

Appendices

General bibliography

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Methodological indicators

The following is a short description of the primary sources used in this report. Where possible, reference is made to a publication which gives more detailed information on the data used. Reference may also be had to the directory of statistical sources available on the website: www.drogues.gouv.fr.

Surveys of the general population

1 - Adult Health Barometer 93/94, Comité français d'éducation pour la santé (CFES: French Centre for Health Education)

The adult Health Barometer 93/94 is a telephone survey, done in November and December 1993, on a random sample of 1,950 persons aged from 18 to 75 years. This sample was adjusted in order that it would be representative, at a national level, for this age bracket. The adult Health Barometer asks interviewees about their behaviour, their knowledge and their attitude to health.

For additional information: BAUDIER (F.), DRESSEN (C.), GRIZEAU (D.), JANVRIN (M.-P.), WARSZAWSKI (J.), *Health Barometer 93/94. Results of the periodic survey on the health of the French population*, Paris, CFES, 1995, p. 168

2 - Adult Health Barometer 95/96, Comité français d'éducation pour la santé (CFES: French Centre for Health Education)

The adult Health Barometer 95/96 is a telephone survey, done in November and December 1995, on a random sample of 1,993 persons aged from 18 to 75 years. This sample was adjusted in order that it would be representative, at a national level, for this age bracket. The adult Health Barometer asks interviewees about their behaviour, their knowledge and their attitude to health.

For additional information: BAUDIER (F.), ARÈNES (J.), *Adult Health Barometer 95/96*, Vanves, CFES, 1997, p. 288

3 - Adult Health Barometer 2000, Comité français d'éducation pour la santé (CFES: French Centre for Health Education)

The Health Barometer 2000 is a telephone survey of the general population, based on a random sample, done between October and December 1999 and co-ordinated by the *Comité français d'éducation pour la santé* (CFES: French Centre for Health Education), in partnership with the *Fédération nationale de la mutualité française* (French National Federation of Mutual Insurance), the *Haut Comité de la santé publique* (High Committee on Public Health), the *Mission interministérielle de lutte contre la drogue et la toxicomanie* (Interministerial Mission for the Fight Against Drugs and Drug Addiction) and the *Fédération nationale des observatoires régionaux de santé* (National Federation of Regional Health Observatories).

This multi-thematic survey covers the behaviour and opinions of the French in relation to health. The sample, which included 13, 685 individuals from 12 to 75 years of age, is representative at the national level.

For additional information: GUILBERT (P.), BAUDIER (F.), *Health Barometer 2000*, Vanves, CFES, 2001, (to be published).

4 - Continuous survey on household living conditions 2000, INSEE (Institut national des statistiques et des études économiques: National Institute for Statistics and Economic Studies)

This four-monthly survey by the Household living conditions division of the INSEE poses a question in relation to the consumption of tobacco in one of the three annual surveys, when a health-specific module is included. Done on a face-to-face basis by INSEE researchers, it covers a sample of 8,000

households. The question in relation to the daily use of tobacco and the quantity consumed is put to approximately 11,000 individuals aged 15 years and over. The data were collected in May, 2000.

For additional information: Aliaga C., "Tobacco: twenty years of use and consumption" *INSEE première*, no. 808, 2001, p. 4

5 - Survey on the health of adolescents, INSERM-U169 (INSERM: Institut national de la santé et de la recherche médicale: National Institute for Health and Medical Research)

The survey on the health of adolescents was done in 1993 on a representative sample, on a national basis, of school-going young persons in the public secondary cycle (colleges and secondary schools) aged from 11 to 19 years (n = 12,391). The replies were collected in a questionnaire completed by the student (auto-questionnaire).

The non-response rate for questions related to the consumption of drugs was between 1% and 3%. This related to the consumption during life of seven product classes: hashish, cocaine, heroin, amphetamines, inhaled drugs, hallucinogenic drugs, medications taken "to drug oneself".

For additional information: CHOQUET (M.), LEDOUX (S.), *Adolescents, national survey*, Paris, INSERM, 1994, p. 346

6 - Young persons Health Barometer 97/98, Comité français d'éducation pour la santé (CFES: French Centre for Health Education)

The young persons Health Barometer 97/98 is a telephone survey, done in November and December 1997, on a random sample of 4,115 young persons aged from 12 to 19 years. This sample was adjusted so that its structure by age, sex, region of residence and type of habitation would be representative, at the national level, for the age bracket covered.

The young persons Health Barometer provides information in relation to the behaviour, knowledge and attitudes of adolescents in relation to health. The questions in relation to the consumption of illicit drugs were only put to adolescents aged from 15 to 19 years (2,675 individuals).

For additional information: BAUDIER (F.), JANVRIN (M.-P.), ARENES (J.), *Young persons Health Barometer 97/98*, Vanves, CFES, 1998, p. 328

7 - European School Survey Project on Alcohol and Other Drugs 1999 (ESPAD), INSERM/OFDT/MENRT

This survey, under the aegis of the Swedish Council for information on alcohol and other drugs and the Council of Europe (Pompidou group), conducted in the school environment by self-administered questionnaire, took place in 1999 in thirty European countries (with a core of common questions and optional modules)

The French part of this survey was conducted by INSERM (*Institut national de la santé et de la recherche médicale*: National Institute for Health and Medical Research) (under the scientific management of Sylvie Ledoux and Marie Choquet, U472) in partnership with the OFDT (*Observatoire français des drogues et des toxicomanies*: French Observatory of Drugs and Drug Addiction) and the Ministry of Education, Research and Technology. The fieldwork was done between March and May 1999. The French sample amounted to 11,870 students drawn by lot from each class (2 classes in each of the 300 selected establishments, from the fourth to the final year) across all the public and private educational establishments. The young persons each completed an auto-questionnaire, in class, in the presence of a health professional (duration: 1 hour).

For additional information: CHOQUET (M.), LEDOUX (S.), HASSLER (C.), *Alcohol, tobacco, cannabis and other illicit drugs among college and secondary school students: ESPAD 1999 France*, volume I, OFDT Report, (to be published at the end of 2001).

BECK (F.), LEGLEYE (S.), PERETTI-WATEL (P.), *Alcohol, tobacco, cannabis and other illicit drugs among college and secondary school students: ESPAD 1999 France*, volume II, OFDT Report, (to be published at the end of 2001).

8 - Survey on health and behaviour during the Defence Preparation Day 2000 (ESCAPAD), Observatoire français des drogues et des toxicomanies (OFDT : French Observatory of Drugs and Drug Addiction)

The OFDT (Observatoire français des drogues et des toxicomanies: French Observatory of Drugs and Drug Addiction) has set up an annual survey that takes place during the Defence Preparation Day and which covers the entire metropolitan territory. Once a year, on the Wednesday and Saturday of a given week, all the young persons present on these days (in the 250 centres throughout the territory) devote twenty minutes to completing a self-administered questionnaire on health, lifestyle and the consumption of psychoactive substances.

When this survey was first conducted, in May 2000, only 92 blank questionnaires were returned, and after checking the age, sex and the consistency of the answers to the primary questions on the consumption of psychoactive substances, 13,952 questionnaires were usable. The JAPD (*Journée d'Appel et de Préparation à la Défense*: Defence Preparation Day) is aimed at young persons of 17 years of age, while slightly older young persons (essentially 18-19 year-olds) can repeat the day. As the JAPD began later for girls than for boys, the 2000 sample includes girls of 17 years of age and boys from 17 to 19 years of age. For the 2001 exercise, this survey was extended to the Dom.

For additional information: BECK (F.), LEGLEYE (S.), PERETTI-WATEL (P.), *A look at the end of adolescence: consumption of psychoactive drugs in the ESCAPAD 2000 survey*, Paris, OFDT, 2000, p. 220

9 - Survey on the representations, opinions and perceptions in relation to psychotropic drugs 1999 (EROPP), Observatoire français des drogues et des toxicomanies (OFDT: French Observatory of Drugs and Drug Addiction)

This is a telephone survey conducted by the OFDT (Observatoire français des drogues et des toxicomanies: French Observatory of Drugs and Drug Addiction). The data was collected by the BVA survey institute between 30th March and 10th April 1999, from approximately 2,000 persons aged from 15 to 75 years. This quota sample (based on sex, age, the profession of the head of household, the region of residence and the size of the urban centre. The interviewees were asked about their knowledge in relation to psychoactive substances, their perception as to the danger of these drugs, their own experiences of consumption, on the presence of users among their close friends, but also on their opinions in relation to heroin users and the public policies actually implemented or which might be envisaged. This survey will be repeated in 2002.

