

## **Multi-drug use**

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## Reference points

### *Multi-drug use*

- Among adults, repetitive multi-drug use (the consumption of at least two drugs) of alcohol, tobacco and/or cannabis involves more than 15% of the population aged from 18 to 44 years. This behaviour is encountered much more frequently among persons who have experimented with at least one illicit drug (primarily cannabis). In addition, cannabis consumers are often also consumers of alcohol and tobacco; this consumption may be concomitant.
- Among young people, repetitive multi-drug use – primarily tobacco, cannabis and alcohol – is also more frequent due to the higher level of cannabis consumption: it involves almost one young person in four at the end of adolescence. This behaviour is mainly masculine and the frequency increases with age.
- In the party environment and among dependent users or abusers of illicit drugs, multi-drug use is a huge phenomenon. Its function is the regulation of the effects of different psychoactive substances: sedatives, stimulants or hallucinogenic drugs.

### *Health and social consequences*

- More than half the drug users who have recourse to the healthcare system are dependent multi-drug users. Opiates occupy a central position in this multi-drug use. They are associated with cocaine, cannabis, psychotropic medications and alcohol.
- In the area of illicit drugs, and by the clandestine nature of the market, the drugs consumed may contain a number of psychoactive substances whose interaction is little known and potentially dangerous. Moreover, in the case of ecstasy, it is estimated that one-third of the tablets consumed contain a number of psychoactive substances.
- In 2000, 45% (54 cases) of deaths from overdoses detected by the police services showed the presence of a number of drugs. This percentage has increased in recent years.

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## Multi-drug use in the French population

In surveys of the general population [multi-drug experimentation](#) means having experimented with a number of psychoactive drugs. Most of the time, the study is limited to the three most common drugs: tobacco, alcohol and cannabis. In this sense, a person who admits having smoked a cigarette and drank a glass of alcohol during his life is a multi-drug experimenter. [Multi-drug consumption](#) means having consumed, with a certain frequency, a number of psychoactive drugs; and most often, it is also the consumption of tobacco, alcohol and cannabis which is examined.

This analysis, based on a standard interview using disjointed questions, which are not inter-related (“Have you ever used cannabis?”), and then “Have you ever drank alcohol?”), ignores the issue of consecutive or concomitant use, which is successive most of the time. Other questions, on the contrary, are aimed at precisely recording the simultaneous or concomitant use of drugs (referred to here by the term “mixture”). The most efficient way of obtaining information on this theme consists of asking an open question and recording the names of the drugs consumed on such occasions. The question was formulated in this way in two recent surveys, one of the adult French population [3], and the other of young people at the end of adolescence [8]. In the European survey on school-going young people [7], they were asked a closed question where they had to tick the number of times, during their lives, on which they had used alcohol with cannabis on the one hand, and alcohol with medications on the other hand. The thresholds used for the definition of indicators of repeated use are set out in each section.

Finally, another approach to multi-drug use is set out on the basis of observation data on recent trends in the urban and party environments [33].

### Multi-drug consumption in the general adult population

#### *Multi-drug experimentation*

As alcohol and tobacco are very widely experimented with by those over 18 years, [multi-drug experimentation](#) is essentially examined from the point of view of illicit drugs. In addition, as the prevalence of experimentation with these drugs is very low after 44 years, only the 18-44 age bracket is examined here. Two additional indicators are also provided.

The first is the average number of substances tried by experimenters of a given drug. Those experimenting with cannabis admit, on average, to having experimented with 1.4 substances of the eight listed (cannabis, amphetamines, cocaine, LSD, heroin, ecstasy, medications “to drug oneself” and inhaled drugs), which is relatively low compared to the overall situation. From this point of view, they are close to experimenters of inhaled drugs, but, on the opposite end of the scale, heroin and ecstasy experimenters had tried more than half of the illicit drugs examined (4.7 and 4.2 respectively) [3].

The second indicator is the share of experimenters with a given substance, who had tested another, which allows the determination of the most frequent multi-drug experimentation. Thus, almost three-quarters (72%) of those who had tried heroin had already used cocaine, and almost four out of ten experimenters with ecstasy were also amphetamine experimenters, and vice-versa. Experimentation with medications “to drug oneself” is very close to that for “hard drugs” (heroin, ecstasy, cocaine, etc.).

**Structure of multi-drug experimentation with illicit drugs in the general adult population from 18 to 44 years in 2000, by drug**

(% in line and average number)

Experimentation with	Cannabis	Amphetamines	Cocaine	LSD	Heroin	Ecstasy	Medications <sup>(1)</sup>	Inhaled drugs	Number of drugs taken <sup>(2)</sup>
Cannabis	n = 2 099	4.4	7.1	7.4	3.4	4.3	2.7	9.7	1.4
Amphetamines	82.3	n = 113	45.1	53.1	25.7	36.6	18.6	25.7	3.9
Cocaine	94.1	32.3	n = 159	48.4	34.0	30.8	16.4	26.4	3.8
LSD	96.9	37.3	47.8	n = 161	29.8	30.9	21.0	29.6	3.9
Heroin	95	39	72	64	n = 75	35	23	41	4.7
Ecstasy	96	45	52	53	28	n = 94	18	26	4.2
Medications <sup>(1)</sup>	86	32	39	52	26	26	n = 66	36	3.9
Inhaled drugs	70.5	10,1	14.5	16.6	10.7	8,3	8,3	n = 289	2.4
All 18-44 year-olds	32,1	1.7	2.4	2.5	1.2	1.4	1.0	4.4	0.47

<sup>(1)</sup> The precise title is “medications to drug oneself”.

