

# **Heroin and other opiates**

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## Reference points

### *Consumption*

- Experimentation and current use of heroin and other opiates remains rare in both the adult and adolescent populations. This is still truer of current use.
- Among adults aged 18-44, 0.4% of women and 1.7% of men have experimented with heroin. Among young people still in education, 0.8% of girls and 1.4% of boys in the 14-18 age group report having already taken heroin at some point in their lives.
- For all ages, heroin use is more common among males than among females.
- Occasional consumption of heroin fits into a context of consumption of other legal and illegal drugs, chiefly alcohol, tobacco and cannabis. This is especially the case on the dance scene where heroin has recently been associated with stimulants and hallucinogenic substances.
- Problematic consumption of heroin is even more limited despite being more visible in social terms (it is estimated that there are 150,000 to 180,000 'problem' users of opiates or cocaine, mostly opiate users).

### *Health and social consequences*

- The large majority (70%) of registrations for care for the use of illegal drugs are connected with abuse of or dependence on opiates. Between 1997 and 1999, the number of registrations for care in connection with opiates remained more or less stable while their share in the total of registrations fell, principally because of the rise in registrations in connection with cannabis and cocaine.
- The population of opiate users registered for care continues to grow older. Its average age increases by roughly one year every two years: in November 1999, the average age was 31 with only a small minority (13%) under 25. These users were mainly men (3 out of 4), most of whom were not in paid employment (more than 60%) although the proportion in paid employment has increased in recent years. The majority of these people (more than 70%) had already been in contact with care facilities in connection with their use of opiates.
- A secondary substance was recorded in 57% of registrations for opiate use, with cocaine the most commonly cited substance (18% of cases), followed by cannabis, alcohol and medicines (7 to 10% of cases each).
- The great majority of opiate users registered for care have already used intravenous injection (73%). The use of this method of administration is, nevertheless, in decline.
- The establishment of substitution treatments and the rapid rise in their use in the mid-90s have profoundly altered the care afforded to opiate users. Many of them now follow substitution treatments. At the beginning of 2001, it was estimated that 84,000 opiate users were undergoing substitution treatment, buprenorphine (74,000) being more frequently prescribed than methadone (11,000).
- In connection with the development of substitution treatment and risk reduction policies, the number of overdoses attributable to heroin has been declining sharply since 1994. Heroin remains, nonetheless, the product most frequently implicated in deaths by overdose (70 out of 119 in 2000).
- The reported prevalence of HIV infection is falling sharply amongst opiate users who have recently or previously practised injection (15% in 1999). The number of deaths due to AIDS amongst drug users is continuing the downward shift started in 1994, thanks to the prolongation of life-expectancy afforded by the new antiviral treatments (1,037 in 1994, 180 in 2000).
- The reported prevalence of HCV, on the other hand, is rising (65% in 1999).

### *Criminal consequences*

- Heroin is the second most frequently involved substance in arrests for use or use with dealing of narcotics (5,800 cases in 2000), far behind cannabis (82,300 arrests) and ahead of cocaine (some 3,200 arrests).
- Since 1996, arrests of heroin users have fallen continuously in number. As a proportion of all arrests, they have also fallen (6.2% of arrests in 2000). The most recent data seems to suggest that the trend is now levelling out to a stable number of arrests.

### *Supply and trafficking*

- In the course of the 1990s, the quantities of heroin seized fluctuated considerably. Having fallen noticeably for three successive years since 1996, a sharp rise occurred in 2000 (440kg). The number of arrests for heroin trafficking has followed the same pattern, but the rise in 2000 was less marked (1,200 arrests).
- Heroin is currently less accessible in urban areas than it has been in recent years. An inverse trend is observed on the dance scene. Both the purity and the price levels of heroin seem currently to be falling slightly.

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## Consumption of heroin by the French population

The consumption of opiates in the French population is determined using the results of declarative surveys from representative samples of the teenage or adult populations. The trends that emerge from these surveys are corroborated by data from the field, on the profile of users and their methods of use.

As use of heroin is very rare, both in the adult and the adolescent population, only experimentation with it will be considered in this report. Use of other opiates, since it is even more rare, will not be covered here.

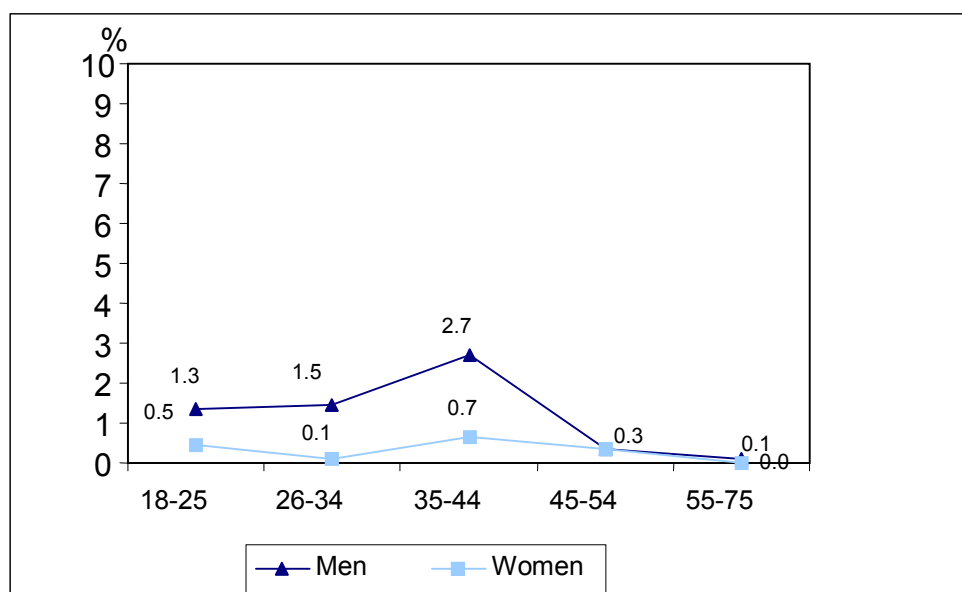
### Experimentation by the general adult population

In the general adult population, experimentation is extremely rare and mainly involves men whose age is somewhere around thirty. At all ages, consumers are predominantly male.

In recent years, the number of users has tended to level off, or even to fall. Amongst the 18-44 age group, between 1995 and 1999, use of heroin at some point went from 0.3 to 0.4% for women and from 0.9% to 1.7% for men. However, the apparent rise in use among the men is only due to the larger proportion of previous users. This data is corroborated by observations in the field, which show a certain loss of interest in heroin over the 1990s, even though new forms of use are sometimes noted among young people (in particular, smoking heroin).

After the age of 44, the level of experimentation with this substance is extremely low.

#### *Frequency of experimentation with heroin in the general adult population in 2000, by sex and age {371a}*



Source: *Health Barometer 2000, CFES, Annual Report OFDT*

Among adults, experimentation with heroin is observed in all social groups [3]. The number of those who experiment is not large enough to allow construction of an accurate socio-demographic profile. Nevertheless, certain characteristics can be observed: there is a significantly higher proportion of experimenters among the unemployed (2.3% as against 0.6%). Educational qualifications, socio-professional category and household income do not throw up any differences relating to experimentation. On the other hand, there are more experimenters among people who present symptoms of possible alcohol or tobacco dependence. These connections remain present when age and sex are taken into account.

## Experimentation by adolescents

Amongst young people still in education, 0.8% of girls and 1.4% of boys aged 14-18 reported having already taken heroin at some point in their lives [7]. Experimentation with this substance has been stable since 1993, having reached 0.5% among girls and 1.1% among boys [5] at that time, with only minor changes since for either sex.

This levelling off at a very low level of consumption is also visible in the results of a survey conducted in 1983, 1991 and 1998 among Paris high-school students. The survey shows that 0.2% of the students had already tried heroin in 1998, as against 0.4% in 1991 and 1.0% in 1983 (De Peretti et al., 1999).

At 17, incidences of experimentation are also a little higher among boys (0.9%) than among girls (0.4%), and rise with age between 17 and 19, whilst still remaining very low [8].

It is difficult to construct a reliable profile of experimenters with heroin at the end of adolescence, as a result of their low number. Only a few points may be observed: young people who are no longer in education represent a larger number of those who have experimented with heroin than others. Among school pupils, only the factors of repeating a grade and of sex (being a boy) are connected with experimentation; the subject combinations taken (standard or vocational) has no influence. Moreover, young people who have already taken heroin are much more commonly also repeated users of alcohol, cannabis and tobacco.

Experimentation with heroin only involves a small proportion of young people who have attended a rave (2.0%), but it is still about four times more common than among young people who have never attended this type of event (0.5%). Thus, among young people still in education, when sex, age, subject combinations taken (vocational or not) and repeating a grade are taken into account, those who have attended such an event are three times more likely to have experimented with heroin.

## Observations in the field

This data comes from the TREND system [33] operating on thirteen sites in France as well as at techno rave-type events.