For additional information: BECK (F.), PERETTI-WATEL (P.), *EROPP 99 : survey on the representations, opinions and perceptions in relation to psychotropic drugs*, Paris, OFDT, 2000, p. 203

Sales data

10 - Sales of medications by manufacturers to wholesalers, Agence française de sécurité sanitaire des produits de santé (AFSSAPS: French Agency for the Sanitary Safety of Healthcare products)

The professionals in every firm in the pharmaceutical industry are required to declare their turnover and sales to the AFSSAPS (*Agence française de sécurité sanitaire des produits de santé*: French Agency for the Sanitary Safety of Healthcare products) every year. These are statistics of deliveries by manufacturers to wholesale distributors, in metropolitan France only.

Sales are expressed in "units of sale" (the number of boxes of medications sold) which causes a problem due to the differences in packaging from one product to another and one year to another. The sales and turnover for medications destined for the hospital environment are differentiated from those destined for city pharmacies due, in particular, to the packaging methods used for very different drugs.

The main difference with the sales volume of pharmacies (data from IMS Health (*Information médicale et statistique sur la santé*: Medical and Statistical Information on Health)) comes from the stocks held by them, which are apparently quite small. Only the AFSSAPS (*Agence française de sécurité sanitaire des produits de santé*: French Agency for the Sanitary Safety of Healthcare products) figures provide information on sales in hospitals.

The data available for 2001 are: the sales and turnover in the city (pharmacies) or the hospital for all

classes of medications (based on the ATC¹ international directory classification) from 1988 to 1999. Only the major therapeutic classes are covered here (see the definition of “psychotropic medication” in the glossary).

For additional information: CAVALIÉ (P.), RAUSS (A.), *Analysis of the sales of medications to pharmacies and hospitals in France. 1988-1999*, Saint Denis, AFSSAPS, Department of medical-economic studies and scientific information, 2001, p. 86.

11 - Sales of medications by pharmacies, IMS Health (Information médicale et statistique sur la santé : Medical and Statistical Information on Health)

IMS Health (*Information médicale et statistique sur la santé*: Medical and Statistical Information on Health) is a private company which sells data to the pharmaceutical industry. Those used here represent the recorded sales of 8,500 pharmacies in France (coverage rate of approximately 40%), computerised (that is to say those applying the direct payment system) and connected to a system managed by IMS which records all sales made in these pharmacies. These data are then extrapolated to the level of each department (the pharmacies participating in the data collection are selected so as to obtain a representative situation for each department).

The sales data are presented in “units of sale” (the number of boxes sold). The packaging problem, which changes depending on the type of drug, occurs here also. On the other hand, it appears that the packaging does not change much for the same product

The data are coded in accordance with the classifications of the ATC international directory.

The data used in this report correspond to the sales (by unit of sale) by department, of the four major therapeutic classifications corresponding to psychotropic medications (see the glossary).

For additional information: unpublished data, supplied on request to the OFDT.

12 - Information system on the accessibility of medicinal injection and substitution materials (SIAMOIS: Système d'information sur l'accessibilité au matériel officinal d'injection et à la substitution), Institut de veille sanitaire (InVS: National Health Monitoring Institute)

The information System on the accessibility of medicinal injection and substitution materials, initiated by the General Health Department and developed by the National Health Monitoring Institute, was set up in 1996 to monitor trends in relation to the access to sterile injection materials available in the pharmacies and to substitution medications. These data are transmitted by the Group for the production and development of statistical studies for the pharmaceutical industry. When these data are related to the 20-39 year-old population, in which 80% of drugs users are found, indicators are obtained which allow the making of comparisons at a regional and departmental level.

Moreover, SIAMOIS (*Système d'information sur l'accessibilité au matériel officinal d'injection et à la substitution*: Information system on the accessibility of medicinal injection and substitution materials) allows the collation, on an annual basis, of this data with the number of new cases of Aids related to the injection of drugs (InVS, *Institut de veille sanitaire*: National Health Monitoring Institute), the cases of police interrogation for the use of heroin and cocaine (OCRTIS, *Office central pour la répression du trafic illicite de stupéfiants*: Central Office for the Repression of Drug-related Offences) and the number of deaths from overdoses (OCRTIS).

For additional information: EMMANUELLI (J.), *Contribution to the evaluation of the SIAMOIS risk reduction policy: description, analysis and putting into perspective of the official sales data for syringes and substitution drugs in France from 1996 to 1999*, (2 volumes), Saint-Maurice, InVS, 2000, p. 55 and 93

¹ The medications are classified by their location of action (organ or group of organs), their therapeutic purposes, their pharmacological effects and their chemical characteristics.

Records

13 - National register of the causes of death, Institut national de la santé et de la recherche médicale, service commun n° 8 (INSERM-SC8: National Institute for Health and Medical Research, common service No. 8)

The SC8 service of INSERM (*Institut national de la santé et de la recherche médicale*: National Institute for Health and Medical Research) has, since 1968, been recording the total number of deaths on French territory. The information on the causes of these deaths comes from the death certificate completed by the doctor when certifying the death. They are coded by INSERM on the basis of the medical classification of illnesses (CIM). The strike by public health medical inspectors from November 1998 to April 2000 resulted in the medical death certificates not being transmitted to INSERM, which is why the latest data available is up to 1998 only.

Three CIM-9 codes allow the extraction of deaths directly related to drug addiction: drug addiction (CIM-9 code 304), drug abuse without addition (305) and psychoses due to drugs (292).

All the deaths related to drug addiction in France are not included in these three categories, because, on the one hand, it is not inevitably referred to on the death certificate and, on the other hand, (and above all) cases of overdoses are considered as suspect deaths and the determination of the cause therefore requires additional examination. As a result, if the results of the examinations conducted are not conveyed to INSERM, or arrive after too long a time, the death is classified as cause unknown (heading "badly defined symptoms, signs or morbid status"; code 799.9 of CIM-9). Some of the deaths from overdoses registered by OCRTIS (*Office central pour la répression du trafic illicite de stupéfiants*: Central Office for the Repression of Drug-related Offences) are probably recorded in this category.

The variable of this database are:

- the date and place of birth, sex, nationality, matrimonial status and socio-professional category of the deceased person;
- the principal or initial, immediate and associated cause of death²; the first is the most common used;
- the circumstances, location and date of death and the speciality of the doctor certifying death.

For additional information: <http://sc8.vesinet.inserm.fr:1080> (link valid from 19th October 2001)

14 - Aids monitoring system in France, Institut de veille sanitaire (InVS: National Health Monitoring Institute)

The Aids monitoring system, implemented in 1982, is based on mandatory reporting by physicians (decree of 10th June 1986). It is estimated that 80% to 90% of Aids cases are notified.

The essential available variables relate to the age of the person contracting Aids at the time of diagnosis, the method of contamination (including the use of injected drugs) and the department of residence of the patient.

Deaths from Aids are also subject to mandatory reporting. The National Health Monitoring Institute records them according to the year of occurrence and the cause of the Aids infection. There is also a delay in the declaration of these deaths, and the data are being progressively corrected for this. The coverage rate is estimated to be between 75% and 85%.

Due to industrial action by the public health medical inspectors of the DDASS, the transmission to the InVS of the statements of the mandatory reporting of illnesses was not done from November 1998 to April 2000. These files were subsequently recorded, but it is possible that exhaustivity was not ensured or that this disruption discouraged some clinicians from reporting new cases of Aids.

For additional information: The situation as regards Aids in France is published every six months in the weekly epidemiological Bulletin (<http://www.rnsp-sante.fr/>).

CAZEIN (F.), PINGET (R.), LOT (F.), DAVID (D.), PILLONEL (J.), LAPORTE (A.), "Recent Aids Trends in France (January 1998-June 2000)", BEH (*Bulletin épidémiologique hebdomadaire: Weekly epidemiological bulletin*), no. 52, 2000, p. 8-235.