<sup>(2)</sup> On average, for all the drugs shown in the table

Reading the table (heroin line): the sample consists of 75 heroin experimenters (n=75). Of these, 95% had also consumed cannabis, 39% amphetamines, etc. On average these persons had already tried 4.7 different illicit drugs (including heroin).

**Source: Health Barometer 2000, CFES, OFDT production**

While almost all experimenters with illicit drugs had already smoked cannabis, only a small group of users of relatively rare drugs, including “traditional hard drugs”, are particularly involved in multi-drug experimentation. Conversely, experimenters with substances which appear relatively frequently, such as inhaled drugs and particularly cannabis, appear to rarely try other drugs.

### Multi-drug use

For the adult population, there are two reasons why the study of the multi-drug use of alcohol, tobacco and cannabis was limited to a restricted age bracket: on the one hand, the fact that it related to the most frequently consumed drugs, the other illicit drug being very rare; and on the other hand the fact that experimentation with cannabis virtually ceases above 45 years of age. The type of multi-drug use used was therefore the repeated consumption of at least two of the three products, and, at minimum: one cigarette per day, the consumption of alcohol three times during the last week and ten uses of cannabis during the last twelve months.

Repeated multi-drug use involved 15% of the population aged from 18 to 44 years. The “alcohol-tobacco” association is the most frequent, followed by “tobacco-cannabis”, “alcohol-tobacco-cannabis” and “alcohol-cannabis”. The cannabis users are younger than the average, the opposite of the others: in effect, the repeated consumption of alcohol increases with age. The majority are men, especially when the two substances most consumed by men, alcohol and cannabis, are taken together.

**Repeated multi-drug use of tobacco, alcohol and cannabis in the general adult population from 18 to 44 years, in 2000**

Repeated multi-drug use of...	As a % of 18-44 year-olds % in line (numbers)	% of men % in line	Average age In years
Alcohol-tobacco	9.6 % (627)	70.0 %	33.5
Tobacco-cannabis	3.4 % (222)	67.1 %	24.5
Alcohol-tobacco-cannabis	1.7 % (109)	82.6 %	27.1
Alcohol-cannabis	0.4 % (27)	80.8 %	25.4
All 18-44 year-olds	100.0 % (6,535)	48.5 %	31.4

Source: Health Barometer 2000, CFES, OFDT production

The greatest proportion of experimenters with illicit drugs is found among cannabis users: tobacco and alcohol consumers have tried 0.7 on average, while the others have tried almost two (1.8 to 2.3 for multi-drug users of the three drugs). These results reflect, in greater part, the spread of cannabis and these other substances in the population. LSD and cocaine are most frequently experimented with by repeated multi-drug users of tobacco, alcohol and cannabis.

**Repeated multi-drug consumption of tobacco, alcohol and cannabis in the general adult population from 18 to 44 years, in 2000**

(% in line and average number)

Repetitive multi-drug use of...	Experimentation with...								Number of drugs taken <sup>(2)</sup>
	Cannabis	Amphetamines	Cocaine	LSD	Heroin	Ecstasy	Medications <sup>(1)</sup>	Inhaled drugs	
Alcohol-tobacco	49.8	1.9	3.7	3.7	1.9	1.3	1.4	6.4	0.7
Tobacco-cannabis	100.0	11.7	16.7	18.6	10.4	16.2	7.2	18.9	2.0
Alcohol-tobacco-cannabis	100.0	12.8	26.6	25.7	13.8	18.3	9.2	20.2	2.3
Alcohol-cannabis	100	11	22	19	7	15	0	7	1.8
All 18-44 year-olds	32.2	1.7	2.4	2.5	1.1	1.4	1.0	4.4	0.5

<sup>(1)</sup> The precise title is "medications to drug oneself".

<sup>(2)</sup> On average, for all the drugs shown in the table

Source: Health Barometer 2000, CFES, OFDT production

**Simultaneous taking of a number of drugs**

Among 18-44 year-olds, 19.2% admit having taken at least two psychoactive drugs at the same time ("mixtures"). In 90% of cases it is alcohol and cannabis; in the other cases, most of the time, they are mixtures with an alcohol and(or) cannabis base with cocaine, medications or LSD added in.

Almost three-quarters of repetitive multi-drug users admit having already made such "mixtures", especially those who use cannabis (more than four-fifths, against a little less than half for the others). The make-up of these mixtures does not vary a lot: it is also, in 90% of cases, alcohol and cannabis or alcohol and(or) cannabis with another drug, most often cocaine or ecstasy. Medications rarely come into the make-up of this consumption (less than 2% of cases, primarily with alcohol or cannabis), and other illicit drugs are referred to very rarely [3].

