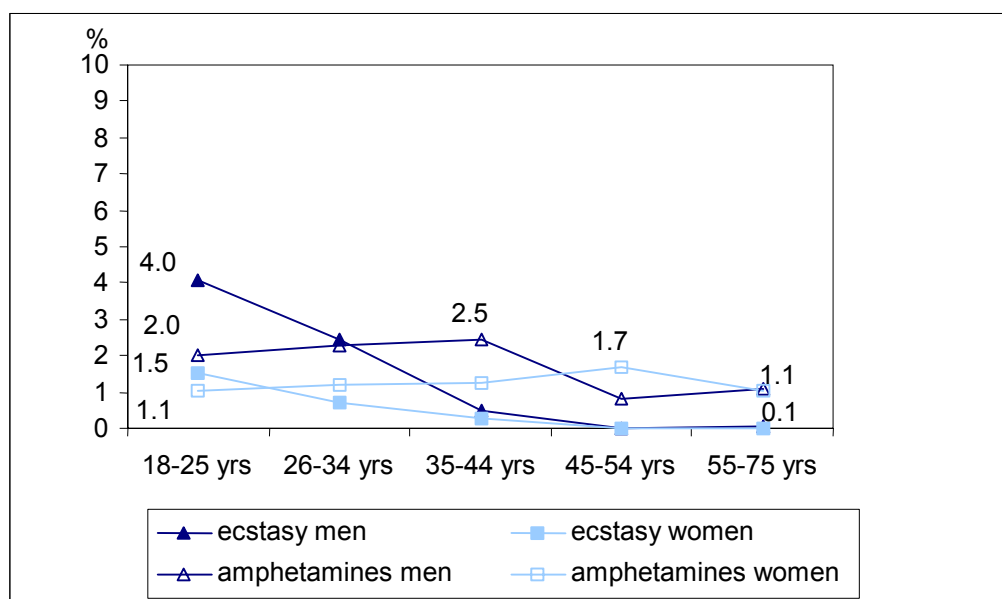
Experimentation by the general adult population

Within the general adult population, experimentation with ecstasy remains rare and focuses primarily on young adults [3]. Consumption is mainly by the male gender.

During recent years, a distinct trend is emerging toward an increase. For 18-44-year-olds, between 1995 and 1999, experimentation with amphetamines and/or ecstasy has gone from 0.7% to 1.6% for women and from 1.8% to 3.5% for men [3]. This data is corroborated by observations from the field, which reveal an expanding dissemination of these products, particularly for use within the context of dance events.

Amongst those over 44 years old, the rate of experimentation is extremely low for ecstasy, but is slightly higher for amphetamines. Women are the exception on this point; experimentation amongst them appears relatively constant for all age ranges. This could be due to the use of amphetamines as appetite suppressants within the context of diets.

Frequency of experimentation with ecstasy and amphetamines within the general adult population in 2000, by gender and age {341a}



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

Amongst adults, experimentation with ecstasy or amphetamines has little to do with socio-economic status. The households most affected seem to be comfortably off, but the question of income has given rise to numerous non-responses. Finally, it should be noted that experimentation is often associated with a higher level of education [3].

The appearance of ecstasy may have been brought to the fore in the middle of the 1990s. In 1995, at the time of the survey on the behaviour of drug users in the centres of selection carried out by the army health service on young people called up, 0.5% of them declared that they had experimented with ecstasy. In a similar survey carried out in 1996, 5.1% declared that they had taken it during their lifetime (Louboutin-Croc *et al.*, 1997).

Experimentation by adolescents

Amongst educated young people, 1.8% of girls and 3.4% of boys aged 14 to 18 admitted to having taken ecstasy during their lifetime [7]. Experimentation with amphetamines is at a similar level and has been constant since 1993 [5].

Frequency of experimentation with ecstasy and amphetamines amongst educated 14-18 year olds in 1993 and 1999, by gender (in %)

	Amphetamines		Ecstasy*	
	Girls	Boys	Girls	Boys
1993	1.6	3.0	-	-
1999	1.6	3.0	1.8	3.4

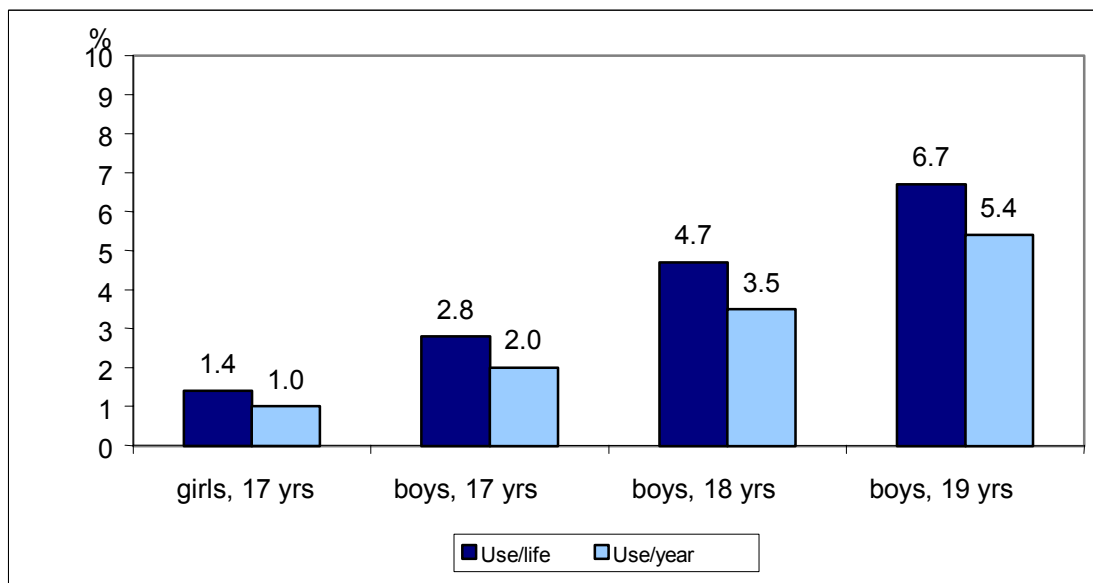
* Question not asked in 1993.