### *Consumer profiles*

In metropolitan France, the large-scale growth in prescription of substitution treatments has led to a profound transformation of the landscape of opiate use. Currently, four opiate-user profiles may be distinguished:

- those for whom the primary substance is still heroin and who receive substitution treatment when heroin is unavailable or in short supply;
- those who receive substitution treatments consistently and whose use of heroin itself is occasional, recreational and more or less under control;
- highly marginalized multiple users of opiate medications (Subutex®, Moscontin®, Skenan®, Néo-Codion®) and benzodiazepines;
- and lastly those who have changed to using cocaine/crack and for whom opiates are no longer the primary substance but the substance used to regulate these stimulants.

It should be noted, also, that small-scale use of heroin and Subutex® is observed among young people on the techno dance scene.

In French overseas departments, heroin is not widely used by the local population, but is instead used by those who are native to the cities or who have lived there for several years.

### *Methods of use*

Although intravenous injection of heroin remains the dominant method in the TREND system sites, it is becoming increasingly common for heroin to be administered via the nasal passage and lungs. On the other

hand, on the techno dance scene, snorting or smoking heroin are the dominant practices and injecting, although a minority method, is slowly increasing.

Buprenorphine (Subutex®) and morphine sulphate (Skenan®, Moscontin®) are taken intravenously by a significant proportion of users. The users in question are essentially injectors or former injectors of heroin and they seem to be older than the non-injectors. The youngest users prefer to take heroin via the nasal passage, considering this to be less risky and less stigmatised.

On the techno scene, the opium derivative, rachacha, is most often smoked or ingested, or even taken as a drink in the form of an infusion. There are anecdotal reports of cases of this substance being injected.

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## Health and social consequences of the use of heroin and other opiates

The use of opiates leads a proportion of users to register with the socio-medical care system. Here we will first describe the number and the characteristics of those registered with social and medical institutions and with local clinics as a result of their dependence on (or their abuse of) opiates. Consequences of use of these substances in terms of morbidity and mortality will be covered in a later section.

### **Demands for treatment**

The data presented, in the majority, was collected from users by the registering institutions. The data relating to registrations with local doctors come from surveys of a sample group of GPs.

#### *Registrations with drug care organizations (CSST and health institutions)*

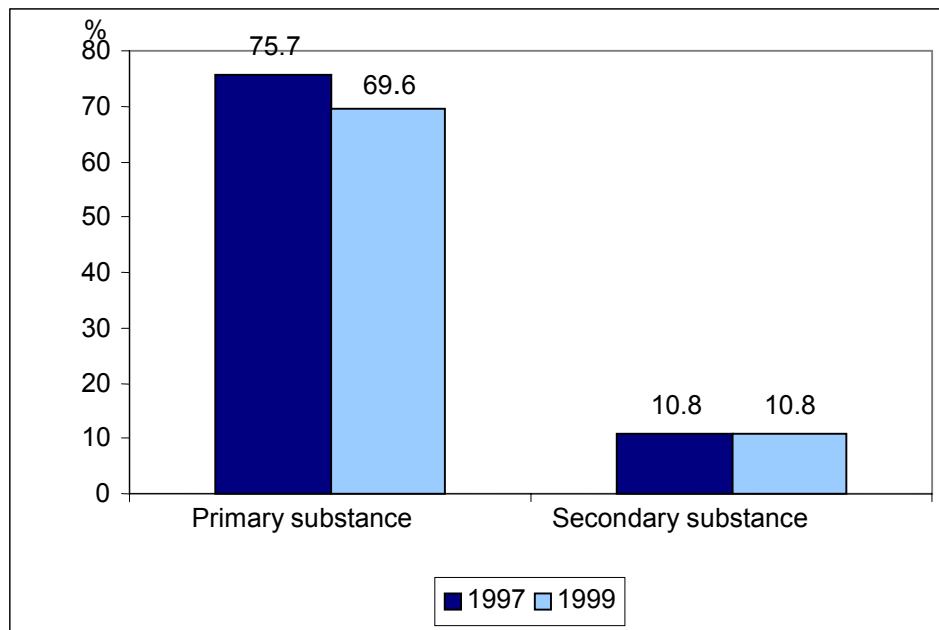
In France, the great majority of registrations with drug care organizations for the use of illegal drugs are connected with abuse of or dependence on opiates. Between 1997 and 1999, the number of registrations for care in connection with opiates remained more or less stable (-3%) while their share in the total of registrations fell, principally because of the rise in registrations in connection with cannabis and cocaine. In November 1999, there were about 13,600 registrations connected with opiates as primary substance [17].

Within the opiates category, development is differentiated according to the substances concerned. Three subcategories have been distinguished: heroin, which remains largely in the majority as the substance for which registrations are made, with 85% of the total opiate-related registrations in November 1999; non-prescription buprenorphine, which represents 6% of these registrations; and other opiates (codeine, non-prescription methadone, morphine, opium), recorded in 9% of these registrations. Registrations connected with heroin are falling (-8%) while those connected with buprenorphine (non-prescription) are rising markedly. It should be emphasized that in relation to the estimated number of people undergoing substitution treatment using buprenorphine (see below), registrations connected with the transferred use of this drug remain very small in number. about 800 cases in November 1999, or a little more than 1% of the estimated number of people undergoing treatment with buprenorphine at this time. Registrations connected with other opiates (codeine, non-prescription methadone, morphine, opium) are gradually rising in number.

Developments are also differentiated according to the registration organizations concerned. Registrations connected with opiates are continuing to rise in specialist institutions, while they are tending to decrease in health centres, but not very dramatically, if account is taken of variations in the number of organizations that responded to the survey.

In a survey carried out among the three emergency services in Paris (Pezous et al., 2001), just over three out of four users of illegal drugs presented a problem connected with the use of opiates, a proportion that is comparable to the figure from the survey cited above. It is possible, however, that these users are over-represented, because the acute complications that they sometimes present cause them to come into contact with these services more often than other users.

**Proportion of opiates in total registrations of drug users in 1997 and 1999 {373a}**



*Total registrations of drug users in specialised centres and health centres, with no cases counted twice, with at least one substance leading to registration for care (see methodology annex)*

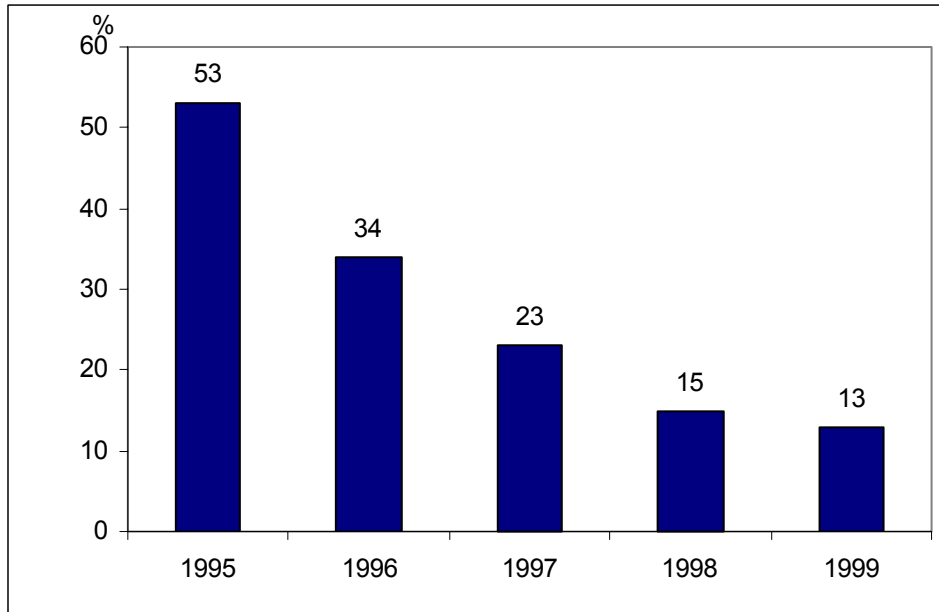
*N = 18,075 in 1997 and N = 19,564 in 1999.*

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

Although the opiates remain greatly in the majority of those substances giving rise to registration, current and recent heroin use does not involve more than a minority of users in contact with the health system. Within a sample group of users registered with different care organizations in October 1999, only 13% had used heroin within the last seven days [18], a proportion that has fallen markedly in relation to 1995 (53% of cases). The figures from the survey conducted in November on substances used within the last thirty days are comparable (about 16% of registrations with at least one substance giving rise to the registration cited) and are following a similar trend. This fall in the use of heroin is very largely related to the growth in substitution treatments. Many users undergoing substitution treatment have been registered as a result of their use of heroin, but have not used it within the recent period.



**Percentage of heroin users among drug users registered with organisations from 1995 to 1999 {373a}**



Source: OPPIDUM, CEIP

*Registrations with local doctors*

■ Number of patients using heroin

According to a survey carried out at the beginning of 2001 amongst a representative sample of general practitioners [20], almost 60% had agreed to treat at least one opiate dependent person during the previous year and 38% had done so during the previous month (Coulomb *et al.* ). 2001). The average number of opiate users seen each month in a local surgery was 1.9. Extrapolating this figure to all active general practitioners, we obtain 100,000 as the approximate number of opiate users seen each month by GPs in urban surgeries at the beginning of 2001. We are only concerned with an order of magnitude, subject to significant margins of error connected with estimates of the number of patients seen by doctors who refused to contribute to the survey, with the size of the sample and with retrospective collection of data by telephone (memory distortion). Furthermore, if, for each GP, the patient population is different, a single patient could have visited several doctors in the course of the month and thus have been counted several times.