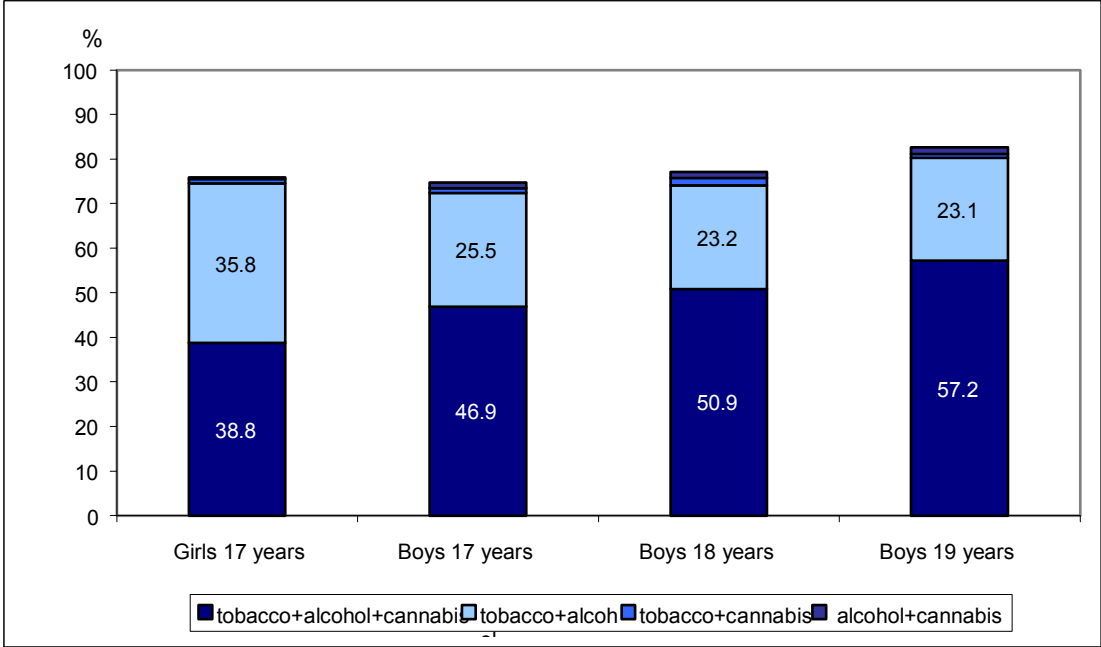
**Multi-drug use by adolescents**

*Multi-drug experimentation*

At the end of adolescence, almost 80% of young people had experimented with a number of psychoactive substances. In the majority of cases, this was alcohol, tobacco or cannabis. Experimentation with the latter is rarely isolated, even though, for those who have never smoked tobacco, there is a handful of young persons,

almost exclusively boys. This confirms that cannabis users make a clear distinction between the two drugs, even though cannabis is almost exclusively consumed with tobacco, which implies that a fraction of its users may actually use it without tobacco.

**Frequency of multi-drug experimentation with tobacco, alcohol and cannabis among young people at the end of adolescence in 2000, by gender and age {301a}**



Source: ESCAPAD 2000, OFDT

The main difference between boys and girls of 17 years of age is due to an under-representation of the latter in the category of experimenters with the three drugs: this illustrates the fact that less girls consume cannabis. Among boys, those who have consumed neither alcohol, tobacco nor cannabis are found in fairly similar proportions, and only the category covering the three drugs increases with age, showing that experimentation in adolescence is very common.

Experimentation with cannabis, more than for tobacco, is related to intoxication and psychoactive substances other than medications, with the strongest prevalence during life occurring among those experimenting with the three products. Conversely, almost all adolescents (93.4%) who had experimented with at least one stimulant (ecstasy, cocaine, amphetamines and LSD) had consumed alcohol, tobacco and cannabis.

As in the adult population, a more detailed study, restricted to experimentation with illicit drugs and young people of 17 years of age, allows a distinction to be made between three groups of different experimenters from the point of view of the number of experimentations with: cannabis, amphetamines, cocaine, LSD, heroin, ecstasy, medications “to drug oneself”, hallucinogenic mushrooms and *poppers* (the latter product being one whose sale is regulated).

The first group is that of experimenters with medications “for the nerves” and above all cannabis, which are both the most numerous and those who have tried the least number of other drugs (1.7 and 1.4 respectively, on average); this is followed by the group of experimenters with ecstasy, hallucinogenic mushrooms or poppers, who have tried a little less than half of the nine drugs covered here; finally, the group of experimenters with amphetamines, LSD, cocaine or heroin, who are both the least numerous and who have tried the most substances (on average more than 5). In this last group, the experimentation is especially intricate. In effect, in almost half the cases, an experimenter of one of these drugs has also experimented with the three others.

**Structure of multi-drug experimentation with illicit drugs at 17 years, in 2000, by drug**  
(% in line and average number)

Experimentation with...	Cannabis	Amphetamines	Cocaine	LSD	Heroin	Ecstasy	Medications <sup>(1)</sup>	Mushrooms <sup>(2)</sup>	Poppers	Number of drugs taken <sup>(2)</sup>
Cannabis	<i>n</i> = 4 518	1.9	2.0	2.6	1.4	4.5	23.0	6.9	5.0	1.4
Amphetamines	86	<i>n</i> = 92	50	49	38	66	55	63	43	5.3
Cocaine	94	54	<i>n</i> = 88	57	42	68	55	57	38	5.3
LSD	95.2	36.7	41.1	<i>N</i> = 115	28.4	69.4	49.1	57.9	42.0	5.0
Heroin	96	57	61	56	<i>n</i> = 61	69	55	68	45	5.8
Ecstasy	94.7	31.6	31.0	43.4	21.8	<i>n</i> = 199	43.3	48.5	29.4	4.2
Medications <sup>(1)</sup>	51.5	2.6	2.4	3.0	1.8	4.2	<i>n</i> = 1 925	4.7	4.1	1.7
Mushrooms	98.5	20.5	17.4	23.2	14.3	32.4	31.7	<i>n</i> = 295	27.2	3.5
Poppers	93.4	16.9	14.1	21.4	11.7	24.5	34.6	33.9	<i>N</i> = 227	3.4
All 17 year-olds	45.5	1.0	0.9	1.2	0.6	2.1	19.9	3.1	2.4	1.4

<sup>(1)</sup> The precise title is "medications to drug oneself".