² The initial cause: illness or trauma at the origin of the series of morbid events which resulted in death; the immediate cause: terminal illness, trauma or complication which directly resulted in death; the possible additional causes correspond to the appreciable morbid statuses which contributed to the death, but which are not part of the series of events described as the immediate or initial cause of death

InVS (*Institut de veille sanitaire*: National Health Monitoring Institute), "Surveillance of Aids in France: The situation after two years of interruption", BEH (*Bulletin épidémiologique hebdomadaire* : National Health Monitoring Institute), no. 38, 2000, p. 8-169.

Health and social statistics and surveys

15 - Consultations in the centres de cure ambulatoire en alcoologie (CCAA: Alcohol Out-patient Treatment Centres), Association nationale de prévention de l'alcoolisme (ANPA: National Association for the Prevention of Alcoholism)

This is an epidemiological survey conducted each year by the CCAA (*centres de cure ambulatoire en alcoologie*: Alcohol Out-patient Treatment Centres) managed by the *Association nationale de prévention de l'alcoolisme* (ANPA: National Association for the Prevention of Alcoholism) in partnership with the medical health epidemiological team from INSERM (*Institut national de la santé et de la recherche médicale*: National Institute for Health and Medical Research).

Throughout the year information is collected from every new drinker consulting the aforementioned structures (socio-demographic data, previous history, clinical assessment, information in relation to alcoholism, type of request, etc.).

The majority of the centres participating in this study use a standard software for patient file management, which allow the automatic extraction of the epidemiological data processed by INSERM.

In 1999, information was collected from 17,500 new consultations.

For additional information: ANPA (*Association nationale de prévention de l'alcoolisme*; National Association for the Prevention of Alcoholism), *Consultation in the CCAA (centres de cure ambulatoire en alcoologie*: Alcohol Out-patient Treatment Centres) in 1999, Paris, ANPA, 2000, p. 52.

16 - Use of the standard activity reports of the dispositif spécialisé de lutte contre l'alcoolisme (CCAA: Specialised Structure for the Fight Against Alcoholism), Direction générale de la santé (DGS: General Health Department)

Since 1994 the DGS (*Direction générale de la santé*: General Health Department) has produced a standard activity report for the specialist alcoholism structures financed by the State until 1998, and subsequently by social security since 1999. The purpose of this information collection is to monitor the activities of the structures and the number and characteristics of the patients received.

The epidemiological data is not collected on a patient-by-patient basis but for all of the persons received in the structure. A limited number of questions relate to socio-demographic aspects, to alcoholism and to the manner of direction to the structure.

In 1998, 178 of the 210 recorded legal entities returned a questionnaire. These structures declared having received 90,000 consultations (drinkers or the family of drinkers) of which a little more than 40% were new consultations, which are the only ones described in more detail.

For additional information: *The specialist structures for the fight against alcoholism in 1998*: information from the standard reports, Paris, Office of mental health, drug addiction and dependence, General Health Department, Ministry of Employment and Social Affairs, May 2000, p. 17

17 - Survey on the care of drug addicts in the healthcare and social system, Direction de la recherche, des études, de l'évaluation et des statistiques (DREES : Department of Research, Studies, Evaluation and Statistics)/Direction générale de la santé (DGS : General Health Department)

The purpose of this survey, created at the end of the 1980s, is to monitor the number and characteristics of drug users taken into care in the drug addiction specialist care structures (essentially the centres *spécialisés de soins pour toxicomanes* (CSST: Specialised Centres for the Care of Drug Addicts), the healthcare establishments (regional hospital complexes, hospital complexes and hospitals, hospital complexes specialising in psychiatry and other similar establishments) and a certain number of structures who intervene in the social area (CHRS, Prevention clubs and teams).

This survey was conducted in the month of November every year until 1997, and again in 1999, but was not done in 1998. It was developed within the Ministry of Employment and Social Affairs by the

SESI, which became the DREES in 1999, in liaison with the DGS.

In the specialist drug addiction structures, all users of illicit drugs or misused psychotropic medications taken into care during the month of November must be integrated into the survey, whether this care began in the month of November or earlier. The non-specialist structures (healthcare and social establishments) must include persons in care for drug addiction or the misuse of illicit drugs during the last few months. In the healthcare establishments, the survey only covers persons who are partially or fully hospitalised. Those suffering exclusively from alcohol dependence should not be taken into account.

The information collected covers the socio-demographic characteristics of persons in care, over the user's career (first recourse, origin of care), on the HIV and HCV pathologies and on the drugs. The questionnaire makes a distinction between the drugs at the origin of care (maximum two drugs) – this question is not asked in the social establishments – and the drugs consumed during the last thirty days (maximum three drugs).

In the context of this report, the drug at the origin of care given as the first is denominated the primary drug and that given as the second as the secondary drug. These concepts are used in the interests of convenience, as the terms "drug at the origin of care no. 1 and no. 2" are too long. This choice also results from the examination of the data. In effect, until 1996 the questioning related to the primary drug and the associated drugs and examination of the figures shows a string continuity in the results for the primary drug (until 1996) and for the drug at the origin of care given as the first (since 1997). In addition, the drug at the origin of care no. 1 (primary) allows the distinction of different profiles, while drug no. 2 (secondary), always predominantly associated with opiates due to the weight of these substances in care cases, returns, irrespective of the drug, the profile of an average opiates user. An analysis based on the drug at the origin of care which is given first was, therefore, chosen in this report.

The healthcare establishments which come within the aegis of the Public Assistance (the Paris Hospitals) were only questioned over a week, which necessitated the estimation of the care cases for the month, using a corrective co-efficient.

A question on simultaneous care by non-specialist healthcare establishments and the establishments specialising in drug addiction ensured the elimination of some of the double-counting. A person attending a number of CSST or a number of healthcare establishments during the month may, on the other hand, be counted a number of times.

The drug addiction survey of November 1999 covered almost 27,000 care cases (excluding double counting) in all of the establishment surveyed, of which a little more than 22,000 (excluding double counting) were in the specialist and healthcare establishments. The analyses of the requests for treatment by drug shown in this report cover approximately 19,500 care cases which mention at least one drug as the origin of care. The 2,500 cases without information on the drugs correspond to non-answers or to drug users who were taken into care by the healthcare establishments for a reason other than drug addiction (infectious illnesses, for example).

For additional information: TELLIER (S.), *The care of drug addicts in the healthcare and social structures in November 1999*, Paris, DREES, 2001, p. 47 (Working document no. 19).

18- Observation des produits psychotropes ou détournés de leur utilisation médicamenteuse (OPPIDUM: Observation of psychotropic drugs or those diverted from medicinal use), Centres d'évaluation et d'information sur la pharmacodépendance (CEIP: Drug Addiction Evaluation and Information Centres)

The OPPIDUM programme is a system for the epidemiological monitoring of the development of the consumption of narcotics and psychotropic drugs (illicit drugs or the misuse of medications) organised in the form of an annual multi-centre survey of the structures for the reception and care of drug addicts. This programme was developed at the beginning of the 1990s by the *Centres d'évaluation et d'information sur la pharmacodépendance* (CEIP: Drug Addiction Evaluation and Information Centres) network.

The protocol of this survey provides for the inclusion of every patient who is dependent on, or an abuser of, psychoactive substances, or is receiving substitution treatment, presenting themselves to the reception and care structures during the month of October. The information collected relates to the characteristics of the subject (socio-demographic data, associated addictive behaviour, participation in substitution treatment) and on each of the drugs used during the last seven days (description of the drug, how it was obtained and consumed, the effect sought and signs of addiction).

In 1999, sixty-seven reception and care structures participated in the survey, including about forty CSST, seven hospital liaison teams, four general practitioners and a certain number of other structures. A little more than 2,000 patients were covered by the survey, with approximately 4,000 psychoactive substances consumed.

For additional information: THIRION (X.), BARRAU (K.), MICALLEF (J.), HARAMBURU (F.), LOWENSTEIN (W.), SANMARCO (J.-L.), "Substitution treatments for opiate addiction in healthcare centres: the OPPIDUM programme of the Drug addiction evaluation and information Centres" *Internal medicine annual*, vol. 151, Supp. A, 2000, p. A10-A17.

19 - Décès en relation avec l'abus de médicaments et de substances (DRAMES; Deaths related to the abuse of medications and substances), Centres d'évaluation et d'information sur la pharmacodépendance (CEIP: Drug Addiction Evaluation and Information Centres)

Controlling and financing organisation: *Agence française de sécurité sanitaire des produits de santé* (AFSSAPS: French Agency for the Sanitary Safety of Healthcare products).