Doctors who have seen at least one heroin user during the previous twelve months very often prescribed substitution treatments, 79% of them with buprenorphine (Subutex®), 18 % with methadone<sup>1</sup> [20].

■ Characteristics of doctors registering heroin users for care

The doctors who never see an opiate user are more likely than others to be practising in towns of less than 20,000 inhabitants (true for 70 % of them). 90% of them consider themselves badly trained or untrained in caring for drug users and quote lack of demand as the main reason for treating none. Conversely, the majority of doctors who see more than ten users per year are working in towns with more than 20,000 inhabitants and mostly consider that they have been trained. Doctors who are part of a network, 10% of the sample, see a much greater number of heroin users than the others [20]. The data from the Baromètre Santé General Practice give similar indications.

■ Trends in the numbers of heroin using patients registered for care with general practitioners.

The survey whose results are quoted above was also carried out in 1995 and 1998 enabling comparisons to be made. Since 1995, the percentage of doctors who had seen at least one dependent heroin user during the

<sup>1</sup> These last two figures are not additive: a single practitioner may prescribe buprenorphine to some of his patients and methadone to others.

previous year had not changed. On the other hand, the percentage who had seen ten users or more during the previous year increased markedly between 1995 and 1998 but remained stable between 1998 and 1999. The average number of heroin users seen over the year by the doctors who agreed to respond to the survey went from four in 1995 to seven in 1998, then to nine in 2001, with this last change (from 7 to 9) not being statistically significant. The changes between 1995 and 2001 reflect the rise in registrations for care of heroin users in general practice, undoubtedly followed by stabilization in recent years.

Between 1998 and 2001, the proportion of GPs who had seen at least one heroin user and prescribed buprenorphine only increased slightly (from 76% to 79%). On the other hand, the percentage of doctors who had prescribed methadone tripled from 6% to 18 % [20]. The following section takes a closer look at the estimate of the number of patients undergoing substitution treatment.

#### *Number of opiate users undergoing substitution treatment*

Registration of opiate users has been profoundly altered by the increased availability of substitution treatments in drug care centres and general practices. The legal and regulatory framework for prescriptions for these treatments is covered in greater detail in the last part of this report, concerning mechanisms.

- Estimates from surveys of care organizations and general practitioners.

Within the institutional care system (specialist centres and health centres), substitution treatment is reported in three-quarters of registrations for opiate use. In absolute terms, these treatments involved 12,000 people in November 1999, including 4,500 for methadone and nearly 7,000 for buprenorphine.

There is currently no national survey of patients registered for care with general practitioners. The survey conducted at the start of 2001 of a representative sample group of doctors does provide us with some information, however. Doctors who have seen at least 1 opiate dependent patient during the previous twelve months reported monitoring 10 patients on average undergoing treatment with buprenorphine during the year, and 4 during the month. For methadone, the average number of patients was 1.2 over the year and 0.7 over the month.

Extrapolating for all doctors gives an order of magnitude of 70,000 to 75,000 patients per month at the end of 2000, data that fits the sales figures for Subutex® (see below). The same calculation applied to methadone, on the other hand, gives a much higher estimate of the number of patients than that calculated using the sales figures. Given the size of the sample and the relatively small number of doctors prescribing methadone, extrapolating for all doctors is undoubtedly more questionable.

- Estimate using sales of substitution treatment substances

The estimates based on declarative data may be compared with those produced, with certain assumptions, from dispensing pharmacy sales and from quantities of methadone supplied to the CSSTs.

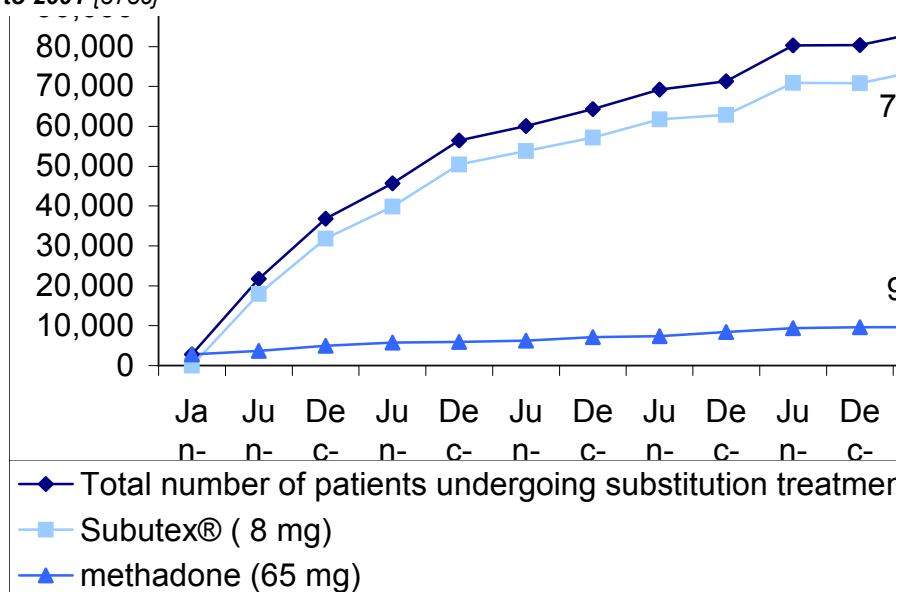
Based on the assumption of a prescribed average dose of buprenorphine (Subutex®) of 8mg per day, monthly sales at the end of the first quarter of 2001 correspond to about 74,000 patients who have taken their treatment every day for a month. For methadone, based on the assumption of a prescribed average dose of 65mg per day, this estimate is about 5,300 patient-months treated by general practitioners in the same period. The estimated number of patients calculated using the quantities of methadone supplied to specialist centres for drug user care, which is about 5,000, must be added to this figure. The total obtained is about 10,000 patients per month undergoing substitution treatment with methadone. Depending on the assumptions used, the total number of patients undergoing substitution treatment could therefore be estimated at about 84,000 in March 2001.

The assumptions of average prescribed doses were generally corroborated by surveys on substitution treatments, generally undertaken locally in 1997 and 1998. In some more recent surveys focusing on prescriptions presented for reimbursement, the average prescribed stated doses are closer to 10mg (Ronflé *et al.*, 2001). Conversely, however, a survey such as that undertaken in the context of a general practice network

in Charente-Maritime (Sorbe, 2000) showed a fall in average stated doses to 7mg in 1999. It is difficult to obtain an accurate idea from this compartmentalized data, but the possibility of an increase or decrease in the average stated dose cannot be ruled out completely. The estimate of the number of patients would then be changed.

The assumption of strict observation of prescriptions by all patients also requires comment. Studies carried out by social security bodies at local level all show up the existence of a small minority of users (not more than 5 to 6%) who obtain prescriptions for buprenorphine from more than two doctors, which may be explained by patients considering their dosage insufficient, but also by dealing for transferred use. Given that this phenomenon is a minority practice, taking it into account does not significantly affect overall estimates. The number of patients who use buprenorphine according to the prescriptions of their doctors is probably slightly lower than the figures cited. The corresponding quantities of buprenorphine might be used partly by people undergoing treatment but on low doses and partly by a limited number of occasional users.

**Estimate of number of patients undergoing substitution treatment (with constant average stated dose), from 1996 to 2001 {373c}**



Source: SIAMOIS,

InVS; DGS/SD6B

■ Change in sales of substitution treatment substances

Since the entry onto the market of high-dose buprenorphine (Subutex®) at the start of 1996, sales of this drug have increased very rapidly while sales of methadone, in comparison, have developed very slowly, both in CSSTs and at general practices. This frequently clearly stated difference (OFDT, 1999; Emmanuelli, 2000) is connected with the regulatory framework that only allows methadone treatment to be initiated in CSSTs, with follow-up, after stabilization, at general practices. The development of methadone treatment is therefore limited by supply (existence of local CSST, medical personnel available for registration) and by more restrictive prescriptions that may discourage certain users. It will also be noted that follow-up in general practice is gradually expanded even though it always represents only a very small proportion of buprenorphine treatments: at the start of 2001, quantities of methadone prescribed in general practice (corresponding to about 4,500 patients over the month) were similar to those prescribed in CSSTs (about 5,500 patients over the month).

After the phase of increasing use in 1996 and 1997, the increase in methadone and buprenorphine sales continued to be sustained in 1998 and 1999. In the first half of 2000, the increase in buprenorphine sales reached 15%; after dipping in the second half of 2000, it seemed to rise again in the first half of 2001. However, as has been mentioned above, it may be that the increase in the number of patients undergoing

substitution treatment with buprenorphine illustrated by the graph on page 163, is overestimated partly due to use of the assumption of an average dose of 8mg. Monitoring of dosages at national level would be necessary to improve knowledge of the changes in the number of patients undergoing treatment.

## **Characteristics of persons in care for opiate use**

### *In drug care organizations (CSST and health institutions)*

As for all substances covered in this report, the characteristics of the users are determined from the registrations for primary substance. The users citing opiates as secondary substance do not differ from users of opiates as primary substance.