<sup>(2)</sup> On average, for all the drugs shown in the table.

Reading the table (heroin line): the sample consists of 61 heroin experimenters (*n*=61). Of these, 96 % had also consumed cannabis, 57 % amphetamines, etc. On average these persons had already tried 5.8 different illicit drugs (including heroin).

Source: Health Barometer 2000, CFES, OFDT production

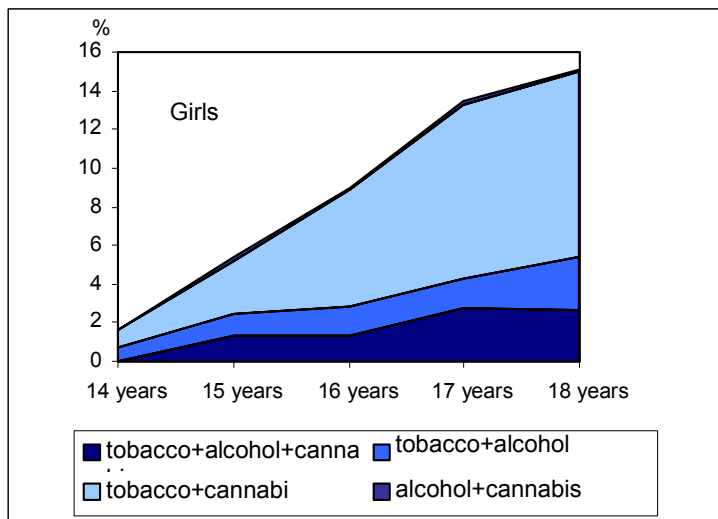
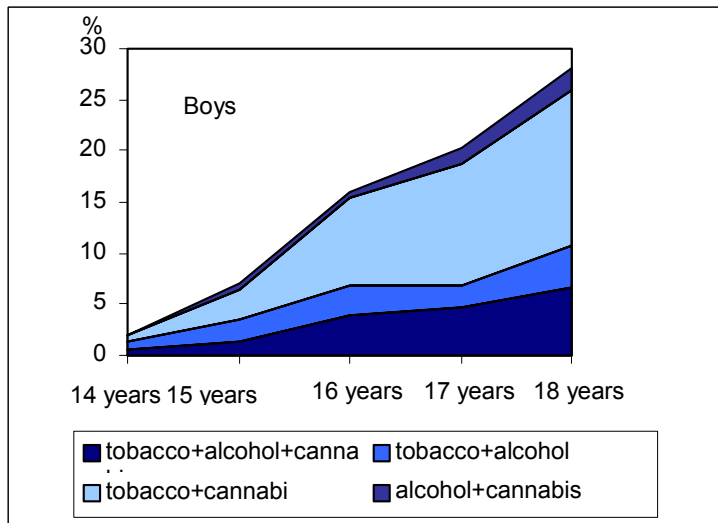
As for adults, there is therefore a small group of experimenters of a relatively large number of illicit drugs, and cannabis again appears as the substance almost universally experimented with by illicit drug users [8].

#### Repetitive multi-drug use

Repetitive multi-drug use is defined here as the accumulation of repetitive consumption of alcohol (more than ten times per month), tobacco (at least one cigarette during the last thirty days) and cannabis (more than ten uses during the year). As in the case of adults, four types are considered (for two or three of these drugs).

In the school environment, at 14 years, 2% of boys admitted consuming at least two drugs in a repetitive manner, as against 18% at 18 years. For girls, these percentages went from 2% to 15% [7].

**Frequency of repetitive multi-drug use among school-going young people in 1999, by gender and age {301b}**



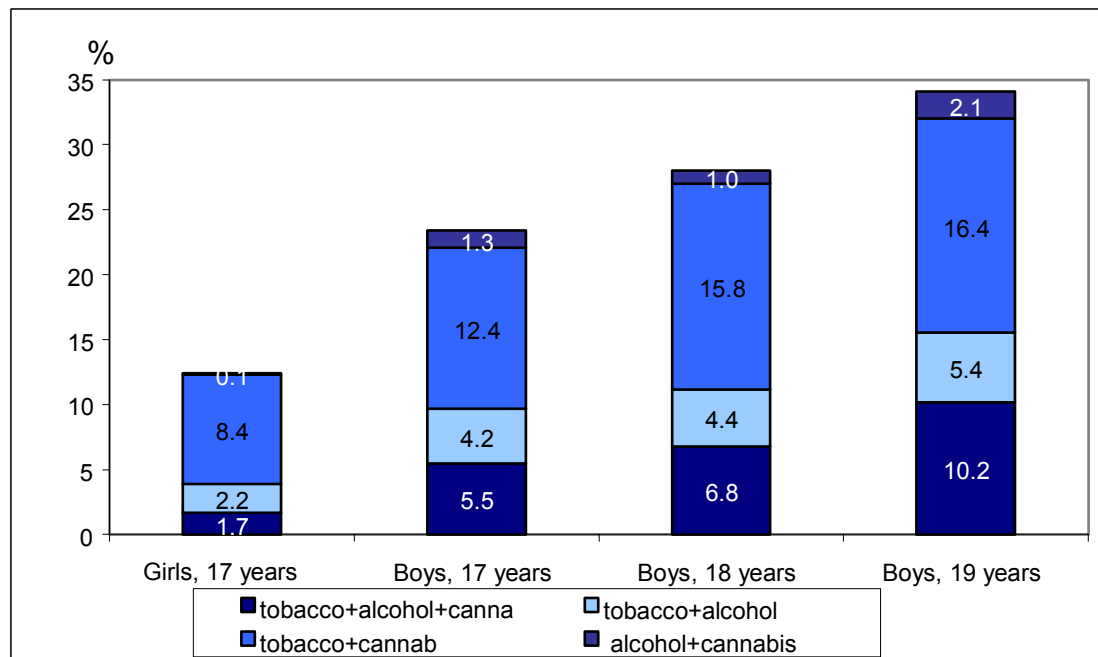
**Source: ESPAD 1999, INSERM/OFDI/MENRT**