The DRAMES database, which is currently being completed, is a national system for the recording of deaths related to the abuse of substances or psychotropic medications.

It records the deaths due to the abuse of medications and substances notified to the CEIP by the partner services of these structures (anti-poison centres, emergency services, medico-psychological services, healthcare centres, medico-legal institutes, police scientific laboratories). The deaths recorded are those caused by the user themselves or to third parties.

A feasibility study on the systematic recording of these deaths by the CEIP network was launched by the AFSSAPS, in partnership with OCRTIS and legal experts in pharmacological toxicology. It covered the years 1998 and 2000.

The information recorded on a standardised form provides information on: the characteristics of the subjects concerned (previous history, pathology, age, gender, state of development of the abuse), the circumstances of death (voluntary or accidental, collective or solitary) and the results of the autopsy and the analyses done.

The DRAMES register should be operational on 1st January 2002.

For additional information: *Reports on the first drug addiction workshops*, Biarritz, 1999 (being published).

20 - Survey on the care of drug addicts by general practitioners, Bureau d'études évaluation médicale, médico-sociale, santé publique (EVAL: Office for medical, medico-social and public health evaluation studies)

This survey, conducted on four occasions (1992, 1995, 1998 and 2001) by the EVAL company, covers the care of drug addicts by general practitioners.

In 1992, 121 general practitioners practising in four regions with a high density of drug addicts (Ile-de-France, Provence-Alpes-Côte d'Azur (PACA), Nord-Pas-de-Calais and Rhône-Alpes) were surveyed.

In 1995, 1997 and 2001 the sample covered approximately 300 general practitioners throughout France, thirty of whom were practising in a medico-social centre.

The samples were constructed by drawing lots from France Telecom lists with a pre-established replacement procedure in case of refusal.

The four surveys were conducted by telephone interview and the four questionnaires used the same questions in greater part. The doctors were asked about their activity in the year preceding the survey. The 1995-1997-2001 comparisons cover the entire sample.

The refusal rate for the four surveys was 25%, 29%, 25% and 37% respectively. On each occasion, the doctors who refused to participate in the survey answered a brief questionnaire so that they could be compared with those who agreed to participate. In all the surveys, the non-participants cared for fewer drug addicts than did participants. A higher proportion of non-answers in 2001 resulted in certain corrections having to be made to take account of fewer cases of care among non-respondents.

For additional information: COULOMB (S.), DUBURCQ (A.), MARCHAND (C.), PÉCHEVIS (M.), *Developments in the care of drug addicts : survey of general practitioners in 2001 and 1992-1995-1998-2001 comparison*, Paris, OFDT, 2001, p. 56 (internal report).

21 - General Practitioner Health Barometer, Comité français d'éducation pour la santé (CFES: French Centre for Health Education)

Renewed on four occasions since 1992, this survey is done by telephone with a representative sample of general practitioners in free practice.

In 1998, 2,073 were interviewed, which is approximately 1 doctor in 30. The refusal rate was 23.4%. In 1994, the sample size was 1,013 with a refusal rate of 29.2%.

All of the data was corrected to take account of the structure of the population of general practitioners in France.

The questionnaire covered the personal behaviour of doctors, their opinions and attitudes to prevention and patient education, vaccination, HIV and hepatitis C, patients over 65 years of age, cancer and the treatment and care of addiction problems.

As regard the last theme, the questions covered:

- the number of heroin addicts cared for each month, the type of substitution treatment offered and the doctor's opinions in relation to the drug,
- the number of patients in care for the treatment of nicotine addiction or alcoholism, and the tobacco withdrawal methods recommended.

For additional information: ARÈNES (J.), GUILBERT (P.), BAUDIER (F.) (dir.), *General practitioner Health Barometer 98/99*, Vanves, CFES publications, 1999, p. 218.

22 - Survey on hospital tobacco consultations, Direction de l'hospitalisation et de l'organisation des soins (DHOS: Department of hospital management and healthcare organisation) – Ministry of Health

This survey was done on two occasions, in a given week in January 1000 and 2001, on tobacco consultations in the public and private healthcare establishments recorded by the *Office français de prévention du tabagisme* (OFT: The French Office for the Prevention of Smoking). The list was updated and completed by the public health medical inspectors from each department.

In 2000, 150 responses were received from the 214 identified hospital consultations (70%). Among the respondents, 94% were public structures (against 63% of non-respondents: the sample was not representative for this criteria). In 2001, 206 consultations centres, from a total of 261 recorded, responded to the survey.

The questionnaire, sent by post, related to the number of patients which had come during the week for a consultation on tobacco, making a distinction between first consultations, withdrawal follow-up, pregnant women and hospitalised patients; the waiting periods; the diagnosis tools used; information in relation to the structure (particularly personnel resources).

For additional information: JEANFRANÇOIS M., FERNANDES E., DAUTZENBERG B., "Development in hospital tobacco consultations between 2000 and 2001" , *BEH (Bulletin épidémiologique hebdomadaire: Weekly epidemiological bulletin)*, no. 22-23, 2001, p. 101-103.

23 - Survey of non-hospital tobacco consultations, Office français de prévention du tabagisme (OFT: French Office for the Prevention of Smoking)

In parallel with the survey conducted in the hospital environment, the *Office français de prévention du tabagisme* (OFT: French Office for the Prevention of Smoking) records the locations of non-hospital tobacco science consultations and conducted a survey of them, also in a given week (January 2000 and January 2001). The same questionnaire as for the survey of hospital managements was sent to them by post.

In 2000, of the 153 locations selected by the OFT, only 58 replied. The low rate of participation (38% despite posted reminders) means that the result must be carefully analysed. The non-responses generally came from private agencies for which tobacco withdrawal is only a sideline.

In 2001, 148 locations were identified and the response rate was 57%, higher than that for 2000.

For additional information: DAUTZENBERG (B.), BRÜCKER (G.), BORGNE (A.), JOSSERAN (L.), DRAGOS (S.), FERNANDEZ (C.), JEAN-FRANÇOIS (M.), "Developments in the area of non-hospital tobacco science consultations between 2000 and 2001" , *BEH (weekly epidemiological bulletin)*, no. 22-23, 2001, p. 103-104.

24 - Survey of consultations to assist in stopping smoking in 1999, Office français de prévention du tabagisme (OFT: French Office for the Prevention of Smoking)

Consultations on stopping smoking were identified by different organisation in June 1998 with a view to producing a specialised yearbook. Only those with a regular frequency were retained.

In July, 1999, 321 consultation centres to assist in stopping smoking, among which were 201 tobacco science consultations, were surveyed. They are primarily installed in hospitals (CHU - *Centre hospitalier universitaire*: University Hospital Centre or general hospitals), but also in public prevention structures or even private structures (particularly private agencies). For this reason, a substantial part of the consultations took place in the pneumology services or in general medicine.

The questionnaire, completed between December 1998 and May 1999 covered the identification of the structure and to a series of 23 questions in relation to its operation. By the 21st July 1999, 321 questionnaires had been collected.

For additional information: DAUTZENBERG (B.), YOUSSE (D.), MÉLIHAN CHEININ (P.), COMBRET (P.), "Consultations to assist in stopping smoking in France», *BEH (Bulletin épidémiologique hebdomadaire: Weekly epidemiological bulletin)*, no. 51, 1999, p. 213-215.

25 - An inventory of tobacco withdrawal 98, Comité français d'éducation pour la santé (CFES: French Centre for Health Education) and the Caisse nationale d'assurance maladie des travailleurs salariés (CNAMTS: Salaried Employees National Illness Insurance Fund)

This telephone survey, conducted in August 1998, covered a sample of 2,006 individuals of 18 years of age and over, and representation was ensured by quota (age, gender, profession of the head of the family) after stratification by regions of residence and category of city.

For additional information: IFOP (*Institut français d'opinion publique*: French Institute of Public opinion), *An inventory of tobacco withdrawal. Detailed results*, Vanves, CFES/CNAMTS, 1998, p. 56

26 - CANAM (Caisse nationale d'assurance maladie des professions indépendantes: National Illness Insurance Fund for independent professions) Survey on the consumption of psychotropic drugs by out-patients, Régime d'assurance maladie des professions indépendantes (Illness Insurance Scheme for independent professions)

This survey was based on the recording of all prescriptions containing at least one psychotropic medication, in six regions (Centre, Ile-de-France, Lorraine, Midi-Pyrénées, Pas-de-Calais, Poitou-Charentes) and conducted on a given day in February 1996. The drugs sought were psychotropes of any kind.