Taking account of the preponderance of opiates among registrations, the characteristics described here are those of the great majority of persons attending those health and social institutions that receive drug users.

#### ■ Age, sex, activity

Users of opiates registered in November 1999 had an average age of 31 with only a small minority (13%) under 25. The majority of these people (more than 70%) had already been in contact with care facilities in connection with their use of drugs. The proportion of three men to one women in these registrations remains constant from year to year, which makes opiates (as with medicines) one of the two families of substances for which men are greatest in number. The majority of users of opiates, like other drug users, have no paid occupation (more than 60%) and only 20% have a stable paid job.

#### ■ Associated substances, method of use

A secondary substance was recorded in about 57% of these registrations, with cocaine the most commonly cited substance (18% of cases in which opiates were primary substance), followed by other opiates (other than those cited as primary substance), cannabis, alcohol and medicines (7 to 10% of cases each). Among persons registered for opiate use, who had used a substance over the preceding thirty days (58% of cases), 36% took heroin, 16% Subutex® and 9% other opiates. Cocaine use is cited in nearly 17% of cases.

The great majority of opiate users registered for care have already used intravenous injection. According to the data from the survey conducted in November 1999, three in four have used or are using this method and just under one in five has injected the drug during the preceding thirty days. Recent injecting is more common in cases where opiate use during the preceding month is sited: the proportion reaches 44% for those who have taken heroin or non-prescription buprenorphine and exceeds 50% when cocaine is also associated. It should be noted, however, that among those who have recently used heroin, the most widespread method of use in 1999 is via nasal passage (about 60% of cases in the OPPIDUM survey).

***Profile of registrations connected with opiates (as primary substance) in 1999.***

	Opiates
Number of registrations (primary substance)	13 613
% first registrations	29
Average age	31,5
% under 25	13
‰	
% men	76
% referred by legal system	6
% employed	39
% pupils and students	2
% receiving RMI (minimum income allowance)	31
% persons with cocaine as secondary substance	18
% persons undergoing substitution treatment	75
% persons taking by intravenous injection (currently or previously)	73
% persons taking by intravenous injection over preceding 30 days	19

**Source:** *Survey on registration for care of drug addicts in November 1999, DREES/DGS*

■ Users undergoing substitution treatments

In three out of four cases, persons registered for use of opiates in 1999 are undergoing substitution treatment, with buprenorphine being more frequently prescribed than methadone (57% as against 40% respectively). Users undergoing treatment are distinguished from other registered opiate users by being one year older on average (31.8 as against 30.7), by a higher percentage of persons in paid occupations (40% as against 30%) and by a smaller proportion of recent injections (17% as against 21%). Amongst patients undergoing substitution treatment who had not used opiates during the last thirty days, the proportion of injecting users was much lower (8%).

Certain features differentiate patients on methadone from those on buprenorphine. According to the survey carried out in November 1999, the first category of patients are on average older than the second (about 33 as against 31) and are more often female (29% as against 21%). Patients undergoing treatment with buprenorphine more commonly have a job, which is connected to the greater proportion of non-permanent employment (fixed-term contracts, temporary work, work experience), while the proportion of stable paid employees is identical in both groups (about 20%). Current use of intravenous injection is most frequent among patients on buprenorphine (20% as against 15%), but there are also more of this group who have never used intravenous injection (31% as against 18%). It should also be noted that the incidence of HIV is higher among patients undergoing treatment with methadone (18% as against 13.5%). These results on the whole corroborate those of the OPPIDUM survey of 1998 [18], which also show the greater proportion of people in non-permanent employment among those using non-prescription buprenorphine, in comparison with those taking the same drug on prescription.

The data presented above give a snapshot (taken in November 1999) of the characteristics of users undergoing substitution treatment seen in the drug care institutions. These patients are just as likely to have been undergoing treatment for several years as for several days. These figures therefore cannot by themselves show up an improvement in the situation of patients undergoing substitution treatment, which would require monitoring of the same patients over time. Only one national study following patients treated with buprenorphine, which is already rather old, has been produced so far (Fhima *et al.*, 2001). The results of the analysis of about 500 patients followed over two years by the same general practitioners show a marked decrease in use of heroin (from 40% to 11%), in use of cocaine (from 44% to 17%) and in injecting (41% as against 22%). When measured by the scales described in the publications, the social situation and the seriousness of the condition of the patient were significantly improved. This study has been subject to criticisms, however. The majority of doctors and patients who took part in this study had previous experience

of substitution treatment. It may therefore be envisaged that the inclusion of well-motivated patients and those already registered for a long time gives results that are particularly favourable to substitution treatment (Morel, 2000). Another study, following patients undergoing buprenorphine treatment is currently in progress.

■ **Developments in characteristics of opiate users**

Between 1997 and 1999, the average age of opiate users continued to rise roughly at the rate of one year in age every two years, as it had done since the start of the 1990s. The proportion and number of under-25s fell (1,700 persons in 1999 as against 2,200 in 1997). As an effect of the market situation and/or the substitution treatments, the proportion of those in paid employment has increased significantly (from about 34% to 39%).

Regarding the use of substances, it should be emphasized that the marked increase in the proportion of registrations with another opiate as secondary substance (18.4% in 1999 as against 13.8% in 1997). Heroin is in decline among substances used during the preceding thirty days (from 48% to 35%<sup>2</sup>), a decrease that is also recorded for the category of other opiates (from 21% to 9%), while there is an increase in use of non-prescription buprenorphine (from 10% to 15%), cocaine (from 12% to 17%) and cannabis (from 33% to 37%).

*The practice of injecting is taking place slightly less often, a change that appears more marked when one looks at those who have recently used heroin. Undoubtedly, this may be seen as a possible effect of anti-heroin publicity put out in the context of the risk control policy.*

**Methods of use for heroin users registered with drug care organizations from 1995 to 1999**

(in %)

Method of use	1995	1996	1997	1998	1999
Heroin users practicing intravenous injection/total heroin users	75	66	60	52	36
Heroin users via nasal passage/total heroin users	29	39	40	47	62

**Source: OPPIDUM, CEIP**

*At general practices*

The surveys available, whether local or in some cases expanded to two or three sites, focus on patients seen by general practitioners in the context of substitution treatment. The results seem to show that the profiles of these patients are quite similar to those registered in the CSSTs: male in 70 to 80% of cases, aged about 30 on average. The differences between forms of questioning on professional activity make comparisons difficult. The proportion of persons with permanent or regular work rarely comes to more than a third of the sample.

These surveys are always conducted with doctors involved in networks, and therefore often in contact with specialist organizations. This may partly explain this similarity.

As an example, the OPPIDUM survey allows comparison of patients undergoing treatment with buprenorphine, all of whom were registered with CSSTs, whether the person responsible for the substitution procedure in progress practises as a GP or in a CSST (Thirion *et al.*, 2001). The subjects registered with local general practices in 1998 were younger on average (28.8 as against 31.4), less likely to be living as part of a couple and less likely to have children to look after, with these last two variables certainly connected to a large extent with age. They were also more likely to practise intravenous injection of the buprenorphine (24% as against 10%) or of an associated substance (31% as against 16%). On the other hand, the differences are not significant in terms of sex, occupational activity or economic instability.

<sup>2</sup> The percentage refers to persons who have used at least one substance over the preceding thirty days.

## Morbidity and mortality

Use of opiates may be the cause of overdoses and various pathologies that are connected with intravenous injection of these substances (viral infectious diseases, bacterial or fungal diseases, abscesses, vein problems, etc.) As with other substances, there is not much data on this subject. The figures available relate to the prevalence of the HIV and HCV infections as shown by surveys of users and registering health and social organizations [17]. The great majority of new cases of AIDS recorded relate to users of opiates by intravenous injection. The data on other pathologies comes from a survey of a sample group of general practitioners.

### *Morbidity: prevalence of HIV and HCV and other pathologies*

The data presented here relate to the incidences of HIV and HCV among injecting users registered in November 1999 for use of opiates as primary substance. For a presentation of the data on HIV and HCV for all registered users, refer to the chapter on the transverse approach.

In November 1999, the proportion of injecting users who were aware of their serological status was just over 86%, a figure that has increased slightly by comparison to November (84%).

The reported incidence of HIV is falling sharply amongst opiate users who have recently or previously practised injection. The reported incidence of HCV, on the other hand, rose again between 1997 and 1999.

### **Reported incidence of HIV and HCV among users registered\* for use of opiates as primary substance in 1997 and 1999.**

(in % of known serologies)

	1997	1999
Incidence of HIV among those who have practiced intravenous injection (currently or previously)	18,7	15,4
Incidence of HIV among those who have practiced intravenous injection during the preceding 30 days	20,5	17,5
Incidence of HCV among those who have practiced intravenous injection (currently or previously)	62,8	64
Incidence of HCV among those who have practiced intravenous injection during the preceding 30 days	63,9	65,4

\*In specialist centres only.

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

Among doctors questioned at the start of 2001 in the survey of registration of drug users at general practices, the number of opiate-using patients who have had a sexually-transmitted disease in 2000 was, on average, 0.6 patients per doctor. Also reported by the doctor were 0.1 cases of overdose, 0.8 emergency admissions to hospital, and 0.2 attempted suicides. The data has not significantly changed by comparison with 1998, except for the overdoses, which are decreasing sharply.