For boys, between 14 and 18 years of age, the alcohol-tobacco combination changes little, moving from 1% to 4%. The three others increase much more, in particular the tobacco-cannabis combination which becomes more common with age and involves 15% of boys of 18 years of age.

For girls, the different types of multi-drug use also increase with age, but are always less frequent than for boys. As is the case for boys, the tobacco-cannabis combination is predominant, moving from 1% at 14 years of age to 10% at 18 years of age [7].



**Frequency of repetitive multi-drug use among young people at the end of adolescence in 2000, by gender and age {301c}**



Source: ESCAPAD 2000, OFDT

At 17 years of age, the difference between the genders is essentially due to the predominance of the repetitive use of tobacco alone among girls (28% of the total). The only repetitive multi-drug use that exceeds 3% among girls of 17 years of age is the tobacco-cannabis combination. With age, it is primarily the association of the three drugs that increases among boys. Thus, one boy in ten has a repetitive use of the three products at 19 years of age.

The link between intoxication and multi-drug use is very strong, and includes those combinations that do not involve the repetitive use of alcohol. The differences are less marked for experimentation with psychotropic medications, even though they are still significant: the more adolescents have experimented with these medications, the more they are repetitive multi-drug users. Conversely, experimentation with stimulants, hallucinogenic mushrooms or inhalants (*poppers* and inhaled drugs) is always higher in the combinations that involve the repetitive use of cannabis [8].

**Simultaneous taking of a number of drugs (“mixtures”)**

When questioned at school, less than one young person out of ten, from 14 to 18 years of age, (8.4%) admitted having already taken alcohol with medications (“mixture”) during life, and a quarter admitted to having taken alcohol with cannabis. The number of admitted uses of the alcohol-medications mixture is relatively small (less than 1% of those who have already done so admit to more than ten times), the opposite of the alcohol-cannabis mixture (76% of experimenters of cannabis have already taken it, and 9% have taken it more than 10 times) [7].

At the end of adolescence, 5.8% of young people have admitted at least one simultaneous use of psychoactive drugs. “Mixtures” of two ingredients are more numerous (80%), ahead of mixtures of three drugs (17%), with mixtures of four and five ingredients being much rarer. The drug most referred to is cannabis, which is present in 99% of cases, ahead of alcohol (43%). The question (“During your life, have you ever taken a number of drugs together?”) *a priori* excluded “mixtures” containing alcohol, by implicitly making reference to a table listing psychoactive substances other than alcohol and tobacco: this suggests that the interaction between alcohol and the other drugs is particularly common. This is followed by ecstasy (present in 16% of the mixtures referred to), mushrooms, LSD, *poppers*, cocaine and inhaled drugs (5%).

However, in total, 28% contained stimulants (ecstasy, amphetamines, cocaine or LSD). As in the case of adults, medications were rarely referred to (only one declared “mixture”) [8].

***Mixtures most frequently referred to by young people at the end of adolescence, in 2000***

Precise combination of the mixture	No. of references	As a % of the mixtures referred to
Cannabis-alcohol	261	31 %
Cannabis-mushrooms	98	12 %
Cannabis-other drugs	60	7 %
Cannabis- <i>poppers</i>	55	7 %
Cannabis-ecstasy	54	6 %
Cannabis-LSD	38	5 %
Cannabis-inhaled drugs	27	3 %
Cannabis-cocaine	20	2 %

**Source:** ESCAPAD 2000, OFDT

**Observations in the field**

Multi-drug use of psychoactive substances is a phenomenon found in the areas examined by the TREND (*Tendances récentes et nouvelles drogues*: Recent Trends and New Drugs) structure, both in the urban and party environments.

This confirmation of a largely known phenomenon must be interpreted by taking the rationality of behaviour into account. In this interpretative context, the concept of “consumption regulation”, defined as the combined use of drugs for the purpose of modifying the effects of other substances already consumed, and which may be concomitant or spread over time, is preferred to multi-drug use

In the area of illicit drugs, it may happen that users may, without their knowledge, consume a number of drugs at the same time. This is particularly frequent in the specific case of ecstasy, as shown by the analysis of the content of the samples collected in France.

*Effects sought and the regulation of consumption*

Forty different associations of psychoactive substances, all coming within the context of consumption regulation, were counted by the structure’s observers.