Of 25, 378 prescriptions examined, 2,952 prescriptions with at least one psychotrope were analysed.

For additional information: CANAM (*Caisse nationale d'assurance maladie des professions indépendantes*: National Illness Insurance Fund for independent professions), *The prescription of psychotropes for out-patients*, Saint-Denis, CANAM, 1997, p. 7.

27 - Actions et programmes de prévention – recensement (APPRE: Prevention Actions and Programmes - census), Observatoire français des drogues et des toxicomanies (OFDT: French Observatory of Drugs and Drug Addiction)

Tested in 2000, APPRE is a programme launched by the MILDT (*Mission interministérielle de lutte contre la drogue et la toxicomanie*: Interministerial Mission for the Fight Against Drugs and Drug Addiction) which records all the prevention actions against use, abuse or dependence related to psychoactive drugs, undertaken on the 1999 expenses. Thanks to questionnaires distributed to "drugs and drug dependence" project heads, this system allowed the OFDT (the project manager) to collect information on 539 actions. The thirty French departments who participated were fairly well spread throughout the French territory (rural or urban zones) and the prevalence reported are considered as representative of the general situation.

For additional information: data collected by the OFDT which has not yet been published.

Criminal statistics

28 - Fichier national des auteurs d'infractions à la législation sur les stupéfiants (FNAILS: National Record of Drug Law Offenders), Office central pour la répression du trafic illicite de stupéfiants (OCRTIS: Central Office for the Repression of Drug-related Offences)

All the proceedings for offences against the narcotics legislation established by the police and gendarmerie service in France (including the Overseas Departments) are recorded in FNAILS. As regards the activities of the customs services, FNAILS does not generally take into account customs offences which are not subject to proceedings.

In parallel, OCRTIS is the recipient of the majority of the corresponding proceedings (excluding the gendarmeries and Ile-de-France). They are used to re-qualify some data provided by the police services (which explains a certain difference between these statistics and those for crimes and offences produced by the police services³).

FNAILS has information in relation to:

- cases of police interrogation, broken down into simple use, use/dealing, local trafficking and international trafficking;
- seizures;
- deaths from overdoses.

In all cases, the drug referred to is the "dominant drug", which is that mainly consumed by the user, or that held in the largest quantity by the trafficker. When this rule cannot be applied, the "hardest" drug is used: heroin comes ahead of cocaine, which comes ahead of cannabis, etc.

The variables available to describe the cases of interrogation are: the type of offence, the primary drug in question and the characteristics of the persons involved (gender, professional category and nationality).

The variables in relation to seizures are: the quantity seized, the number of operations undertaken, the drug in question and the countries of origin and destination when they can be identified.

For additional information: OCRTIS (Office central pour la répression du trafic illicite des stupéfiants: Central Office for the Repression of Drug-related Offences), *Use and trafficking of narcotic drugs in France in 2000*, Paris, Ministry of the Interior, 2001, p. 114

29 - Deaths from overdose detected by the police services, Office central pour la répression du trafic illicite de stupéfiants (OCRTIS: Central Office for the Repression of Drug-related Offences)

OCRTIS records all the deaths from overdose which are brought to the knowledge of the police services. These are overdoses in the strictest sense together with various fatal accidents directly and immediately related to the conditions of administration of the drug.

In the case of a suspect death (crime, accident, suicide, sudden death, overdose), the doctor certifying the death prevents interment so that a judicial procedure can be started. When this procedure is opened, and when the suspected cause is death from overdose, OCRTIS receives a telex and the case is entered in the personal database. The report is subsequently received by OCRTIS. Moreover, when the drug at the origin of the overdose is not given, OCRTIS contacts the service that provided the information in order to ascertain the result of the toxicological analyses. In rare cases, the recorded cause of death is revealed not to be the overdose.

The variables recorded deal with the socio-demographic characteristics of the deceased person, the location of death (public roadway, home, hospital, others) and the drugs in question.

For additional information: OCRTIS (Office central pour la répression du trafic illicite des stupéfiants: Central Office for the Repression of Drug-related Offences), *Use and trafficking of narcotic drugs in France in 2000*, Paris, Ministry of the Interior, 2001, p. 114

³ Ministry of the Interior, Central administration of the criminal investigation department, *Aspects of criminality and delinquency detected in France in 2000 by the police services and units of the gendarmerie*, Paris, Documentation française, 2001, p. 200.

30 - Casier judiciaire national (CJN: National Criminal Record register), Sous-direction de la statistique, des études et de la documentation (SDSED: Statistics, studies and documentation Sub-division) – Ministry of Justice

The information on convictions has been produced, since 1994, from the national criminal record register. It outlines the different offences sanctioned in the convictions pronounced by the judges, the type of proceedings, the type of penalty, the duration and amount thereof and the characteristics of the persons convicted (age, gender and nationality).

As the decision given against a person may be due to a number of offences, it is appropriate to make reference to the concept of principal offence and associated offences.

The principal offence is, in principle, the most serious, although it may also happen that the offences are listed in the order of the facts provided in the report. In the principal offence statistics, therefore, many offences of use are hidden when they are not put at the top of the list of offences. Analysis of the associated offences allows the calculation of all the convictions which include at least one offence of use, irrespective of where it appears on the list of offences. It also allows the presentation of the most frequent associations of offences and the penalties pronounced for each case of association.

Convictions should not be confused with persons convicted. A person who is convicted twice during the year is counted twice in the conviction statistics.

For additional information: Ministry of Justice, General Administration and Equipment Division, Statistics, studies and documentation Sub-division, *Justice Statistical yearbook. 2001 Edition*, Paris, Documentation française, 2001, p. 339.

Ministry of Justice, General Administration and Equipment Division, Statistics, studies and documentation Sub-division, *Convictions in 1999*, Paris, Ministry of Justice, 2001, to be published (Coll. Justice studies & statistics).

31 - Fichier national des détenus (FND: National Prisoners Register) and Quarterly statistics of the imprisoned population, Direction de l'administration pénitentiaire (DAP: Penitentiary Administration Division)

Since 1993, the statistics on the execution of penalties has been established from the *Fichier national des détenus* (FND: National Prisoners Register). This file allows the recording of the flow of cases of imprisonment for the year, that is the number of persons entering or leaving the penitentiary establishment between the 1st January and the 31st December in any year. Only the offence in first place on the committal order is taken into account. As for convictions, this offence is, in principle, the most serious, but it may also be that which was first detected.

The national register also allows the determination of the number of persons present in the penitentiary establishments on a given date. This number is a result of the flows of persons entering and leaving the penitentiary establishments during the year and during previous years. The imprisoned population thus described includes all the individuals (accused and convicted) detained on a given date in the penitentiary establishments in France (Overseas Departments and Metropolitan France).

The quarterly statistics, based on a manual collection, also provide a description and an enumeration of the imprisoned population, on the 1st of each quarter. The level of detail is lower, but the recording is considered more accurate, particularly as regards the structure of the population on the basis of the grounds for detention (the change of status from accused to convicted is not necessarily recorded in the FND (*Fichier national des détenus*: National Prisoners Register).

For additional information: Ministry of Justice, General Administration and Equipment Division, Statistics, studies and documentation Sub-division, *Justice Statistical yearbook. 2001 Edition*, Paris, Documentation française, 2001, p. 339.

Quarterly statistics of the population in care in the closed environment. Situation on 1st January 2001, Paris, Ministry of Justice, Penitentiary Administration Division, Office of studies, forecasting and the budget, 2001, p. 55 (no. 86).

Specific observation structures

32 - Système d'identification national des toxiques et des substances (SINTES: National Identification System for Toxic Substances), Observatoire français des drogues et des toxicomanies (OFDT: French Observatory of Drugs and Drug Addiction)

This system is the product of the grouping of four databases. It contains the physical and chemical description of samples of synthetic substances seized by the law enforcement services and analysed by the police scientific laboratories, the laboratories of the customs services and the laboratory of the IRCGN (national gendarmerie), or collected in various environments (party environment, private evenings, night establishments) by the participants in prevention, healthcare or by researchers and analysed by two hospital toxicological laboratories (Fernand-Widal Hospital in Paris and the Salvator Hospital in Marseilles). The partners involved in the healthcare or prevention process also collect epidemiological data in relation to the contexts of consumption and the profiles of the users of the samples collected.