### *Mortality*

For 120 deaths by overdose recorded by the police in 2000, 71 are directly attributable to the use of heroin. This substance remains the most frequently involved substance in this type of death [29].

Most often, heroin is found alone, but 18 cases in 2000 showed use of heroin with another substance (mainly alcohol, cannabis, cocaine or medicines).

The number of overdoses attributable to heroin and recorded by the police has been falling sharply since 1990 and provides the core explanation for the general decrease observed for this type of death.

**Deaths by overdose connected with heroin, recorded by the police, from 1990 to 2000**

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Heroin	302	368	460	408	505	388	336	164	92	69	71
Total	350	411	499	454	564	465	393	228	143	118	120
As % of total:	86,3	89,5	92,2	89,9	89,5	83,4	85,5	71,9	64,3	58,5	58,8

**Source: FNAILS, OCRTIS**

The general statistics for mortality also allow cases of death connected with use of opiates to be counted – these are not necessarily overdoses, strictly speaking. Thus, in 1997, INSERM (the national institute for medical research) recorded 72 deaths due to dependence on a morphine type substance<sup>3</sup> for a total of 86 deaths due to dependence on drugs, where the substance is identified<sup>4</sup>. The 1997 level is equivalent to that of 1990 with regard to deaths due to dependence on opiates, while it reached 199 in 1995 [13].

During the year 2000, OCRTIS also recorded 11 overdoses, whose analysis showed the presence of Subutex®, 11 overdoses with methadone and some deaths connected with other opiate-based medicines (Skenan® or Temgésic®). Often, the analyses show the presence of several of these substances at the same time.

Since 1996, 122 cases of deaths of drug addicts treated with buprenorphine were recorded by the national drug safety system or the legal medical institutes (National commission of narcotics and psychotropic substances, 2001). Toxicological analysis was practised on 96 of them. It revealed the presence of other substances combined with buprenorphine in 90 deaths, in particular benzodiazepines. This combination seems to make respiratory depression more likely to develop – this may prove fatal. Intravenous injection would contribute to making these accidents more serious.

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<sup>3</sup> Heroin, methadone, opium and derivatives.

<sup>4</sup> The total number of deaths recorded that year was 181.



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## Criminal consequences of the use of opiates

The use of opiates, as with any illegal drug, may lead to arrests and legal consequences. Only the arrests may be described here. Court rulings and imprisonments which do not mention the product involved cannot be covered here.

### Arrests for use in 2000

With nearly 6000 arrests of users in 2000, heroin is the second most frequently involved substance in this type of arrest, far behind cannabis (over 80,000 arrests) and ahead of cocaine (some 2,300 arrests). Arrests of opium or morphine users are rare (21 and 14 cases, respectively in 2000).

Heroin is therefore the opiate most often involved in arrests for use or use with dealing. As for other substances, cases of use only are the most numerous (about 5,000 in 2000).

#### *Arrests for heroin use and use with dealing in 2000*

	Heroin	All products	Heroin proportion
Use only	4 831	83 385	5,8 %
Use with dealing	1 002	10 954	9,1 %
Total	5 833	94 339	6,2 %

*Source: FNAILS 2000, OCRTIS*

A certain number of arrests may also be noted here for use or use with dealing in opiate-based medicines or those currently used by heroin addicts as substitutes. This refers to cases where users have not been able to prove that they have prescriptions for substances (no prescription sheet, no confirmation from their doctor or where they admit to use without prescription).

Therefore, the law enforcement services in 2000 counted 151 arrests for use or use with dealing of Subutex®, 54 of Rohypnol®, 28 of methadone, 9 of Tranxène® and 8 of Skenan® [28].

### Development in cases of police interrogation for use since 1990

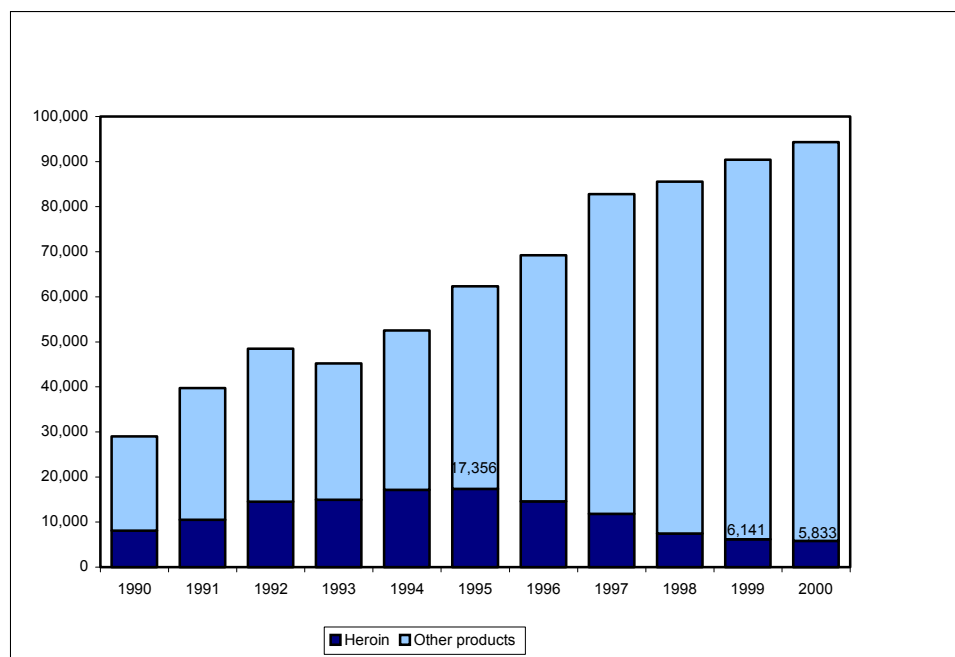
For the first time in five years, arrests of heroin users did not record a sharp fall in 2000 in comparison with that of preceding years: -5% in 2000 as against -18% in 1999 and even -37% in 1998.

The development over the last ten years shows two phases: a rise in arrests up to 1995 followed by a fall, the two changes compensating each other exactly (the average annual growth rate over this period is almost zero).

The main consequence of this fall is that arrests for heroin represent a smaller and smaller proportion within arrests of users as a total. corresponding to one in three arrests up till 1995, they represent less than one in ten from 1998.

Thus, although heroin is still, throughout this period, the second most frequently involved substance in arrests for use or use with dealing, the gap between heroin and cocaine or crack is narrowing: fifteen times more in 1990, the ratio is no more than two in 2000. With the rise in cases involving ecstasy in 2000, the ratio changes to three for arrests involving both substances.

### Arrests for heroin use and use with dealing from 1990 to 2000 {374a}



Source: FNAILS, OCRTIS

The extension of the use of substitution treatments, the loss of interest in this substance among the youngest age group (both because of the portrayed image of the heroin addict and for the mainly intravenous method of use), or even the influence of AIDS prevention publicity (from the Seringue AIDS organization) are possible factors explaining the fall in the number of heroin users generally. On the other hand, the development of multiple drug addiction may also have an influence on the decrease in arrests for heroin use, because if the user is taking other substances, he may be arrested for use of these other substances.

The halt in the sharp decline in arrests in 2000 might mark a minimum threshold or may be the consequence of the new interest in this substance, as reported by the systems for observation in the field.

### Characteristics of users questioned

Just after users of cocaine or crack, arrested heroin users are the oldest group: 28.3 on average in 2000 as against 29.6 for cocaine users, 31.3 for crack users and, on the other hand, 21.8 for cannabis users.

The trend for the age of arrested heroin users to rise, observed for the last ten years, continued in 2000. The proportion of minors is still very low (1.4% in 2000), close to that recorded for arrested users of cocaine or crack (2.0%) and markedly lower than that of cannabis users (15.1%).

As for other substances, the distribution of heroin users according to socio-professional category is connected with age: students or high-school pupils are rare (5% in 2000) compared to cannabis users (33%). On the other hand, those without paid occupation represent half of arrested heroin users. From this point of view, their profile is close to that of arrested cocaine users in 2000.

As for other substances, only one arrested heroin user in ten is foreign in nationality. Among these foreigners, the main nationalities represented are Algerians (187 in 2000), Moroccans (174) or Portuguese (86).

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## Supply and trafficking of opiates

The international and national supply of opiates is examined mainly through seizures recorded by international and national services. The local supply is determined by observations made in the field.

### International trafficking and supply routes to France

Since the second half of the 1980s, between 80 and 90% of heroin used in Europe and France has its origin in opium produced in Afghanistan (INTERPOL, 2000). Between 1994 and 1998, production in this country was between 2,000 and 3,200 tonnes annually. In 1999, it was 4,500 tonnes and in 2000, it was 3,200 tonnes (UNODCCP, 2000). Following the prohibition declared by the *Taliban*, production will not exceed a few hundred tonnes in 2001. However, it is estimated that stocks have been built up in Afghanistan and outside of this country and that they should make it possible for supply to be maintained at the same level in 2001 and 2002 (Labrousse, 2001).