Sources: INSERM (Institut national de la santé et de la recherche médicale: National Institute for Health and Medical Research) 1993; ESPAD (European School Survey Project on Alcohol and Other Drugs) 1999; INSERM (Institut national de la santé et de la recherche médicale: National Institute for Health and Medical Research)/OFDT (Observatoire français des drogues et des toxicomanies: French Observatory of Drugs and Drug Addiction)/MENRT (Ministère de l'éducation nationale, de la recherche et de la technologie: Ministry of National Education, Research and Technology)

The increase in ecstasy use has become clear from a survey carried out in 1983, 1991 and 1998 in Parisian secondary schools. They show that 3% of secondary-school pupils had already tried ecstasy in 1998, as opposed to 0.1% in 1991 (De Peretti *et al.*, 1999).

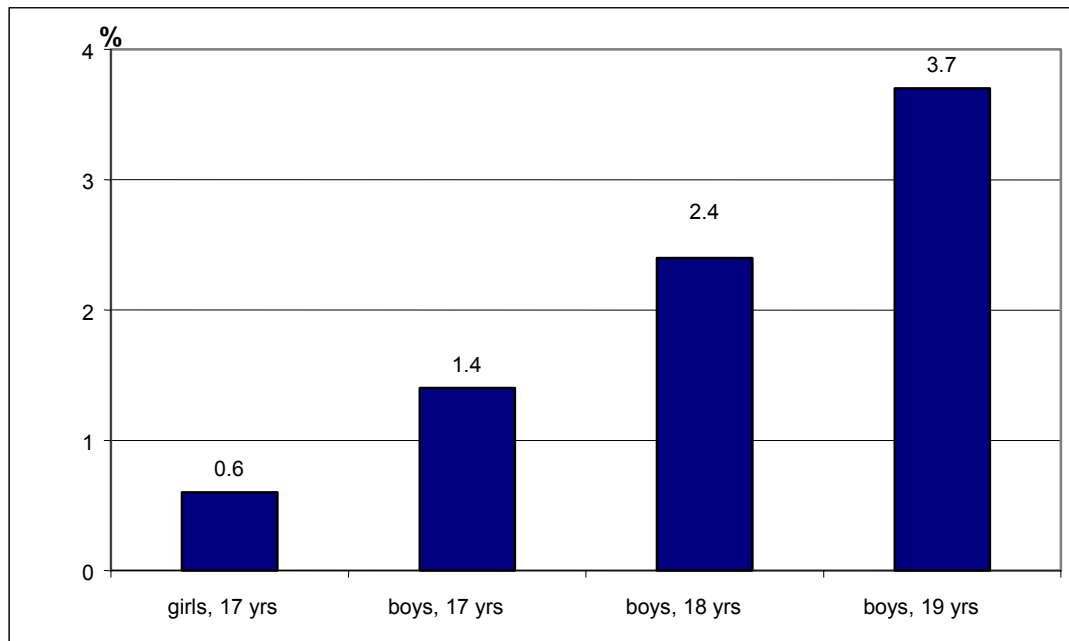
At the end of adolescence, prevalence for the two products is also higher for boys than for girls. It also increases with age for both genders between the ages of 17 and 19 [8]. More than half of adolescents who have taken drugs during the year have only done it once or twice. Those who admit to having consumed ecstasy on more than ten occasions during the year represent less than 15% of those who have experimented with this substance (6% for girls aged 17). This proportion is low in relation to that observed for cannabis, but significantly higher than for the majority of other products.

Frequency of consumption of ecstasy amongst young people at the end of adolescence in 2000, by gender and age {341b}



Source: ESCAPAD (Enquête santé et consommation au cours de l'appel de préparation à la défense: Health and Consumption Survey During the Call Up for Preparation for Defence) 2000; OFDT (Observatoire français des drogues et des toxicomanies: French Observatory of Drugs and Drug Addiction)

Frequency of experimentation with amphetamines amongst young people at the end of adolescence in 2000, by gender and age {341c}



Source: ESCAPAD (Enquête santé et consommation au cours de l'appel de préparation à la défense: Health and consumption Survey During the Call Up for Preparation for Defence) 2000; OFDT (Observatoire français des drogues et des toxicomanies: French Observatory of Drugs and Drug Addiction)

Young people leaving the school system are more numerous in having experimented with amphetamines or ecstasy compared to others [8]. Amongst school pupils, factors such as age, gender (being a boy), and repeating a school year, are linked to experimentation with both ecstasy and amphetamines. On the other hand, the path followed leads to different outcomes, depending on the product under consideration. Following a professional career is associated with experimentation and consumption of ecstasy in the year—not the case for amphetamines. Furthermore, young people who have taken one of these products are clearly more often frequent consumers of alcohol, cannabis and tobacco than others.

Although experimentation with ecstasy and amphetamines only account for a low proportion of adolescents who have already been to a technological career fair (9.5% have already taken ecstasy and 4.3% have taken amphetamines), among adolescents who have never been, the proportion is much less (less than 1% for the two products). Among educated adolescents, these links clearly relate to gender, age, educational path and controlled repetition of a school year, and become even more pronounced amongst adolescents who have left the Educational System 8.

Observations in the field

This data is the outcome of the TREND (Tendances récentes et nouvelle drogues: Recent Trends and New Drugs) [33] device, which operates on thirteen sites in France as well as at festive *techno* events.

Consumer profiles

Four profiles for ecstasy consumers have been identified, particularly in the technical environment:

- A population essentially composed of young people more or less socially accepted: students, employees, and trainees. This is the dominant profile at authorised dance events that have an admission charge.
- People well accepted socially, although not necessarily young, and who regularly go to discos.

- People who come from disadvantaged socio-economic environments. This section of consumers more often attends events that are not authorised (*free-party* and *teknivals*).
- People who are social misfits, wanderers, living in groups, and who mainly attend large music festivals, including in recent years, the *teknivals*.

As far as amphetamines are concerned, consumers in the social music environment have the same profile as those for ecstasy.

Methods of use

Ecstasy tablets are generally ingested—‘swallowed’. Some people dissolve them in liquid before taking them. Usage via nasal inhalation (powder, crushed tablet) seems to be on the increase. Rare cases of injection have been recorded.

In the environment of socially excluded street users, amphetamines are more often injected or swallowed. On the other hand, within the social music environment, these are mainly snuffed (sniffed) or swallowed. A small minority inject amphetamines, or smoke them.