There is no doubt that all of this data only partly reflects the reality in relation to the consumption of synthetic substances in France. The representativeness of all of the substance analysed is, in effect, difficult to determine, given the illicit nature of this consumption. This database nevertheless has the advantage of grouping a large part of the data collected on a systematic and national basis by the structures which are close to the ground, whether they are part of the law enforcement system or the socio-healthcare system.

For additional information: Bello (P.Y.), Toufik (A.), Gandilhon (M.), *Recent trends, TREND report*, Paris, OFDT, 2001, p. 167

33 - Tendances récentes et nouvelles drogues (TREND: Recent Trends and New Drugs), Observatoire français des drogues et des toxicomanies (OFDT: French Observatory of Drugs and Drug Addiction)

TREND was set up in 1999 with a perspective of complementarity with existing sources. This structure endeavours to detect emerging phenomena, to understand the contexts and methods of use and the various implications of the use of drugs and to monitor developments. Observation takes place in two consumption environments:

- the urban environment, based on 13 sites (Paris, Lille, Toulouse, Bordeaux, Marseille, Dijon, Metz, Rennes, Lyon and the departments of Seine-Saint-Denis, Martinique, Réunion and Guyana), covering the psychoactive substance user population, mainly characterised by “problematic” consumption practices, who are in contact with the healthcare and reception structures, particularly those known as “low threshold”.
- the party environment, which means primarily party consumption by the population attending locations where a certain style of music, known as techno, is played, and night establishments.

For additional information: Bello (P.Y.), Toufik (A.), Gandilhon (M.), *Recent trends, TREND report*, Paris, OFDT, 2001, p. 167

Glossary

2C-B (4-bromo-2.5-dimethoxyphenethylamine): drug, belonging to the phenethylamine family, whose effects are close to those of MDMA and LSD, giving physical energy and hallucinations at the same time.

4-MTA (4-methylthioamphetamine): drug – still little known – which has a relatively minor stimulant effect, without generating hallucinations or visual distortions. 4-MTA gives a feeling of calm without euphoria. Its effects are fairly long and last approximately 12 hours. 4-MTA is classified in the narcotics list since the decision of 16th November 1999.

Pure Alcohol: theoretic quantity of alcohol expressed in alcohol in 100 % (or in 100°).

AOC (appellation d'origine contrôlée: Appellation of origin): this is a regulatory category of wine; classification in this category requires compliance with a certain number of conditions, particularly the production regulations.

Control of structure effects: Thanks to statistical modelling (logistical regression) it is possible to analyse a criteria “ with all other aspects being equal”, by erasing the possible influences of other factors.

Premature death: death occurring before a certain age, above which the observed probability of death becomes higher.

DMT (dimethyltryptamine): powerful hallucinogenic drug with a short period of action (20 to 45 minutes) which is consumed in two forms, natural (DMT is present in around one hundred plants) or synthetic.

DOB (2.5-dimethoxy-amphetamine): drug, belonging to the amphetamine family, whose hallucinogenic properties are similar to those of LSD. The effects may last from 6 to 30 hours.

Healthcare establishments: in the survey of the care of drug addicts in the healthcare and social structures conducted in the month of November, this category includes all the public general hospital establishments or those specialising in psychiatry, private psychiatric hospitals acting as public and nursing homes for mental illnesses.

Specialist establishments: in the survey on the care of drug addicts in the healthcare and social structures conducted in the month of November, this category includes all the *centres de soins spécialisés aux toxicomanes* (CSST: Specialised Centres for the Care of Drug Addicts) and a very low number of structures receiving mainly drug users.

Attributable fraction: the percentage of cases of a pathology or cases of death for a given cause which is the consequence of other events or behaviour, which means, in this report, resulting from the consumption of drugs. The calculation of an attributable fraction (FA) introduces the relative risk of occurrence of a pathology or a death (RR) (see the definition of relative risk in this list) and the percentage of users (P) and non-users (Q) of a drug in a given population. The calculation of FA is done on the basis of the following formula:

$$FA = (Q + P \times RR - 1) / (Q + P \times RR)$$

Expressed in other terms, by using the example of alcohol, this means that knowing the additional risk (RR) of having a cirrhosis among intensive users of alcohol (by comparison with the rest of the population) and knowing the proportion of intensive users of alcohol (P) in the French population, together with those persons who do not have an intensive use of alcohol (Q), a proportion of cirrhoses related to the consumption of alcohol can be deduced.

Free -party: a gathering of techno music followers, often organised without authorisation from the public authorities, generally lasting one or two days.

GHB, Gamma OH (gamma-hydroxybutyrate): an anaesthetic reserved for hospital use. Outside the medical context it is also known under the name of “liquid ecstasy”. It comes in the form of a colourless or coloured liquid or as a white crystalline powder. Its use results in a feeling of euphoria and freedom from inhibitions. Its effects are rapidly felt and last from 1 hour and 30 minutes to 2 hours.

Principal offence: for convictions, this is the first offence recorded on the criminal record, in the most serious criminal category. While the majority of jurisdictions record the offences in order of seriousness, some have adopted a chronological order of detection of crimes. For cases of imprisonment, this is the offence recorded in first place on the committal order.

Mandatory treatment: this term designates a measure provided in the context of the law of 31st December 1974 allowing the public prosecutor to suspend proceedings against a narcotics user who accepts being taken into care by the healthcare and social system. For the period of treatment, the user benefits from classification without follow-up. In case of refusal or stopping of treatment, the proceedings can be re-commenced.

Ketamine: an anaesthetic reserved for hospital or veterinary use. By decision of 8th August 1997 (Official Journal of 20th August 97), ketamine and its salts, with the exception of their injectable preparations, are classified as narcotics. The ketamine accessible to consumers in France comes in four forms: phial (pharmaceutical preparation); colourless liquid in various form of packaging; white powder; and tablets.

Khat: khat is a plant which originally came from of oriental Africa and the Arabic peninsula and whose leaves are used as a nerve stimulant. They are generally chewed or taken by infusion. The principal alkaloid in the plant is cathinone, which acts as a stimulant of the central nervous system and whose effects are similar to those of amphetamines.

MDMA (3,4-methylenedioxyamphetamine): drug belonging to the methamphetamine family. Its period of action is from 4 to 6 hours. MDMA produces a number of stimulant effects: increase in cardiac rate, respiratory acceleration, excessive energy and hyperactivity. This drug is classified in the narcotics list since the decision of 9th July 1986.

Psychotropic medications: the following classes of medications are included in this category:

- hypnotics (or sleeping tablets) and sedatives which induce sleep;
- anxiolytic agents (or tranquillisers) used to combat anxiety;
- antidepressants prescribed for cases of depression;
- neuroleptics (or antipsychotics) mainly used for the treatment of psychoses.

Mescaline: The main active ingredient in peyotl and other hallucinogenic plants. Its effect last approximately 12 hours and are similar to those of LSD.

Multi-drug use: means the fact of consuming at least two psychoactive drugs. In general, multi-drug use refers to a given level of use: or example, multi-drug experimentation or repetitive multi-drug use.

Repetitive multi-drug use: means the repetitive use of at least two of the three most common drugs, which are, alcohol, tobacco and cannabis.

Multi-drug experimentation: means the fact of having experimented with at least two psychoactive drugs during life.

Relative price: tobacco price index compared with the general price index.

Primary drug: the drug at the origin of care referred to first, a priori that which causes the most problems for the user.

Secondary drug: the drug at the origin of care referred to in second place.

Nitrous oxide: a gas discovered in 1772, used as an anaesthetic in medicine and a propellant in aerosol sprays. The euphoric effects of this drug have been known since the XIX century. After 8 to 10 seconds inhaling it, this gas produces dizziness and excitement. Its period of action is very short: 2 to 3 minutes.

Rachacha : opium residue made on a small scale, smoked.

Relative risk: this compares the risk in the exposed group with that of the non-exposed group; it compares the number of illnesses and/or deaths among persons exposed to the risk factor with those observed among non-exposed persons.

Open drug scene: a place of sale and consumption of drugs where inhabitants and non-user citizens are confronted with the use and trafficking, in public, of illicit drugs.

Significant: this refers to a difference between two percentages when the probability due to chance is low (5%).