### ***The functions and objectives of the concomitant or sequential use of psychoactive substances***

Regulation function	Objectives	Concomitant or sequential use of two psychoactive substances
Maximisation of the effects	Accelerate and magnify the high	1) Laughing gas for LSD; 2) Laughing gas for ecstasy; 3) Cannabis for ecstasy
	Maximise the effects	1) Benzodiazepines for opiates; 2) GHB for ecstasy; 3) Cannabis for opiates; 4) Ketamine for LSD
	Prolong the effects	1) Ecstasy for Ketamine; 2) Cocaine for ecstasy; 3) Alcohol/cannabis for LSD
	Boost the effects	1) Speed for LSD; 2) Speed for ecstasy; 3) Speed for LSD; 4) GHB for ecstasy; 5) Laughing gas for ecstasy
Balancing the effects	Add an ingredient	1) Ecstasy for LSD ( <i>love</i> ingredient); 2) Speed for ecstasy ( <i>speed</i> effect)
	Mask an ingredient	1) LSD for ecstasy; 2) Cocaine for ecstasy
	Offset the effects	1) Cocaine for ketamine; 2) Cocaine for alcohol (and vice versa); 3) Speed for alcohol (and vice versa)
Control the negative effects	Reduce a strong high	1) Opiates for stimulants; 2) Cocaine for ecstasy or LSD; 3) Cannabis for stimulants; 4) Alcohol for LSD; 5) Cannabis for LSD
	Soften the coming down	1) Benzodiazepines for stimulants; 2) <i>Rachacha</i> for hallucinogenic drugs; 3) Cocaine for LSD; 4) Cannabis for crack and speed; 5) GHB for ecstasy; 6) Alcohol for LSD; 7) Ecstasy for LSD; 8) Cannabis for LSD; 9) Opiates for stimulants
	Cancel and neutralise the effects	1) Cocaine/speed for LSD (neutralise the “scattered thoughts” effect); 2) Cocaine for ecstasy.
Alternatives	Dealing with shortages	1) Between opiates (Neocodion® for heroin)
	Substitute the effects	1) Cannabis with speed to avoid taking LSD or ecstasy

**Source:** *TREND 2000, OFDT [33]*

The associations of drugs can be classified on the basis of their respective objectives and grouped into four functions:

- the function of maximising the effects, which consists of obtaining the maximum “positive” effect by associating a number of substances. This is not simply a quantitative accumulation but a qualitative modification of the effects;
- the function of balancing the effects, when the effects are mutually corrected so as to allow the user to adapt, at any time, the effects felt to changes in context or to his or her desire to experience different states;
- the function of controlling the “negative” effects of one or more psychoactive substances, the purpose being to retain the “positive” effects only. This function particularly relates to the phase known as the “descent”, during which the “positive” effects of the substance disappear and are replaced by negative effects (feeling of illness, withdrawal);
- the “alternative” function which relates to the need to replace a drug while retaining the effect, for reasons related either to the lesser availability of the replaced drug or a change in how it is perceived.

### **Involuntary multi-drug use: the ecstasy case**

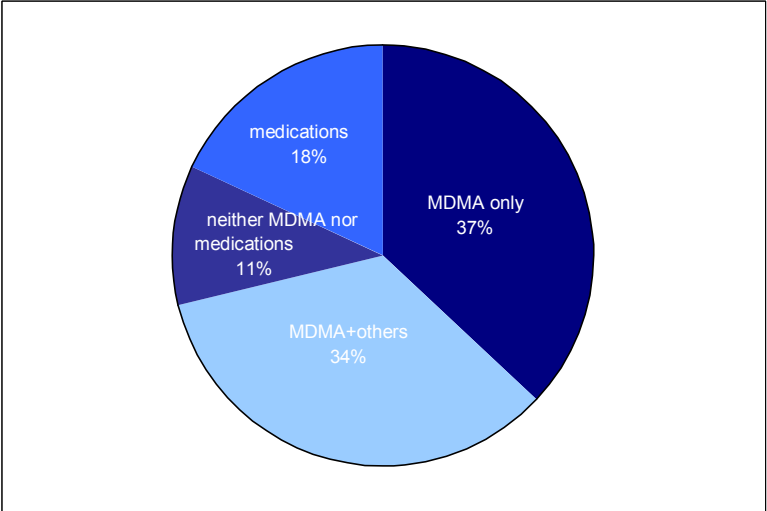
The SINTES (*Système d'Identification National des Toxiques Et Substances*: National Identification System for Toxic Substances) database allows the making of a special analysis of the problem of substances sold as “ecstasy” and which do not always contain MDMA. This analysis is possible thanks to the collection

of context elements by the healthcare and social partners, particularly the names, supposed contents and effects sought.

During 2000, 442 samples, thought by users to be *ecstasy* or MDMA, were collected. Following analysis, it appeared that these samples actually contained MDMA in 78% of cases, while in 15% of cases it was medicinal substances, MDA (in 6% of cases), caffeine (5%), amphetamines (5%), MDEA (2%) and finally, 8% of the samples had no active ingredient.

A specific analysis of 262 samples sold as ecstasy and collected during the first six months of 2000 revealed that only one-third of the samples contained MDMA as the single active ingredient. Other active ingredients, particularly medications, were found in two-thirds of the cases.

**Breakdown of the samples sold as ecstasy based on their content, in 2000 {302a}**



N = 262

Source: SINTES 2000, OFDT

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## Health and social consequences of multi-drug use

Dependence on a number of drugs and their association in use makes care cases more complex. Withdrawal, particularly from opiates, is more difficult when the same person regularly consumes a number of drugs. The phenomenon of multi-drug use, described by professionals in the drug user healthcare sector, is however, difficult to measure in surveys. Although the term is often used, there is no consensus on its definition. The approaches proposed below should, therefore, be considered as a contribution to the debate.