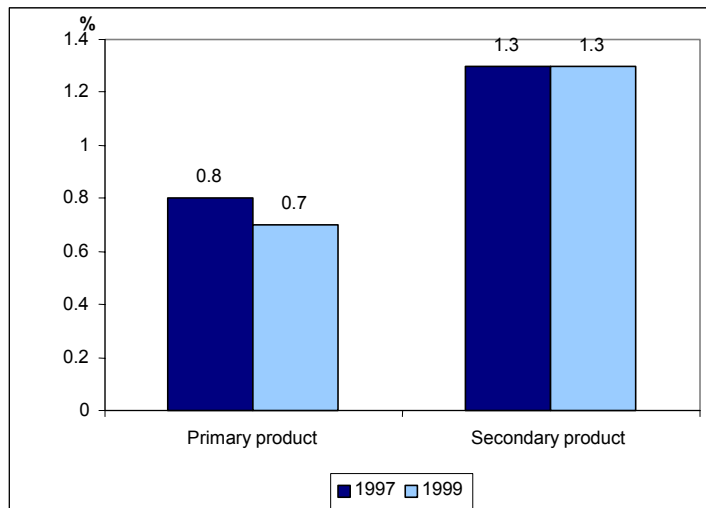
Health and social consequences of ecstasy and amphetamine consumption

Use of ecstasy leads some consumers to resort to the medical social care system. We will first describe the number and characteristics of the persons requiring care in medical social institutions because of their dependence on (or their abuse of) ecstasy and amphetamines. The consequences of ecstasy use, in terms of morbidity, will be broached in the second section. The data presented has been, for most cases, collected from users by the care institutions.

Demands for treatment

As the [primary product](#) and [secondary product](#), ecstasy causes a very low number of people to be taken into care. This proportion hardly changed between 1997 and 1999. Nevertheless, the end of the 1990s has been perceived as a dissemination period of this product, even outside the sphere of social music events. Several hypotheses can be put forward to explain the low number incidents linked to this product. Firstly, it is possible that consumption of ecstasy only causes health problems in the short term that require care—in a low number of cases. However, we can also make the case that those users who have problems due to this product, turn to a [general practitioner in larger numbers](#), even if the data currently available does not allow us to confirm this. It has also been considered that those people specifically made calls to the hospital emergency services¹. In a study carried out on almost a 1,000 patients seen by the three emergency services in Paris, a little over 3% were listed as ecstasy users (Pezous *et al.*, 2001), a proportion similar to that observed for those taken into care.

Percentage of ecstasy users within the total cases of drug users taken into care in 1997 and 1999 {343a}



This relates to the total number of calls in the [specialist establishments](#) and health care establishments, without double counting, with at least one product cited as the cause for being taken into care (see methodological appendix).
N = 18,075 in 1997 and N = 19,564 in 1999

Source: Survey on cases of drug addicts being taken into care in November 1997 and 1999, DREES (Direction de la recherche, des études, de l'évaluation et des statistiques: Department of research, Evaluation and Statistics)/DGS (Direction générale de la santé: General Health Department)

Amphetamines are cited even less often than ecstasy. In November 1999, the number of cases of people being taken into care when this type of substance was the primary product was 0.4%, and 0.6% when it was the secondary product. The number of people being taken into care because of these products decreased between November 1997 and November 1999. However, as the numbers are very low, this decrease is difficult to interpret.

Characteristics of persons in care

The characteristics of users are only described from the point of being taken into care for using ecstasy as the primary product. The secondary products cited are, in most cases, associated with opiates, because of the appeal and domination of this family of products. The characteristics of users mentioning ecstasy as the secondary product, are, therefore, almost identical to those of opiate users—appearance described in other respects.

In November 1999

People taken into care for ecstasy use demonstrate significant similarities to cannabis users by the much lower average age in the total number of calls (24.3 years old) and a much higher proportion of first calls (64%). The proportion of these users taken to court by care institutions is also worth noting (17%), linked like cannabis, to the age and the significance of the first calls. In effect, prosecutors employ a higher number of [mandatory treatment](#) measures among young users who have not been, or could not be questioned.

These cases of custodial care are characterised by an increased proportion with association of other products: a secondary product is mentioned in nearly 80% of cases, with a fairly significant representation of cannabis (27% of cases) and LSD (16%), a product that is, however, rarely cited. Recent consumption patterns suggest that these users are much less centred on their primary product than cannabis users: 52% have consumed ecstasy during the last thirty days, 59% cannabis, 25% opiates, 16% cocaine, or crack. Within this group, therefore, there is much more of a multiple drug culture, than with cannabis users.

As for all products, within these custodial care cases, there is a small minority of opiate users under substitution treatment, and who have already used injections.

People taken into care for use of amphetamines have average characteristics that are different to those of ecstasy users. Their average age is over 30 years old, and among them there is a small proportion of first calls (one person in four). On the other hand, the practice of injection reflects a significant proportion of those being taken into care, and linked to amphetamine usage (44% of cases). As for the custodial care cases linked to cocaine, it is quite common to find opiates as a second product (21% of cases) and substitution treatments (23%).

Profile of those taken into care linked to ecstasy, amphetamines and opiates (as *primary product*) in 1999

	Ecstasy*	Amphetamines	Opiates
Number of people taken into care (primary product)	140	71	13,613
% of first calls	64	25	29
Average age	24	32	31.5
% less than 25 years old	65	20	13
% of men	86	69	76
% of people taken to court	17	6	6
% of people in employment	42	31	39
% of pupils and students	10	4	2
% of people receiving RMI (revenue minimum d'insertion: minimum benefits paid to those with no other source of income)	10	32	31
% of people with cocaine as secondary product	7	21	18
% of people under substitution treatment	14	23	75
% of people using intravenous routes (currently or previously)	18	44	73
% of people using intravenous routes during the last 30 days	5	11	19

Source: Survey of those drug addicts being taken into care of in November 1999, DREES (Direction de la recherche, des études, de l'évaluation et des statistiques: Department of Research, Evaluation and Statistics)/DGS (Direction générale de la santé: General Health Department)

Evolution 1997-1999

The only perceptible variation during this period relates to the proportion of pupils and students taken into care for use of ecstasy, which drops from 29 to 10%, and correlated to a significant increase in the proportion of users who have a job, steady or intermittent. This change can be ascribed to a general trend encompassing all products, which conveys perhaps the global repercussions of the employment situation, including drug users taken into care. It may also reflect the positive impact of substitution.