Opium and morphine base which, up till the middle of the 1990s, were mostly transformed into heroin in Pakistan and Turkey, are now also processed in Afghanistan, as well as in the Caucasian and Central Asian countries (INTERPOL, 2000). Similarly the heroin supply route to Europe, which used to be through the Balkans, has diversified over routes crossing Central Asia, Caucasus, Russia and the Eastern countries (INTERPOL, 2000).

#### **Quantities of heroin seized in Western Europe from 1993 to 1999**

(in tonnes)

1993	1994	1995	1996	1997	1998	1999
7.3	8.3	8.9	10.2	9.7	13.6	12.6

Sources: UNODCCP

As for transit through European countries, 47% of heroin seized in France came from the Netherlands (as against 35% in 1999), the country that is still the main region of origin, for the tenth consecutive year.

#### **Quantities of heroin seized in France, from 1990 to 2000**

(in kg)

1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
405	561	328	386	661	499	617	415	344	203	444

Source: FNAILS, OCRTIS

In 1999, the law enforcement services had carried out 2,684 seizures, for a total weight of 203kg and, since 1997, these two indicators had been falling. However, in 2000, the quantities seized have more than doubled in relation to the preceding year, while the number of operations increased by 5%. The percentage of quantities intended for France is also rising. The conclusions that can be drawn from this increase can only be relative, with regard to arrests for use that are continuing to fall, even if the fall is a lot less marked than the preceding year (see below).

Also, during 2000, law enforcement services seized 5,560 pills of opiate-based medicines or those used frequently by heroin addicts. The main substances concerned were Subutex®, Temgesic®, Rohypnol® and methadone. There were also 14 arrests of small traffickers dealing in these substances

## Traffickers questioned by the police in France

Like the previous indicators of supply, the number of persons arrested for trafficking heroin rose (by 9%) between 1999 and 2000 [28]. On the other hand, their proportion of the total number of arrests for trafficking is continuing to fall.

### **Arrests for heroin trafficking from 1990 to 2000**

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Heroin	2 572	2 640	3 162	3 395	3 562	3 329	3 451	1 979	1 356	1 126	1 228
All product s	5 198	5 303	5 982	6 451	7 179	7 107	8 412	6 560	5 541	5 506	6 531
As % of total:	49.5	49.8	52.9	52.6	49.6	46.8	41.0	30.2	24.5	20.5	18.8

Source: FNAILS, OCRTIS

Among the traffickers arrested in 2000, 219 are considered to be international traffickers, involved in import and export activities, 768 are considered to be local traffickers and 241 are considered to be dealers.

Just over 60% of heroin traffickers arrested in 2000 were French. The next two most represented nationalities in heroin trafficking are, in 2000 as in 1999, Moroccans and Algerians, which correspond to 17% of the total number of traffickers and to 45% of foreign traffickers.

## Local supply: availability, price and quality

The availability data and price data presented here comes from the TREND [33] monitoring system and the quality data, relating to concentration of active principle in seizure samples, from police and customs laboratories

### *Availability*

The development of the substitution policy, during the second half of the 1990s affected the market in heroin. Public street dealing has declined, whilst selling from homes or in private places has increased. Some small traffickers have changed to sell other substances, in particular cocaine. Thus, even if heroin remains more or less available over all the metropolitan sites of the TREND system, it has become much more difficult to find in the traditional selling places. The same goes for morphine sulphates (Skenan® et Moscontin®), due to the decrease in medical prescription of these substances.

The availability of methadone remains very limited because its presence is still extremely marginal on the illegal market. On the other hand, Subutex® is the only opiate whose availability without medical prescription seems to be both large and increasing over recent years.

On the techno dance scene, the availability of heroin is rising slightly. It is used, by a small minority of users, in order to accompany coming down from stimulants but also, as a primary product, for its opiate effects. Rachacha is available in a seasonal cycle. It is found more easily in summer than in winter, and most of the time, on a small scale, at raves and techno dance events. The other opiates are hardly present.

In the overseas departments, heroin is rare, apart from in Guyana, where it has a more significant presence. Subutex® is not widely available without a medical prescription, except in Reunion.

### *Price*

The price of heroin seems to be going down slightly but there is a significant degree of variation according to location.

In metropolitan France, the average price of 'white' heroin hydrochloride in 2000 was lower than 650F per gram and the price of 'brown' heroin base is lower than 400F. In Guyana, the latter price was recorded at

Cayenne and a price of between 300 and 400F at Kourou, while at Saint-Laurent, a border town with Surinam, a price between 100 and 200F. In Reunion, the same gram is worth 500 to 600F.

On the illegal market, the average price in metropolitan areas of an 8mg Subutex® pill is in the order of 40F. In Guyana and Reunion, the price of the same pill goes up to about 50F.

On the metropolitan TREND sites, the average price of a 60mg vial of methadone fluctuates between 50 and 100F.

### *Quality*

The level of concentration of the active ingredient of the heroin hydrochloride or heroin base shows a slight fall between 1999 and 2000. The accumulated percentage from samples with the highest level of purity (from 50 to 100%), as well as those with an average level of purity (20 to 50%) fell by 13%. For the lowest purity category (0% to 20%), a rise of 6% was observed. These results must be interpreted with caution due to the fact that they depend on seizures carried out and therefore on police practices.

### ***Level of purity in samples of heroin seized by the national police and customs, from 1998 to 2000***

	1998		1999		2000	
	Numbers	%	Numbers	%	Numbers	%
0-20 %	574	72 %	299	69 %	441	73 %
20-50 %	143	18 %	78	18 %	98	16 %
50-100 %	78	10 %	52	13 %	69	11 %
Total	795	100 %	429	100 %	608	100 %

***Source: TREND, OFDT (data supplied by the Lyon forensic science laboratory and the Paris interregional customs laboratory)***

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## Geography showing the consumption of opiates

### Regional approach

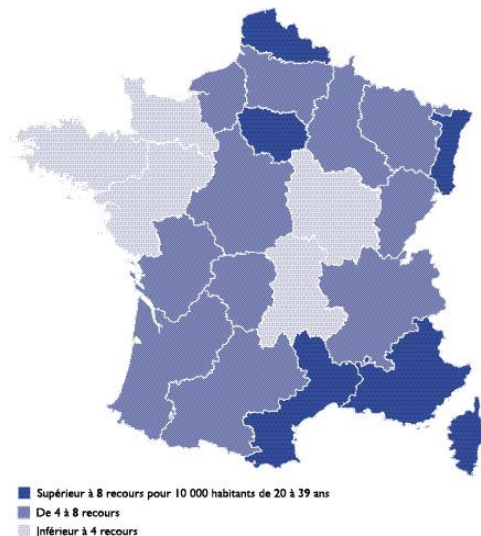
The numbers surveyed in the general population are too low to be able to represent the geographical aspect of heroin use.

The health and social or legal consequences of heroin use in the regions is covered using the data on registrations in November [17] and that about arrests.

#### *Demands for treatment*

Where requests for treatment are concerned, there are three regional groups to be differentiated: The first (in black on map), characterized by a high number of registrations per inhabitant, is composed of regions traditionally affected by drug addiction: Corsica is firmly at the top (15 registrations per 10,000 inhabitants aged 20-39), followed by Ile-de-France, Nord-Pas-de-Calais, Languedoc-Roussillon, Provence-Alpes-Cote d'Azur and Alsace (10 to 11 registrations per 10,000 inhabitants for these different regions). The second group (in grey on map) includes regions where the number of registrations is close to the national average. The remaining regions (in white) are those where then number of registrations per inhabitant is low relative to the national average.

#### **Registration for opiate use in 1999, by region {378a}**



Higher than 8 registrations per 10,000 inhabitants aged 20-39

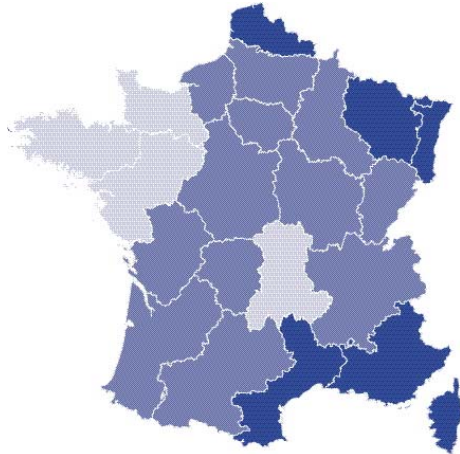
Between 4 and 8 registrations

Less than 4 registrations

**Source: DREES/DGS**

*Regional distribution of registrations connected with opiates per inhabitant is very close to that obtained for sales of Subutex® per inhabitant. Alsace and Languedoc-Roussillon, firmly ahead in the group with about 50 boxes per 100 inhabitants aged 20 to 39 as against the national average of 24, are in this category. Ile-de-France and Corsica fall within the national average. Sales per inhabitant are significantly lower than the national average for the Pays de Loire region (7 boxes per 100 inhabitants aged 20 to 39) and Brittany (10 boxes).*

### Sales of Subutex® in 2000, by region {378b}



De Subutex® (équivalent sept fois 6 mg)  
■ Supérieur à 26 boîtes pour 100 habitants de 20 à 39 ans  
■ De 14 à 26 boîtes  
■ Inférieur à 14 boîtes