Passive smoking: exposure (often involuntary) to tobacco smoking in the environment.

Teknival : gathering of techno music followers often organised without the authorisation of the public authorities. A teknival (techno party) may last up to seven days and involve between five and fifteen thousand people.

DETA test: a group of four questions originally used by clinicians to detect alcohol users with a risk of dependence. This test is often used now in epidemiological surveys with the purpose of determining a number and proportion of alcohol users with a risk of dependence.

Users interrogated by police: the category "users interrogated by police" includes cases of interrogation for use and use/dealing.

VDQS (vins délimités de qualité supérieure: superior quality wines): a regulatory category of wine, and classification therein requires compliance with a certain number of conditions at the level of production of the wine.

List of acronyms

2C-B	4-bromo-2.5-dimethoxyphenethylamine	
ACSF	Analyse du comportement sexuel des Français: Analysis of the French population's sexual behaviour	
AFSSAPS	Agence française de sécurité sanitaire des produits de santé: French Agency for the Sanitary of Healthcare products	Safety
	(ex- Medicines Agency)	
AMM	Autorisation de mise sur le marché: Authorisation to be placed on the market	
ANAES	Agence nationale d'accréditation et d'évaluation en santé: National Health Accreditation and Evaluation Agency	
ANPA	Association nationale de prévention de l'alcoolisme: National Association for the Prevention of Alcoholism	of
ANPE	Agence nationale pour l'emploi: National Employment Agency	
ANRS	Agence nationale de la recherche sur le Sida: National Agency for AIDS Research	
AOC	Appellation d'origine contrôlée: Appellation of origin	
APPRE	Actions et programmes de prévention – recensement:: Prevention Actions and Programmes census	-
AREMEDIA	Association de recherche européenne pour la médecine et l'informatique interactive: Research Association for medicine and interactive information technology	European
ARMI	Association de recherche sur les marchés informels: Informal Markets Research Association	
BO	Bulletin officiel: Official Bulletin	
BOEN	Bulletin officiel de l'Éducation nationale: Official Bulletin of National Education	
CADIS	Centre d'analyse et d'intervention sociologique: Centre for sociological analysis and intervention	intervention
CAN	Centralförbundet för alkohol- och narkotikaupplysning / Conseil de l'information sur l'alcool et les autres drogues (Suède): Council for Information on Alcohol and other Drugs (Sweden)	
CANAM	Caisse nationale d'assurance maladie des professions indépendantes: National Illness for independent professions	Insurance Fund
CCAA	Centres de cure ambulatoire en alcoologie: Alcohol Out-patient Treatment Centres (ex-CHAA)	
CDD	Contrat à durée déterminée: Fixed-term contract	
CDIT	Centre de documentation et d'information sur le tabac: Tobacco Documentation and Centre	Information
CDO	Convention départementale d'objectifs: Departmental Objective Agreement	
CDPA	Comité départemental de prévention de l'alcoolisme: Departmental Committee for the Alcoholism	Prevention of
CEIP	Centre d'évaluation et d'information sur la pharmacodépendance: Drug Addiction Evaluation Information Centre	and
CEL	Contrat éducatif local: Local Education Contract	
CESAMES	Centre de recherche psychotropes, santé mentale et société (CNRS Paris V) (ex -GDR)	
CESC	Comité d'éducation à la santé et à la citoyenneté: Health and Citizenship Education Committees	Committees
CESDIP	Centre de recherches sociologiques sur le droit et les institutions pénales: Centre for research on the law and the criminal institutions	sociological

CESES	Centre européen pour la surveillance épidémiologique du Sida: European Centre for the Epidemiological Monitoring of AIDS	
CFES	Comité français pour l'éducation à la santé: French Committee for Health Education	
CHAA	Centre d'hygiène alimentaire et d'alcoologie: Food and Alcohol Hygiene Centre (see CCAA)	
CHG	Centre hospitalier général: General Hospital Centre	
CHU	Centre hospitalier universitaire: University Hospital Centre	
CIM 10	Classification internationale des médicaments de l'Organisation mondiale de la santé: International Classification of medications by the World Health Organisation	International
	10 th revision	
CIRDD	Centre d'information et de ressources sur les drogues et les dépendances: Information and Resource Centres for Drugs and Drug Dependence	
CJN	Casier judiciaire national: National Criminal Record register	
CLS	Contrat local de sécurité: Local Safety Contract	
CNAMTS Insurance Fund	Caisse nationale de l'assurance maladie des travailleurs salariés: Salaried Employees	National Illness
CNRS	Centre national de la recherche scientifique: National Centre for Scientific Research	
CODES	Comité départemental d'éducation pour la santé: Departmental Committee for Health	Education
CPLD	Conseil de prévention et de lutte contre le dopage: Council for the Prevention and Fight	against Doping
CREDES	Centre de recherche, d'étude et de documentation en économie de la santé: Centre for the Research, Study and Documentation of the Health Economy	
CRES	Comité régional d'éducation pour la santé: Regional Committee for Health Education	
CRIPS for AIDS)	Centre régional d'information et de prévention sur le sida: Regional Information and	Prevention Centre
CRPS	Comité régional des politiques de santé: Regional Committee for Health Policies	
CSA	Conseil supérieur de l'audiovisuel: Higher Council for the audio-visual industry	
CSST	Centre spécialisé de soins pour toxicomanes: Specialised Centres for the Care of Drug	Addicts
DACG	Direction des affaires criminelles et des grâces: Department of Criminal Affairs and Pardons	
DAGE Division	Direction de l'administration générale et de l'équipement: General Administration and	Equipment
DAP	Direction de l'administration pénitentiaire: Penitentiary Administration Division	
DATIS	Drogues alcool tabac info service: Drugs, Alcohol and Tobacco Information Service (ex-DIS)	
DCPJ	Direction centrale de la police judiciaire: Central Administration of the Criminal Investigation	Department
DCSSA Department	Direction centrale du service de santé des armées: Central Management for the Military	Health
DDASS and Social Action	Direction départementale des affaires sanitaires et sociales: Departmental Management for	Health
DDJS	Direction départementale de la jeunesse et des sports: Departmental Division for Youth and	Sports
DESCO	Direction de l'enseignement scolaire: Department of Academic Education	
DGDDI	Direction générale des douanes et droits indirects: General Department of Customs and	Indirect Duties
DGGN	Direction générale de la gendarmerie nationale: Central Administration of the National	Gendarmerie
DGLDT	Délégation générale à la lutte contre la drogue et la toxicomanie: General Delegation for the	Fight
	Against Drugs and Drug Addiction (see MILDT)	
DGS	Direction générale de la santé: General Health Department	
DGS-SD6A	Direction générale de la santé - Sous-direction santé et société - Lutte contre le VIH: General	Health
	Department – Health and Society sub-division – Fight against HIV (ex-SP2)	
DGS-SD6B	Direction générale de la santé - Sous-direction santé et société - Pratiques addictives: General Health	
	Department – Health and Society sub-division – Addictive practices (ex-SP3)	
DH	Direction des hôpitaux: Hospitals Division (see DHOS)	