As far as the custodial care cases linked to amphetamines, it should be noted that the average age has increased (from 30.4 to 32.4) and the proportion of people using injections during the last thirty days has dropped (from 25.6% to 10.6%)—this last change being common to all products.

Morbidity and mortality

According to reports produced in France at the end of the 1990s on the state of knowledge relating to ecstasy (Roques, 1999, INSERM (Institut national de la santé et de la recherche médicale: National Institute for Health and Medical Research), 1998), consumption of this substance presents a certain risk to human body, even though only a limited number of accidents attributed to this substance have been reported. Two deaths associated with the consumption of ecstasy were registered for the first time in 1999 by the police services. In 2000, only a single case was reported, but the presence of ecstasy has also been detected in three other deaths linked to heroin, cocaine or methadone [29].

Psychiatric disorders (sleep, depressive, and psychotic disorders) resulting from the consumption of ecstasy—generally associated with other products—have also been described in the literature in France and abroad (Roques, 1999). The data necessary to measure the extent of this is not, however, available at this point in time. Several pieces of research also show that ecstasy can cause neuronal degeneration; we do not know whether this can be reversed or not. It may, therefore, be possible that we will see, in the long term, neurodegenerative diseases appear in regular consumers of ecstasy (Roques, 1999).

Criminal consequences of the use of ecstasy and amphetamines

As for any illicit drug, using ecstasy and amphetamines can lead to police interrogation and have legal consequences. Only the instances of police interrogation can be described. Convictions and imprisonment that do not mention the product as a cause cannot be discussed here.

Police interrogation for use in 2000

In 2000, ecstasy was the cause in approximately 1,500 instances of police interrogation for simple use to which can be added close to 500 instances of drug dealing [28]. This data is much higher than that of 1999 during which 915 users of ecstasy were questioned. We also counted 9 instances of police interrogation for simple use of *khat* in 2000.

Police interrogation for use and drug dealing of ecstasy and amphetamines in 2000

	Ecstasy*		Amphetamines		All products
	number	direct %	number	direct %	mixed
Simple use	1,432	1.8	103	0.1	83,385
Drug dealing	489	4.7	18	0.2	10,954
Total	1,921	2.1	121	0.1	94,339

Source: FNAILS (Fichier national des auteurs d'infractions à la législation sur les stupéfiants: National File of Inciters of Offences Against Legislation on Narcotics) 2000, OCRTIS (Office central pour la répression du trafic illicite de stupéfiants: (Central Office for the Repression of Drug-related Offences)

Instances of police interrogation regarding ecstasy represent 2% of the total. This share, although rising, remains lower than that for cannabis (87%), heroin (6%) or cocaine and crack (3%).

Instances of police interrogation for use of amphetamines are even less numerous (121 in 2000). Essentially these concern cases of simple use (without drug-dealing activity).

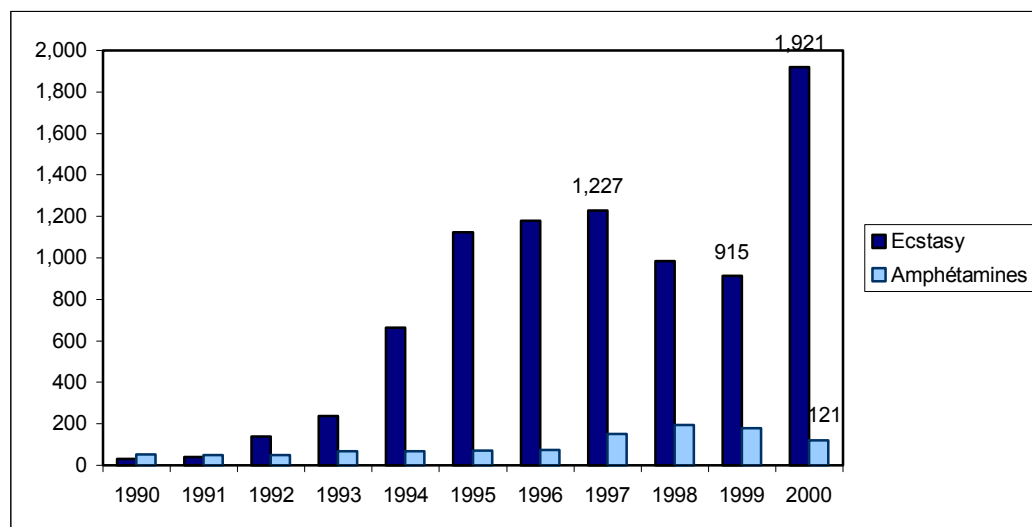
Developments in cases of police interrogation for use since 1990

The increase in cases of police interrogation of ecstasy users in the year 2000 completely disrupts the trend observed over recent years.

The first cases of police interrogation linked to ecstasy use were reported in 1990. The growth has been significant, multiplying by nearly 40 between 1990 and 1997. As for crack, this growth is linked in part to the introduction phase of a new substance into the nomenclature, and to the low numbers at the beginning of the period.

In 1998, the first drop was observed (-20%), which seemed to be confirmed in 1999 (-7%). However, the trend reversed between 1999 and 2000 when it doubled again. This increase can be explained by more intense police activity against *rave parties*, and by a greater awareness of police officers to this phenomenon, as all the police indicators are on the increase (seizures and other instances of police interrogation). The consumption trends do not allow us to explain the annual differences observed between 1997 and 2000. In effect, the use of ecstasy has exploded since 1999.

Police interrogation for use or drug-dealing of ecstasy and amphetamines from 1990 to 2000 {344a}



Source: FNAILS (Fichier national des auteurs d'infractions à la législation sur les stupéfiants: National File of Inciters of Offences Against Legislation on Narcotics), OCRTIS (Office central pour la répression du trafic illicite de stupéfiants (Central Office for the Repression of Drug-related Offences))

Data from the national police force concerning the number of checks carried out at rave parties during the year 2000 definitely indicate a rise in the number of evenings brought to the attention of police units between 1999 and 2000. However, this rise (+9% more evenings detected) has nothing to do with instances of police interrogation and, above all, detections were more significant in 1997 and 1998.