Subutex® (equivalent seven times 6mg)

Higher than 26 boxes per 100 inhabitants aged 20 to 39

Between 14 and 26 boxes

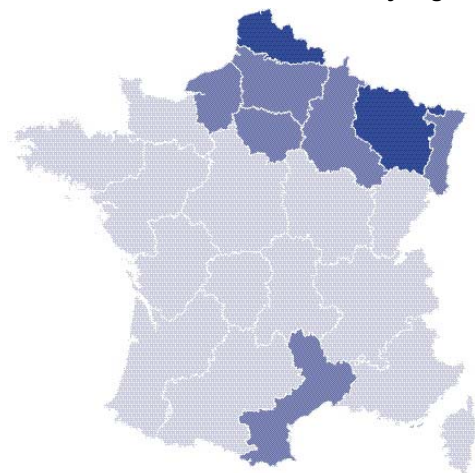
Lower than 14 boxes

Source: *SIAMOIS 2000, InVS*

### Arrests

In comparison to the other substances, arrests for heroin use and use with dealing appear more concentrated geographically. Apart from Languedoc-Roussillon, all regions recording the highest arrests of heroin users are located in the North or the East of France. Nord-Pas-de-Calais and Lorraine stand out particularly with 9 and 6 arrests per 10,000 inhabitants respectively, with the national average at 3.4 [28]. For a significant proportion, heroin comes into France via the North, which partly explains the high number of arrests in the northern regions, and more specifically, the border regions.

### Arrests of heroin users in 2000, by region {378c}



■ 30 % ou + au-dessus de la moyenne nationale  
■ Moyenne nationale (± 30 %)  
■ 30 % ou - en dessous de la moyenne nationale

30% or more above national average

National average

30% or more below the national average

National average: 3.4 arrests per 10,000 inhabitants aged 20 to 39

Source: *FNAILS 2000, OCRTIS*

## European approach

For better knowledge of the situation of France in relation to its European neighbours from the point of view of heroin use and its consequences, the data studied comes from the Annual Report 2000 from the OEDT, as well as from other information received by that body; This data is complemented by that of the ESPAD survey of young people still in education in thirty European countries (Hibell, *et al.*, 2001).

### *Consumption in the general population*

In the overall adult population, heroin seems only rarely consumed in the European Union, with France at about the same level as the other countries, with lifetime incidences going from 1 to 2% for all adults.

Amongst young people still in education, experimentation with heroin among 16 year old pupils seems to be lower than elsewhere in Europe, for boys and girls equally (Hibell *et al.*, 2001), as it is about 1% as against the average of 3%. The largest levels within the European Union concern Italy, United Kingdom and Portugal. Over Europe as a whole, the countries of the East (Rumania, Latvia and Poland in particular) seem to be far more affected. Heroin is currently very frequently taken by smoking.

### *Demands for treatment*

In 1999, in the majority of the countries of the European Union, requests for treatment (as primary product) are, as in France, in the majority connected with opiate use. Only the Northern countries (Sweden, Finland) and the Flemish region of Belgium form the exception, with a proportion of about 20 and 30% of opiates among registrations. In these three cases, amphetamines take the top place in terms of registrations. In Italy and Greece, the proportion of opiates exceeds 80%. On the other hand, it is lower (just over 60%) in Germany and the Netherlands.

### *Arrests*

In some countries (Portugal, Luxembourg and Italy), heroin is the most frequently involved substance among drug-related arrests as a whole<sup>5</sup>, whilst in the majority of countries of the European Union, including France, cannabis appears most often (OEDT, 2000).

In 1999, heroin represents 6% of arrests for use/possession of narcotics in France, a proportion close to that observed in Austria and in Ireland (8%). However, heroin is the most frequently involved substance in arrests for use/possession in Germany (with 19% of cases), in Portugal (39% as only substance) and in Luxembourg (47% of cases). United Kingdom and Italy are in an intermediate situation with proportions of 10 and 12 % respectively.

Except for the United Kingdom, the relative proportion of heroin is lower in 1999 than in 1995 among arrests for use/possession of narcotics as for all drug-related arrests.

For example, France counted 26% of arrests for use/possession connected with heroin in 1995, while Austria and Germany counted 21% and 30% respectively.

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<sup>5</sup> The term 'drug-related arrest' has very different definitions depending on the country. The grounds for the arrest and the substance involved are not always recorded.



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## For further information

- BARROW (S.), USAGES DE DROGUE ET COMORBIDITES PSYCHIATRIQUES. SYNTHÈSE DES RECHERCHES AMÉRICAINES [DRUG USE AND PSYCHIATRIC COMORBIDITIES. SUMMARY OF AMERICAN RESEARCH], 1999, 80 P. (DOCUMENTS DU GDR PSYCHOTROPES, POLITIQUE ET SOCIÉTÉ/DOCUMENTS OF THE RESEARCH GROUP ON PSYCHOTROPIC SUBSTANCES, POLITICS AND SOCIETY, N° 3).
- BAUDIER (F.), ARÈNES (J.) (DIR.), BAROMETRE SANTE ADULTES 95/96, VANVES, CFES, 1997, 288 P.
- BECK (F.), PERETTI-WATEL (P.), EROPP 99: SURVEY ON REPRESENTATIONS, OPINIONS AND PERCEPTIONS RELATING TO PSYCHOACTIVE SUBSTANCES, PARIS, OFDT, 2000, 203 P.
- BECK (F.), LEGLEYE (S.), PERETTI-WATEL (P.), REGARDS SUR LA FIN DE L'ADOLESCENCE : CONSOMMATIONS DE PRODUITS PSYCHOACTIFS DANS L'ENQUÊTE ESCAPAD 2000, [VIEWS OF THE END OF ADOLESCENCE: CONSUMPTION OF PSYCHOACTIVE SUBSTANCES IN THE ESCAPAD 2000 SURVEY] PARIS, OFDT, 2000, 220 P.
- BECK (F.), LEGLEYE (S.), PERETTI-WATEL (P.), 'DROGUES ILLICITES: PRATIQUES ET ATTITUDES', 'ILLEGAL DRUGS: PRACTICES AND ATTITUDES] IN GUILBERT (P.), BAUDIER (F.), GAUTIER (A.) (DIR.), BAROMÈTRE SANTÉ 2000, VANVES, CFES, 2001, (TO BE PUBLISHED).
- BECK (F.), LEGLEYE (S.), PERETTI-WATEL (P.), ALCOOL, TABAC, CANNABIS ET AUTRES DROGUES ILLICITES PARMIS LES ÉLÈVES DE COLLÈGE ET DE LYCÉE : ESPAD 1999 [ALCOHOL, TOBACCO, CANNABIS AND OTHER ILLEGAL DRUGS AMONG COLLEGE AND HIGH-SCHOOL STUDENTS: ESPAD 1999] FRANCE, VOLUME II, PARIS, OFDT, 2001, (TO BE PUBLISHED).
- BELLO (P.-Y.), TOUFIK (A.), GANDILHON (M.), TENDANCES RÉCENTES, RAPPORT TREND, [RECENT TRENDS, TREND REPORT] PARIS, OFDT, 2001, 167 P.
- COMMISSION NATIONALE DES STUPÉFIANTS ET DES PSYCHOTROPES/NATIONAL COMMISSION ON NARCOTICS AND PSYCHOTROPIC DRUGS, 'RÉSULTATS DE L'ENQUÊTE OFFICIELLE SUR LA SPÉCIALITÉ SUBUTEX® (BUPRÉNORPHINE)' [RESULTS OF OFFICIAL SURVEY OF SUBUTEX® (BUPRENORPHINE), IN MINUTES NO. 45 OF THE MEETING OF 22ND FEBRUARY 2001, 19 APRIL 2001, P. 3-4 (INTERNAL REPORT).
- CHOQUET (M.), LEDOUX (S.), HASSLER (C.), ALCOOL, TABAC, CANNABIS ET AUTRES DROGUES ILLICITES PARMIS LES ÉLÈVES DE COLLÈGE ET DE LYCÉE : ESPAD 1999 [ALCOHOL, TOBACCO, CANNABIS AND OTHER ILLEGAL DRUGS AMONG COLLEGE AND HIGH-SCHOOL STUDENTS: FRANCE, TOME I, PARIS, OFDT, 2001, (TO BE PUBLISHED).
- COULOMB (S.), DUBURCQ (A.), MARCHAND (C.), PÉCHEVIS (M.), ÉVOLUTION DE LA PRISE EN CHARGE DES TOXICOMANES : ENQUÊTE AUPRÈS DES MÉDECINS GÉNÉRALISTES EN 2001 ET COMPARAISON 92-95-98-2001, [DEVELOPMENT OF REGISTRATION OF DRUG ADDICTS: SURVEY OF GENERAL PRACTITIONERS IN 2001 AND COMPARISON OF 92-95-98-2001] PARIS, OFDT, 2001, 56 P. + ANN. (INTERNAL REPORT).
- DE PERETTI (C.), LESELBAUM (N.), LES LYCEENS PARISIENS ET LES SUBSTANCES PSYCHOACTIVES : ÉVOLUTIONS [PARIS HIGH-SCHOOL STUDENTS AND PSYCHOACTIVE SUBSTANCES: DEVELOPMENTS], PARIS, OFDT/INRP-PARIS X, 1999, 170 P.
- EMMANUELLI (J.), PROGRAMMES D'ÉCHANGES DE SERINGUES ET RÉDUCTION DES RISQUES CHEZ LES USAGERS DE DROGUES DANS LE MONDE DÉVELOPPÉ : ÉTAT DES LIEUX ET MISE EN PERSPECTIVE [SYRINGE EXCHANGE SCHEMES AND RISK REDUCTION AMONG DRUG USERS IN THE DEVELOPED WORLD: CURRENT STATUS AND CONCLUSIONS], 2001, 79 P. (DOCUMENTS OF CESAMES, N° 8).
- EMMANUELLI (J.), CONTRIBUTION À L'ÉVALUATION DE LA POLITIQUE DE RÉDUCTION DES RISQUES [CONTRIBUTION TO THE EVALUATION OF RISK REDUCTION POLICY]
- SIAMOIS: DESCRIPTION, ANALYSE ET MISE EN PERSPECTIVE DES DONNÉES DE VENTES OFFICIELLES DE SERINGUES ET DE PRODUITS DE SUBSTITUTION EN FRANCE DE 1996 À 1999 [SIAMOIS : DESCRIPTION, ANALYSIS AND CONCLUSIONS USING OFFICIAL SALES DATA FOR SYRINGES AND SUBSTITUTION PRODUCTS IN FRANCE FROM 1996 TO 1999] (2 VOLUMES), SAINT-MAURICE, INVS, 2000, 55 + 93 P.
- FHIMA (A.), HENRION (R.), LOWENSTEIN (W.), CHARPAK (Y.), 'SUIVI À DEUX ANS D'UNE COHORTE DE PATIENTS DÉPENDANTS AUX OPIATES TRAITÉS PAR BUPRÉNORPHINE HAUT DOSAGE (SUBUTEX®)' [TWO-YEAR MONITORING OF A GROUP OF OPIATE-DEPENDENT PATIENTS, TREATED USING HIGH-DOSE BUPRENORPHINE]