DHOS	Direction de l'hospitalisation et de l'organisation des soins: Department of hospital management and healthcare organisation (ex-DH)	
DHOS-O2	Direction de l'hospitalisation et de l'organisation des soins: Department of hospital management and healthcare organisation - Organisation of the regional supply of healthcare and specific populations (ex-DH-EO2)	
DIS	Drogues infos service: Drugs Information service (see DATIS)	
DMT	Dimethyltryptamine	
DOB	2.5-dimethoxy-amphetamine	
DPJJ	Direction de la protection judiciaire de la jeunesse: Youth Judicial Protection Division	
DRAMES	Décès en relation avec l'abus de médicaments et de substances: Deaths Related to the Abuse of Medications and Substances	
DREES	Direction de la recherche, des études, de l'évaluation et des statistiques: Department of Research, Studies, Evaluation and Statistics	
DRJS	Direction régionale de la jeunesse et des sports: Regional Division of Youth and Sports	
DSM	Diagnostic and Statistical Manual of Mental Disorders	
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction (OEDT)	
EPCV	Enquête permanente sur les conditions de vie des ménages: Continuous survey on household living conditions	
EROPP	Enquête sur les représentations, opinions et perceptions sur les psychotropes: Survey on the Representations, Opinions and Perceptions in relation to Psychotropic drugs	
ESCAPAD	Enquête sur la santé et les consommations lors de l'appel de préparation à la défense: Survey on health and consumption during the Defence Preparation Day	
ESPAD	European School survey Project on Alcohol and other Drugs	
EVAL	Bureau d'études évaluation médicale, médico-sociale, santé publique: Office for medical, medico-social and public health evaluation studies	
FNAILS	Fichier national des auteurs d'infractions à la législation sur les stupéfiants: National Record of Drug Law Offenders	
FND	Fichier national des détenus: National Prisoners Register	
FNORS	Fédération nationale des observatoires régionaux de la santé: National Federation of Regional Health Observatories	
FRAD	Formateurs relais antidrogues: Anti-drug relay trainers	
GAPP	Groupe d'analyse des politiques publiques: Public Policy Analysis Group (CNRS - Centre national de la recherche scientifique: National Centre for Scientific Research)	
GDR	Groupement de recherche psychotropes politique et société: Psychotropic drugs Policy and Research Grouping (CNRS) (see. CESAMES)	
GHB	Gamma-hydroxybutyrate	
GIP-Justice	Groupement d'intérêt publique: Public Interest Grouping - Justice	
HBSC	Health Behaviour in School-aged Children	
IFOP	Institut français d'opinion publique: French Institute of Public opinion	
IHESI	Institut des hautes études de la sécurité intérieure: Institute for the Higher Study of Internal Security	
ILS	Infraction à la législation sur les stupéfiants: Offence against the Narcotics Legislation.	
IMS Health	Information médicale et statistique sur la santé: Medical Information and Statistics on Health	
INRA	Institut national de recherche agronomique: National Institute for Agronomic Research	
INRETS	Institut national de recherche et d'étude sur les transports et la sécurité: National Institute for Transport and Safety Research and Study	
INRP	Institut national de recherche pédagogique: National Institute for Pedagogic Research	
INSEE	Institut national de la statistique et des études économiques: National Institute for Statistics and Economic Studies	
INSERM	Institut national de la santé et de la recherche médicale: National Institute for Health and Medical Research	

INTERPOL	Organisation internationale de la police criminelle (also OIPC): International Police	Organisation
InVS	Institut de veille sanitaire: National Health Monitoring Institute (ex-RNSP)	
IREB	Institut de recherches scientifiques sur les boissons: Institute for Scientific Research on	Beverages
IREP	Institut de recherche en épidémiologie de la pharmacodépendance: Institute for the	Research and
	Study of Drug Addiction	
JO	Journal officiel: Official journal	
LSD	Acide lysérgique diéthylamide: Lysergic diethylamide Acid	
MDA	Tenamfetamine	
MDEA	N-ethylenamfetamine	
MDMA	Methylene-dioxy-3.4-metamphetamine	
MENRT	Ministère de l'Éducation nationale, de la Recherche et de la Technologie: Ministry of	Education,
	Research and Technology	
MF	Million de francs: Million francs	
MILAD	Mission de lutte antidrogue: Anti-Drugs Mission	
MILDT	Mission interministérielle de lutte contre la drogue et la toxicomanie: Interministerial	
	Mission for the Fight Against Drugs and Drug Addiction	
MNCP	Mission nationale de contrôle des précurseurs chimiques: National Mission for the Control of	
	Chemical Precursors	
MTAS	Ministère du travail et des affaires sociales: Ministry of Employment and Social Affairs	
NOR	Système normalisé de numérotation des textes officiels publics: Standardised System for the	
	Numbering of Public Official Texts	
OCRGDF	Office central pour la répression de la grande délinquance financière: Central Office for the	Deterrence of
	Serious Financial Delinquency	
OCRTIS	Office central pour la répression du trafic illicite de stupéfiants: Central Office for the	Repression of
	Drug-related Offences	
OEDT	Observatoire européen des drogues et des toxicomanies: European Observatory of Drugs and Drug	
	Addiction	
OFDT	Observatoire français des drogues et des toxicomanies: French Observatory of Drugs and Drug Addiction	
OFT	Office français de prévention du tabagisme: French Office for the Prevention of Smoking	
OGD	Observatoire géopolitique des drogues: Drugs Geopolitical Observatory	
OICS	Organe international de contrôle des stupéfiants: International Organisation for the Control of	
	Narcotics	
OMS	Organisation mondiale de la santé: World Health Organisation	
ONISR	Observatoire national interministériel de sécurité routière: National Interministerial	Observatory for
	Road Safety	
ONIVINS	Office national interprofessionnel des vins: National Interprofessional Office for Wines	
ONPCM	Observatoire national des prescriptions et consommations des médicaments: National	Observatory of
	prescriptions and the consumption of medications	
OPPIDUM	Observation des produits psychotropes ou détournés de leur utilisation médicamenteuse:	Observation of
	psychotropic drugs or those diverted from medicinal use	
ORS	Observatoire régional de santé: Regional Health Observatory	
ORSMIP	Observatoire régional de santé Midi-Pyrénées: Midi-Pyrénées Regional Health Observatory	
PACA	Provence-Alpes-Côte d'Azur: Provence-Alps-Cote d'Azur	
PDI	Programme départemental d'insertion: Departmental Insertion Programme	
PFAD	Policier formateur antidrogue: Police anti-drug trainers	
PHRC	Programme hospitalier de recherche clinique: Hospital Programme for Clinical Research	
PMJ1	Bureau des études, de la prospective et du budget, Sous-direction des personnes placées sous main de	
	Justice: Office for Studies, Forecasting and the Budget, Sub-division for persons in the hands of the law	

PRAPS	Programme d'accès à la prévention et aux soins pour les personnes en situation de précarité: Programme for access to prevention and healthcare for persons in precarious situations
PRS	Programme régional de santé: Regional Health Programme
RESSCOM	Recherches et évaluations sociologiques sur la santé, le social, et les actions communautaires: Research and sociological evaluation of health, social and community actions
RMI	Revenu minimum d'insertion: Minimum Insertion Income
RNSP	Réseau national de santé publique: National Public health Network (see InVS)
SCERI	Service de la communication, des études et des relations internationales: Communication, Studies and International Relations Service
SDESD Sub-division	Sous-direction de la statistique, des études et de la documentation: Statistics, Studies and Documentation
SEDAP	Société d'entraide et d'action psychologique: Society for Self-help and Psychological Action
SEITA	Service d'exploitation industrielle des tabacs et allumettes: Service for the industrial use of tobacco and matches (now Altadis)
SESI	Service des statistiques, des études et des systèmes d'information: Statistics, Studies and Information systems Service (see DREES)
SIAMOIS	Système d'information sur l'accessibilité au matériel officinal d'injection et à la substitution: Information system on the availability of sterile injection equipment
SIDA	Syndrome immunodéficient acquis: Acquired Immunodeficiency Syndrome
SINTES Substances	Système d'identification nationale des toxiques et des substances: National Identification System for Toxic Substances
SMPR	Service médico-psychologique régional hospitalier: Regional hospital medico-psychological service
SOFRES	Société française d'enquêtes et de sondages: French survey and polling company
STRDJ-DRJ	Service technique de recherches judiciaires et de documentation / Division recherche judiciaire: Technical service for judicial research and documentation / Judicial research division
THC	Tetrahydrocannabinol
TIG	Travail d'intérêt general: Community Service Order
TRAF CIN	Traitement du renseignement et action contre les circuits financiers: Service for the Handling of Information and Action Against Financial Networks
TREND	Tendances récentes et nouvelles drogues: Recent Trends and New Drugs
VAT	Taxe à la valeur ajoutée: Value Added Tax
UCSA	Unité de consultations et de soins ambulatoires: Out-patient Consultation and Care Unit
UCT	Unités de coordination de tabacologie: Tobacco Science Co-ordination Units
UNODCCP	United Nations Office for Drug Control and Crime Prevention / Office des Nations unies pour le contrôle des drogues et la prévention du crime
UPS	Unités pour sortants: Units for released persons
VADS	Voies aérodigestives supérieures: Upper aerodigestive tract
VDQS	Vin délimité de qualité supérieure: Superior quality wine
VHB	Virus de l'hépatite B: Hepatitis B Virus (HBV)
VHC	Virus de l'hépatite C: Hepatitis C Virus (HCV)
VIH	Virus de l'immunodéficience humaine: Human immunodeficiency virus (HIV)
WHO	World health organization / Organisation mondiale de la santé