Number of rave-party evenings brought to the knowledge of police units, from 1997 to 2000

1997	1998	1999	2000
608	578	487	529

Source: Action by the police force, STRDJ-DRJ (Service technique de recherches judiciaires et de documentation – Division recherche judiciaire: Technical Department for Judicial Research and Documentation – Judicial Research Division) (March 2001)

This data, therefore, does not allow us to explain the size of the increase in instances of police interrogation in 2000. All the same, we can see a certain number of indicators that show a greater involvement of the police force in this area in the year 2000—the number of offences relating to narcotics (up fourfold) and those linked to usage (up fivefold) being the most significant multiplying factors than for the other types of offences.

However, according to analyses reported by TREND—the observation device for recent trends [33], ecstasy availability clearly increased in traditional drug-dealing places between 1999 and 2000, while it remained unchanged in the “dance area” (*techno* parties) (Bello *et al*, 2001). This finding could explain, in part, the increase in instances of police interrogation—the police and police force are responding to an area more associated with street sales than with trade during a rave or *techno* party.

The instances of police interrogation concerning simple use or drug-dealing of amphetamines does not follow the same trend as that of ecstasy: It was relatively constant until 1997 (between 50 and 70 instances of police interrogation per year), but increased considerably over the last three years, although falling again in the year 2000. It must be said that such fluctuations are, in part, due to the relatively low numbers.

Characteristics of users questioned

Users of ecstasy called in for interrogation are relatively young (23.3 years old on average in 2000), compared to heroin users (28.3 years old) or those of cocaine and crack (29.6 and 31.3 years old). However, they are on average one-and-a-half-years older than users of cannabis.

Their slightly higher average age can be explained by the high concentration of 18-25-year-olds, rather than by the presence of minors (as is the case for cannabis users called in for interrogation). Thus, the 54 minors called in for interrogation in 2000 for using ecstasy represent only 3% of the total of these instances of interrogation, as opposed to a proportion of 15% of minors for cannabis.

The growth in instances of calling in for interrogation in the year 2000 affects all age groups, but the average age has risen slightly, nevertheless (from 22.7 to 23.3 years old), and is again equivalent to that observed each year since 1995.

Ecstasy users called in for interrogation are also more akin to cannabis users in the fact that they belong to the socio-professional class: a little over a third have no declared profession, and about one in five is either a worker or employee, or still a student or secondary-school pupil. The latter class are, nevertheless, less numerous among ecstasy users called in for interrogation, as those of cannabis.

Approximately 87% of ecstasy users called in for interrogation are men, and 95% are French. These proportions are close to those of other users called in for interrogation, and vary little from one year to the next.

With an average age of 24.5 years old in 2000, users called in for interrogation for using amphetamines are older than those for ecstasy. This can be explained mainly by the relative significance of those older than 30. Their socio-professional distribution is, on the other hand, very similar (there are just a few more users who do not have a profession). Foreign users constitute 10%, but this represents a low number of 12 instances of interrogation in the year 2000.

Supply and trafficking of ecstasy and amphetamines

International and national supply of ecstasy and amphetamines is investigated mainly through the seizures reported by international and national services; local supply is described through field observations.

International trafficking and supply routes to France

Although rising on all continents, seizures of ecstasy remain relatively concentrated in Western Europe. Those involving other amphetamine-type stimulants practically tripled in 1999, essentially because of more intense trafficking in Asia.

Quantities of ecstasy and other amphetamines seized on a world scale and in Western Europe, from 1993 to 1999

	1993	1994	1995	1996	1997	1998	1999
Ecstasy (in thousands of tablets)*							
Western Europe	2,572	2,728	2,415	6,990	4,282	5,201	14,891
World	2,608	4,284	2,472	7,414	6,198	7,349	19,959
Amphetamine type stimulants (in kg)							
Western Europe	1,668	2,131	1,619	3,238	4,453	4,793	3,523
World	5,134	4,707	6,541	8,894	11,120	12,436	32,436

* The data is to be treated with caution, as the current status of the questionnaire does not include any specific entry for ecstasy. Certain countries may be aware of these seizures in other columns (amphetamine-type stimulants, for example).

Sources: UNODCCP (United Nations Office for Drug Control and Crime Prevention)

In Western Europe, seizures of ecstasy have steadily risen and 1999 appeared to be a record year with more than 14 million tablets seized, almost three times more than the previous year. The seizures are particularly significant in the United Kingdom, but also in the Netherlands, Germany and Belgium.

INTERPOL considers that the explosion of seizures in Europe is not only linked to the growth in demand found in European countries, but also linked to that of world demand, as Europe is a production site. Thus, in 1999, of the total ecstasy tablets seized in Europe, 1.6 million at least were destined for North America, and 1 million to other areas of the world.

As far as the seizures of amphetamines in Europe are concerned, after several years of growth and a peak in 1998, a global drop was seen in 1999, which assumed variable proportions depending on the country (INTERPOL, 2000). As for ecstasy, the Netherlands appears to be the main source of this type of drug.

In France, since 1990, the quantities of ecstasy seized have often doubled from one year to the next. The explosion of seizures in France dates from 1998, the year during which the police services seized six times more ecstasy than in the previous year, but in approximately the same number of raids. The statistics are the same in 1999, when 74% of seizures were made in two significant raids (from 20,000 to 580,000 tablets).

In 2000, not only have the quantities increased (by approximately 23%), but the number of seizures has also grown, from 649 to 1,409 [28]. All the police indicators for ecstasy are, therefore, on the rise in 2000.

Quantities of ecstasy and amphetamines seized in France, from 1990 to 2000

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Ecstasy (in thousands of tablets)	13	62	14	133	255	274	349	199	1,142	1,860	2,284
Amphetamines (in kg)*	16	20	13	43	80	104	128	194	165	233	230*

*Including 218 kg of methamphetamines.

Source: *FNAILS (Fichier national des auteurs d'infractions à la législation sur les stupéfiants: National File of Inciters of Offences against Legislation on Narcotics)*, *OCRTIS (Office central pour la répression du trafic illicite de stupéfiants (Central Office for the Repression of Drug-related Offences))*

As for previous years, ecstasy shipments intercepted in 2000 came essentially from the Netherlands and Belgium. For the first time, significant seizures from Germany have also been identified.