(SUBUTEX®)], ANNALES DE MEDECINE INTERNE/INTERNAL MEDICINE REPORT, VOL. 152, SUPP. N° 3, 2001, P. IS26-IS36.

■ HIBELL (B.), ANDERSSON (B.), AHLSTROM (S.), BALAKIREVA (O.), BJARNASSON (T.), KOKKEVI (A.), MORGAN (M.), THE 1999 ESPAD REPORT: ALCOHOL AND OTHER DRUG USE AMONG STUDENTS IN 30 EUROPEAN COUNTRIES, STOCKHOLM, CAN, 2000, 362 P.

■ INTERPOL (INTERNATIONAL POLICE ORGANIZATION), RAPPORT SUR LA SITUATION DE L'HEROÏNE DANS LE MONDE/REPORT ON THE WORLDWIDE HEROIN SITUATION, LYON, INTERPOL, 2000, 50 P.

■ LABROUSSE (A.), 'AFGHANISTAN', DROGUE TRAFIC INTERNATIONAL/INTERNATIONAL TRAFFICKING IN DRUGS, N° 2, 2001, P. 3.

■ MOREL (A.), 'TRAITEMENTS DE SUBSTITUTION A LA BUPRENORPHINE', [SUBSTITUTION TREATMENTS USING BUPRENORPHINE] TOXIBASE DOCUMENTATION REVIEW, NO. 2, 2000, P. 1-37.

■ OCRTIS (OFFICE CENTRAL POUR LA REPRESSION DU TRAFIC ILLECITE DES STUPEFIANTS/CENTRAL OFFICE FOR LAW ENFORCEMENT RELATING TO TRAFFIC IN ILLEGAL NARCOTICS), USAGE ET TRAFIC DE PRODUITS STUPEFIANTS EN FRANCE EN 2000 [USE AND TRAFFICKING OF NARCOTIC SUBSTANCES IN FRANCE IN 2000], PARIS, MINISTERE DE L'INTERIEUR, 2001, 114 P.

■ OEDT (OBSERVATOIRE EUROPEEN DES DROGUES ET DES TOXICOMANIES/EUROPEAN OBSERVATORY OF DRUGS AND DRUG ADDICTS), RAPPORT ANNUEL 2000 SUR L'ETAT DU PHENOMENE DE LA DROGUE DANS L'UNION EUROPEENNE, [ANNUAL REPORT 2000 ON THE DRUGS SITUATION IN THE EUROPEAN UNION], LUXEMBOURG, EUROPEAN COMMUNITY OFFICIAL PUBLICATIONS OFFICE, 2000, 50 P.

■ OFDT, (OBSERVATOIRE FRANÇAIS DES DROGUES ET DES TOXICOMANIES/FRENCH OBSERVATORY OF DRUGS AND DRUG ADDICTION), DROGUES ET TOXICOMANIES: INDICATEURS ET TENDANCES, [DRUGS AND DRUG ADDICTION: INDICATORS AND TRENDS] PARIS, OFDT, 1999, 270 P.

■ PEZOUS (A.-M.), FERRAND (I.), NUSS (P.), LES URGENCES COMME OBSERVATOIRE DES COMPLICATIONS AIGUËS DES NOUVEAUX MODES D'USAGE ET DES NOUVELLES DROGUES, [EMERGENCIES AS A MEANS OF MONITORING THE ACUTE COMPLICATIONS OF NEW MODES OF USE AND NEW DRUGS] PARIS, OFDT, 2001, (TO BE PUBLISHED).

■ RICHARD (D.), SENON (J.-L.), HAUTEFEUILLE (M.), FACY (F.), 'L'HEROÏNE', [HEROIN] TOXIBASE DOCUMENTATION REVIEW, NO. 2, 1998, P. 1-27.

■ RONFLE (E.), THIRION (X.), LAPIERRE (V.), PRADEL (V.), MASUT (A.), MICALLEF (J.), COUDERT (C.), SANMARCO (J.-L.), MABRIEZ (J.-C.), 'SUBSTITUTION PAR LE SUBUTEX®: LES 2/3 DES PATIENTS SONT OBSERVANTS. UNE ETUDE EN MEDECINE GENERALE DANS LES BOUCHES-DU-RHONE', [SUBSTITUTION USING SUBUTEX® : 2/3 PATIENTS ARE COMPLIANT. A STUDY IN GENERAL MEDICINE IN BOUCHES-DU-RHONE] LA REVUE DU PRATICIEN – MÉDECINE GÉNÉRALE/THE GENERAL PRACTITIONER'S REVIEW – GENERAL PRACTICE, VOLUME XV, NO. 521, 8 JANUARY 2001, P. 23-28.

■ SORBE (G.), RÉSEAU MG TOX. 4 YEARS OF SUBUTEX®, MG TOX (RÉSEAU DÉPARTEMENTAL DE GÉNÉRALISTES POUR LA PRISE EN CHARGE DES TOXICOMANIES/DEPARTEMENTAL NETWORK OF GENERAL PRACTITIONERS FOR REGISTRATION OF DRUG ADDICTS) CHARENTE-MARITIME, 2000, 13 P. (UNPUBLISHED).

■ TELLIER (S.), LA PRISE EN CHARGE DES TOXICOMANES DANS LES STRUCTURES SANITAIRES ET SOCIALES EN NOVEMBRE 1999, [REGISTRATION OF DRUG ADDICTS WITH HEALTH AND SOCIAL ORGANIZATIONS IN NOVEMBER 1999] PARIS, DREES, 2001, 47 P. (WORKING DOCUMENT NO. 19).

■ THIRION (X.), BARRAU (K.), MICALLEF (J.), HARAMBURU (F.), LOWENSTEIN (W.), SANMARCO

■ (J.-L.), 'TRAITEMENTS DE SUBSTITUTION DE LA DEPENDANCE AUX OPIACES DANS LES CENTRES DE SOINS: LE PROGRAMME OPPIDUM DES CENTRES D'EVALUATION ET D'INFORMATION SUR LA PHARMACODEPENDANCE', [SUBSTITUTION TREATMENTS FOR OPIATE DEPENDENCE IN DRUG CARE CENTRES : THE OPPIDUM PROGRAMME OF THE CENTRES FOR EVALUATION AND INFORMATION ON DRUG DEPENDENCE] ANNALE DE MEDECINE INTERNE/INTERNAL MEDICINE REPORT, VOL. 151, SUPP. A, 2000, P. A10-A17.

■ TOUZEAU (D.), BOUCHEZ (J.), 'LA METHADONE', [METHADONE] TOXIBASE DOCUMENTATION REVIEW, N° 2, 1998, P. 1-12.

■ UNODCCP (UNITED NATIONS OFFICE FOR DRUG CONTROL AND CRIME PREVENTION), AFGHANISTAN: ANNUAL OPIUM POPPY SURVEY 2000, ISLAMABAD, UNDCP, 2000, 27 P.

■ UNODCCP (United Nations Office for Drug Control and Crime Prevention), Tendances mondiales des drogues illicites 2001, [World trends in illegal drugs] New York, United Nations, 2001, 282 p.