### **Demands for treatment**

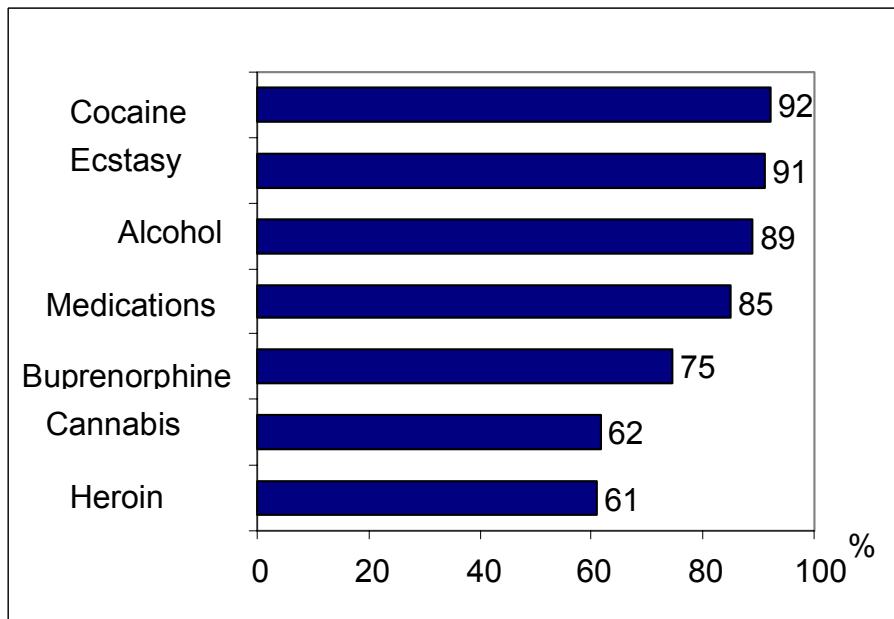
Taking account of the data available from the surveys of users attending the healthcare structures, multi-drug use can be approached in two ways: based on the drugs at the origin of care, or the drugs consumed in the recent period (week or month depending on the surveys). To differentiate between the two approaches, multi-drug addiction is used for the first case and multi-drug use for the second. Multi-drug addiction characterises the situation of users where more than one drug is the origin of care and multi-drug use that of users who admit to having recently consumed more than one drug.

#### *Multi-drug addiction*

On the basis of the results of the survey conducted in November 1999, multi-drug addiction appeared in a little more than one case in two (56%). This percentage had increased slightly over that of the November 1997 survey (54%).

The share of multi-drug addiction varies according to the drug. Cocaine, ecstasy and alcohol are associated with another drug in approximately 90% of care cases. For cannabis and the opiates, this percentage is 60%. Medications, primarily benzodiazepines and buprenorphine without a medical prescription, occupy an intermediary position.

**Frequency of multi-drug addiction among drug users in 1999, based on the drug at the origin of care {303a}**



*Reading the graph: when it appears as the drug at the origin of care (primary or secondary), cocaine is associated with another drug in 92% of cases, ecstasy in 91% of cases, etc.*

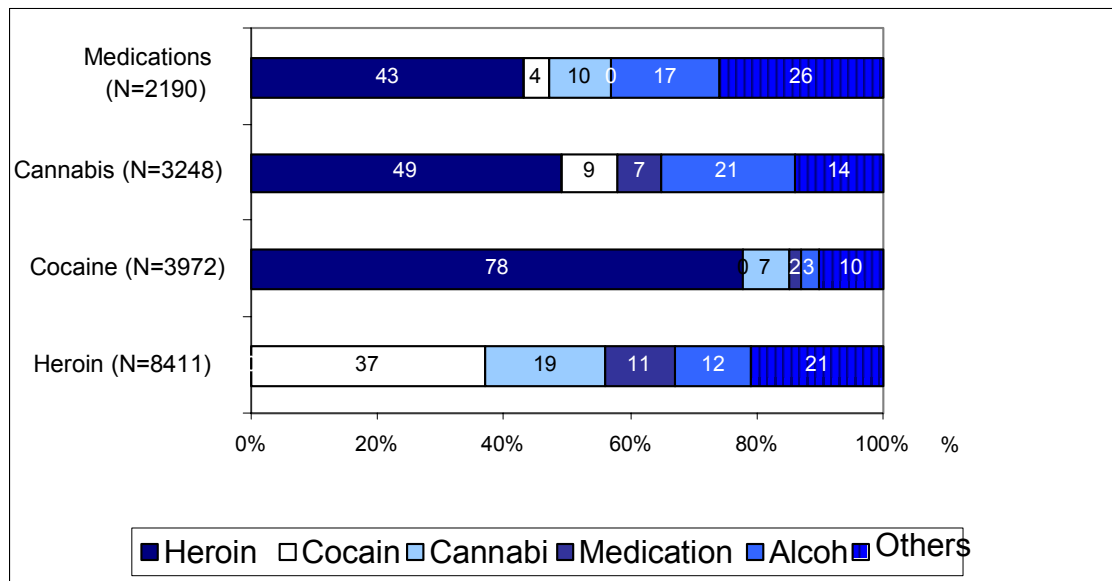
**Source: Survey on the care of drug addicts in November 1999, DREES/DGS**

The relatively low proportion of multi-drug addiction for cannabis is explained by the presence of young users of this drug who have much fewer problems with a second drug than older users.

As regards heroin, this drug is often cited as being at the origin of care for users receiving substitution treatment, who, for the most part, do not have a difficulty with other drugs.

Taking account of the considerable overall weight of opiates, and in particular heroin, in the drugs at the origin of care, this latter substance is strongly associated with all the others. This association is, however, very intense when cocaine is referred to. The importance of the links between cannabis and alcohol and between medications and alcohol must also be noted.