Seizures of amphetamines are also on the increase if they are added to those of methamphetamines, a product reported for the first time in the year 2000. While the origin of these seizures is often unspecified, Great Britain is the source in the majority of cases.

Whatever the supply routes of ecstasy or amphetamine, one of their main characteristics is that they are part of multiproduct shipments. Thus, at the time of the most significant seizure of 1999—584,290 ecstasy tablets—39 kg of cocaine was also found, along with 171 kg of marijuana, and 239 kg of hashish (OCRTIS Office central pour la répression du trafic illicite de stupéfiants: Central Office for the Repression of Drug-related Offences, 2000).

Traffickers questioned by the police in France

To reinforce the picture of the seizures, instances of police interrogation for trafficking of ecstasy practically doubled in the year 2000. Furthermore, 17 amphetamine traffickers were apprehended by the enforcement services in France. Taken together, they represent 5% of the total instances of police interrogation for trafficking.

Instances of police interrogation for trafficking of ecstasy and amphetamines, from 1990 to 2000

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Ecstasy	13	31	27	47	126	276	233	208	199	169	312
Amphetamines	11	7	12	30	18	9	24	15	34	23	17
All products	5,198	5,303	5,982	6,451	7,179	7,107	8,412	6,560	5,541	5,506	6,531

Source: *FNAILS (Fichier national des auteurs d'infractions à la législation sur les stupéfiants: National File of Inciters of Offences Against Legislation on Narcotics)*, *OCRTIS (Office central pour la répression du trafic illicite de stupéfiants: Central Office for the Repression of Drug-related Offences)*

The proportion of traffickers questioned linked to import and export activities (known as international) has particularly increased in the case of ecstasy and amphetamine (36% and 37%, respectively, as opposed to an average of 19% for all products). This means, perhaps, that the networks of these products, due to the proximity of production and consumption sites, are a lot less hierarchical, and that their roots, therefore, are more easily accessible by enforcement services. But, this could also be a reflection of more mobile trafficking, with products circulating more frequently across borders.

Ecstasy and amphetamine traffickers questioned are mostly French (65% in 2000). Among the foreign traffickers questioned, many countries are represented, but mainly the Netherlands and Great Britain.

Local supply: availability, price and quality

The data presented here is the result of the observation device TREND [33] for availability and price, and of the SINTES (Système d'identification national des toxiques et substances: National Identification System for Toxic and Other Substances) [32] for the constitution of samples collected or seized.

Availability

The availability of ecstasy, and amphetamines in powder form (*speed*), at *techno* dance events has expanded during recent years.

In urban areas, most of the TREND observers indicate that ecstasy and amphetamine distribution in powder form is increasing in traditional sale places, outside of the dance event framework..

In the overseas departments (counties), ecstasy is difficult to get hold of, or rare. Amphetamine powder is reported as being totally absent, or extremely rare.

The small amount of ecstasy trafficking, within the *techno* dance scene takes place between people participating in the event, and small professional traffickers, notably of cannabis and cocaine, who operate both at *techno* parties and in urban centres.

Price

The average price of an ecstasy tablet at *techno* parties varies between F50-150. The current price, more stable over recent years, is close to 100 F.

One gram of amphetamine can be currently bought for around F100, sometimes less. This price has practically halved in recent years.

Quality

During the year 2000, MDMA was the substance most often detected in samples from SINTES (Système d'identification national des toxiques et substances: National Identification System for Toxic and Other Substances). It was found in 67% of run-of-the-mill samples and in 82% of samples in the form of tablets.

Among those samples containing MDMA and having a quantitative dosage (683), the average quantity of MDMA per tablet was 75 mg. Doses ranged from 0.08 mg per tablet to 212 mg. Three-fifths of the tablets had less than 100 mg of MDMA. Eight tablets (1.2%) had a dosage that was higher, or equal to, the lowest lethal dose known (150 mg of MDMA).

Amphetamine was the third most common psychoactive chemical found in the SINTES (Système d'identification national des toxiques et substances: National Identification System for Toxic and Other Substances) during the year 2000, following MDMA and caffeine. The 88 samples were mainly divided between tablet form (n = 44) and powder form (n = 42).

The substances most frequently associated with amphetamine are caffeine (69% of the samples), MDMA (13%), MDA (4%) and MDEA (2%). A quantitative dosage of amphetamine was available for 12 tablets. The dose of amphetamine was 14 mg on average and ranged from a 1 mg minimum, to a 50 mg maximum, that being below the smallest lethal dose known (1.5 mg/kg, or 75 mg for an adult of 50 kg).

Geography showing the consumption of ecstasy and amphetamines

Regional approach

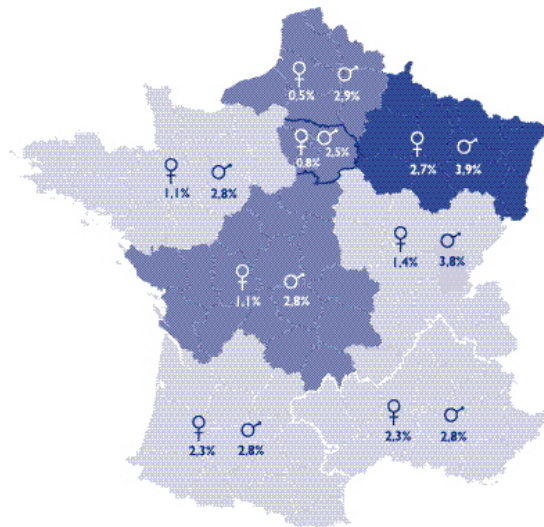
Geographical data for consumption is available from a declarative survey carried out among post-adolescent young people, on the day of call-up for defence preparation [8].

The social health or criminal consequences of using ecstasy and amphetamines in the regions are summarized from custodial-care case data during the month of November [17] and from instances of police interrogation [28].

Consumption during adolescence

The region where experimentation with amphetamines or ecstasy is the strongest is the North East (3.3% as opposed to 2.2% for all the other regions) at 17 years old. The disparity between the remaining regions is very modest—in decreasing order: Central East, Southeast and Southwest (all at 2.6%), the Northwest (2.4%), Central West (1.9%), and finally, North and the Parisian regions (1.7%).

Prevalence of experimentation with amphetamines or ecstasy at the age of 17 in 2000, by region {348a}



Controlled interregional comparisons by age and gender

Source: ESCAPAD (European School Survey Project on Alcohol and Other Drugs) 2000, OFDT (Observatoire français des drogues et des toxicomanies: French Observatory of Drugs and Drug Addiction)

Demands for treatment

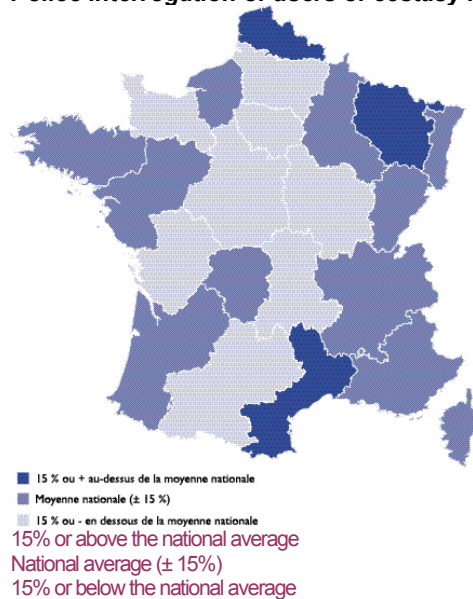
Due to the low numbers, analysis by region is tricky. Nevertheless you can say that in the regions where the numbers of cases of taking into care with all products together are significant (Ile-de-France, North, PACA (Provence-Alpes-Côte d'Azur), Rhône-Alpes, Languedoc-Roussillon, Midi-Pyrenees, Alsace, Lorraine), the share of ecstasy is close to the national average. There are no regions where ecstasy plays a particularly significant role in the instances of taking into care.

Police interrogation

The 1,900 instances of police interrogation for use and drug dealing of ecstasy established in 2000 are concentrated in a small number of regions, which have each registered between 100 and 400 instances of police interrogation. The numbers by department are therefore low.

In relation to the population of the regions and that concerned with usage of ecstasy (between 20 and 39 years old), police interrogations appear to be higher in three regions: North and Lorraine, probably because of their location, close to the border with zones with high availability (Belgium, and notably the Netherlands), and Languedoc-Roussillon.

Police interrogation of users of ecstasy in 2000 by region {348b}



National average: 1.1 instances of police interrogation per 10,000 inhabitants aged 20 to 39.

Source: FNAILS (Fichier national des auteurs d'infractions à la législation sur les stupéfiants: National File of Inciters of Offences Against Legislation on Narcotics) 2000, OCRTIS (Office central pour la répression du trafic illicite de stupéfiants: Central Office for the Repression of Drug-related Offences)

No clear link can be established between the number of instances of police interrogation of users reported by all the enforcement services, and the number by department of *rave* evenings brought to the knowledge of the police force in the year 2000.

The regional map of police interrogations in 1999 shows a larger number of regions close to the national average. The spread of police interrogations is therefore more significant in 2000 and could be a sign of uniformity in police practices, as well as of spread of consumption in the field.

The police interrogations of amphetamine use and drug dealing are not numerous enough to be represented on a map. The 121 interrogations reported in 2000 are distributed mainly over five regions, which reported between 10 and 30 interrogations each.

European approach

To see the situation in France in relation to its European neighbours, from the point of view of ecstasy or amphetamine consumption and its consequences, the data from the 2000 annual report from the European Observatory for drugs and drug addicts (OEDT, 2000) as well as other information gathered by this organisation was studied. This data was compiled from the ESPAD survey (European School Survey Project on Alcohol and Other Drugs), carried out among young educated people in thirty European countries (Hibel, *et al*, 2001).

Consumption

Within the general adult population, the most important trends in France are close to those found on a European level by the OEDT (Observatoire européen des drogues et des toxicomanies: European Observatory for Drugs and Drug Addicts):

- Amphetamines and ecstasy rank second place in the illicit products most often consumed in Europe, behind cannabis.
- Within the adult population, France lies in the average of the European countries, where 1 to 4% of individuals have already consumed amphetamines. Figures for ecstasy are very close. However, the United Kingdom clearly presents a higher prevalence, notably for amphetamines (10%).
- For young adults, approximately 1 to 5% of individuals aged between 16 and 34 have tried amphetamines, and the proportion is similar for ecstasy. Again, the United Kingdom seems atypical with 16% for amphetamines, and 8% for ecstasy.
- The figures for the different countries of the European Union indicate that the increase in the consumption of ecstasy observed during the 1990s seems to have stabilised, and, indeed, is showing signs of a decrease. The figure for amphetamines remains stable globally, and is rising in certain countries.
- The consumption of amphetamines or ecstasy is very rarely regular; it is either experimental or sporadic.

Among the school population and the thirty countries included in the survey, the level of experimentation with amphetamines by 16-year-old French pupils is within the average (2%), and that with ecstasy slightly above the average (3% as opposed to 2%) (Hibell, *et al*, 2001).

Demands for treatment

In the EU countries for which data is available on ecstasy, the share of this product in the total of the instances requiring care is, as in France, a little higher. This percentage only exceeds 1 to 1.5% the case of Ireland (3.5%) and Luxembourg. For this product, France is also within the European average.

Police interrogation

Unlike cannabis or heroin, ecstasy does not appear the primary product causing police interrogations linked to drugs¹ in Europe. In most of the countries for which information is available, ecstasy represents less than 5% of instances of police interrogation for use or possession of narcotics in 1999. With 1%, France is, therefore, at the same level as Italy or Luxembourg. The United Kingdom and Germany account for 3% of

¹ The term "police interrogation linked to drugs" refers to very different definitions, depending on the country. Information on the grounds for interrogation and the product is not always given.

cases for use/possession of ecstasy, and Austria 5%. Thus, with 13% of instances of interrogations for use/possession of ecstasy, Ireland clearly stands out from the other European countries.

With regard to amphetamines, the situation is even more accentuated: France, in the same way as Italy or Luxembourg, hardly registers any interrogations for use/possession of amphetamines, whilst the share is 10% in the United Kingdom, and 6% in Ireland and Germany. Belgium also registers numerous interrogations linked to amphetamines, with a share of 16%, all offences together.