**Associations of psychoactive substances in multi-drug addiction among drug users in 1999, based on the drug at the origin of care {303b}**



Reading the graph: As the 1<sup>st</sup> or 2<sup>nd</sup> drug at the origin of care, medications are associated with another drug in 2,190 cases; 43% relate to heroin, 4% to cocaine, 10% to cannabis, 17% to alcohol and 26% to other drugs.

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

In the survey whose results are used here, only two drugs at the origin of care could be referred to, which has, without doubt, had the effect of minimising the weight of some associations. Moreover, it would also be interesting to know the substances actually consumed over a recent period. The multi-drug addiction approach therefore needs to be completed by an approach based on the drugs consumed.

**Multi-drug use**

In all of the cases of care in the specialised establishments and the healthcare establishments, consumption within the last thirty days is cited in approximately 60% of cases<sup>1</sup>. Reference to two drugs only appears in 30% of cases and three drugs appear in 20% of cases. Among persons having consumed at least one substance during the last thirty days, the average number of drugs consumed is 1.7. In cases of multi-drug use (at least two drugs consumed), the substances which are most often involved are cannabis (53%), alcohol (40%), heroin (33%), benzodiazepines (27%) and cocaine (22%). This classification is found in major part in the frequency of associations between products in which cannabis, alcohol and heroin are the most often referred to.

<sup>1</sup> Users receiving substitution treatment or who have recently withdrawn may not have had any use during the previous month

**Association of two psychoactive substances used during the last thirty days among drug users receiving care, 1999**

(in %)

Alcohol and cannabis	21
Heroin and cannabis	13
Heroin and cocaine	12
Benzodiazepines and alcohol	10
Benzodiazepines and cannabis	10
Cocaine and cannabis	7
Heroin and alcohol	7
Heroin and benzodiazepines	5
Heroin and buprenorphine	5

Reading the table: of 6,823 cases which referred to at least two drugs having been consumed during the last thirty days, the association of alcohol and cannabis appears in 21% of cases, heroin and cannabis in 13% etc. Only the most frequent associations are shown. The percentages in the column cannot be added.

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

The frequency of association varies depending on the product examined. Cannabis, due to its overall weight in consumption, appears to be heavily linked to all substances. This association is, however, particularly strong for ecstasy: when this product is referred to, cannabis is associated in 51% of cases. Use of cocaine is very strongly associated to that of heroin (in 44% of cases) and that of alcohol to cannabis (40% of cases).

**Association of psychoactive substances used during the last thirty days among drug users receiving care, in 1999**

(in %)

	Heroin N = 3 273	Cocaine N = 1 875	Benzodiazepines N = 2 404	Cannabis N = 6 718	Ecstasy N = 335	Alcohol N = 3 688
Heroin	-	44	15	13	21	13
Buprenorphine without prescription	10	9	11	5	5	6
Cocaine	25	-	8	7	24	7
Benzodiazepines	11	11	-	10	4	18
Cannabis	27	27	27	-	51	40
LSD and other dysleptics	1	2	1	1	11	1
Ecstasy	2	4	1	2	-	2
Amphetamines	1	2	1	1	4	1
Alcohol	14	13	28	22	16	-

Reading the table: of the 3,273 cases which refer to the consumption of heroin during the last 30 days, buprenorphine without a medical prescription was also consumed in 10% of cases, cocaine in 25% of cases, benzodiazepines in 11% of cases etc. As one substance may be associated with two others, the figures in the column cannot be added. In order not to make the table unwieldy, it does not include all the possible substances.

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

The OPPIDUM (*Observation des produits psychotropes ou détournés de leur utilisation médicamenteuse*: Observation of psychotropic drugs or those diverted from their medicinal use) survey, conducted at the same time (October 1999) on a sample of approximately 2,000 users seen in the healthcare structures, gave very similar results on the frequency of association of cocaine and heroin. On the other hand, there were not negligible differences for the associations with benzodiazepines, alcohol and cannabis. It is possible that in the survey conducted in the month of November, the attention given to the recording of licit or common use was less and that this resulted in greater attention being paid to more visible and more easily detectable use. The weight of benzodiazepines and medications is probably underestimated in the survey.



**Association of psychoactive substances consumed during the last seven days among drug users receiving care, in 1999**

(in %)

	Cocaine N = 239	Benzodiazepines N = 511	Heroin N = 261	Cannabis N = 657
Benzodiazepines	28	-	17	25
Cocaine	-	13	34	15
Heroin	37	9	-	15
Alcohol	26	27	21	25

*Reading the table: of the 230 cases which refer to the consumption of cocaine during the last seven days, benzodiazepines were also consumed in 28% of cases, heroin in 37% of cases, alcohol in 26% of cases, etc. A substance shown in the column can be simultaneously associated with a number of other substances; the sum of the percentages in the columns can therefore be greater than 100%; moreover, in order to overload the table, only substances with substantial numbers are shown.*

**Source: according to OPPIDUM 1999, CEIP**

### **Morbidity and mortality**

During 2000, of the 120 deaths from overdose detected by the police services, 38 revealed the presence of a number of substances (approximately one-third of them). As heroin was most frequently detected as being at the origin of overdoses, it was also found in 18 of the 38 deaths in which a number of drugs were detected. The other mixtures generally recorded involved the associations of medications often used by heroin addicts: methadone, Subutex, Skenan, Tranxene, etc.

The deaths from overdose in which a number of drugs were detected represent an increasingly substantial share of deaths from overdose in France.

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