For further information

- Ecstasy: biological and clinical data in the context of usage, Paris, INSERM (Institut national de la santé et de la recherche médicale: National Institute for Health and Medical Research), 1998, p. 345 (Coll. Collective expertise).
- Baudier (F.), Arènes (J.) (dir.), Health Barometer for adults 95/96, Vanves, CFES (Comité français d'éducation pour la santé: French Centre for Health Education), 1997, p. 288.
- Beck (F.), Peretti-Watel (P.), EROPP (Enquête sur les représentatives, opinions et perceptions relatives aux psychotropes: Survey on Representatives, Opinions and Perceptions Relating to Psychotropic Drugs) 99: survey on the representations, opinions and perceptions relating to psychotropic drugs, Paris, OFDT (Observatoire français des drogues et des toxicomanies: French Observatory of Drugs and Drug Addiction), 2000, p. 203.
- Beck (F.), Legleye (S.), Peretti-Watel (P.), Views on the end of adolescence: consumption of psychoactive products in the survey ESCAPAD (Enquête santé et consommation au cours de l'appel de préparation à la défense: Health and Consumption Survey During the Call-up for Preparation for Defence) 2000, Paris, OFDT (Observatoire français des drogues et des toxicomanies: French Observatory of Drugs and Drug Addiction), 2000, p. 220.
- Beck (F.), Legleye (S.), Peretti-Watel (P.), 'Illicit drugs: practices and attitudes', in Guilbert (P.), Baudier (F.), Gautier (A.) (Dir.), Health Barometer 2000, Vanves, CFES (Comité français d'éducation pour la santé: French Centre for Health Education), 2001, (to be published).
- Beck (F.), Legleye (S.), Peretti-Watel (P.), Alcohol, tobacco, cannabis and other illicit drugs amongst secondary school pupils: ESPAD (European School Survey Project on Alcohol and other Drugs) 1999 France, volume II, Paris, OFDT (Observatoire français des drogues et des toxicomanies: French Observatory of Drugs and Drug Addiction), 2001, (to be published).
- Bello (P.Y.), Toufik (A.), Gandilhon (M.), Recent trends, TREND report, Paris, OFDT (Observatoire français des drogues et des toxicomanies: French Observatory of Drugs and Drug Addiction), 2001, p. 167.
- Choquet (M.), Ledoux (S.), Adolescents, national survey, Paris, INSERM (Institut national de la santé et de la recherche médicale: National Institute for Health and Medical Research), 1994, p. 346.
- Choquet (M.), Ledoux (S.), Hassler (C.), Alcohol, tobacco, cannabis and other illicit drugs amongst secondary school pupils: ESPAD (European School Survey Project on Alcohol and other Drugs) 1999 France, volume I, Paris, OFDT (Observatoire français des drogues et des toxicomanies: French Observatory of Drugs and Drug Addiction), 2001, (to be published).
- De Peretti (C.), Leselbaum (N.), Parisian pupils and psychoactive substances: evolutions, Paris, OFDT (Observatoire français des drogues et des toxicomanies: French Observatory of Drugs and Drug Addiction) / INRP (Institut national de recherche pédagogique: National educational research institution)-Paris X, 1999, p. 170.
- Hibell (B.), Andersson (B.), Ahlstrom (S.), Balakireva (O.), Bjarnasson (T.), Kokkevi (A.), Morgan (M.), The 1999 ESPAD (European School Survey Project on Alcohol and other Drugs) report: Alcohol and Other Drug Use Among Students in 30 European Countries, Stockholm, CAN, 2000, p. 362.
- INTERPOL (Organisation internationale de police criminelle: International police and crime organisation), Report on the situation of narcotics in Europe in 1999, Lyon, INTERPOL (Organisation internationale de police criminelle: International police and crime organisation), 2000, p. 65.
- Laure (P.), Richard (D.), Senon (J.L.), Pirot (S.), 'Psychostimulants and amphetamines', Documentary review Toxibase, no. 2, 1999, p. 1-28.
- Louboutin-Croc (J.P.), Arvers (P.), Eono (P.), Portron (J.M.), Samson (E.), Dubin (F.), Brodin (C.), De Cacqueray (L.), Rey (J.L.), Abgrall (J.), 'Epidemiological follow-up surveys on "drug-related behaviour" in the centres of selection in 1995 and 1996', Documentary review Toxibase, no. 4, 1997, p. 61-70.

- OCRTIS (Office central pour la répression du trafic illicite des stupéfiants: Central Office for the Repression of Drug-related Offences), Use and trafficking of narcotics. Statistics 1999, Paris Ministry of the Interior, 2000, p. 109.
- OCRTIS (Office central pour la répression du trafic illicite de stupéfiants (Central Office for the Repression of Drug-related Offences), Use and trafficking of narcotic products in France in 2000, Paris, Ministry of the Interior, 2001, p. 114.
- OEDT (Observatoire européen des drogues et des toxicomanies: European Observatory of Drugs and Drug Addiction), Annual report 2000 on the status of the phenomenon of drugs in the European Union, Luxembourg, Office of official publications of the European Communities, 2000, p. 50.
- Pezous (A.M.), Ferrand (I.), Nuss (P.), Emergencies as observatory of the acute complications of the new methods of usage and new drugs, Paris, OFDT (Observatoire français des drogues et des toxicomanies: French Observatory of Drugs and Drug Addiction), 2001, (to be published).
- Roques (B.), The dangerousness of drugs: report to the secretary of state for health, Paris, Odile Jacob/French documentation, 1999, p. 318.
- STRJD-DRJ (Service technique de recherches judiciaires et de documentation-Division recherche judiciaire: Technical Department for Judicial Research and Documentation – Judicial Research Division), 'Rave' evenings. 2001 figures, Rosny-sous-Bois, Head office of the national police force, 2001, p. 17 (internal report).
- Sueur (C.), Rave Mission, World Medicine, Research report – action: use of synthetic drugs (ecstasy, LSD, dance pills, amphetamines....). Reduction of risks in the techno environment, Paris, MDM (Médecins du Monde: Doctors of the world), 1999, p. 475.
- Tellier (S.), Taking drug addicts into care in the health and social structures in November 1999, Paris, DREES (Direction de la recherche, des études, de l'évaluation et des statistiques: Department of Research, Evaluation and Statistics), 2001, p. 47. (Working document no. 19).
- UNODCCP (Office des Nations unies pour le contrôle des drogues et la prévention du crime: United Nations Office for Drug Control and Crime Prevention), World trends for illicit drugs 2001, New York, United Nations, 2001, p. 282.