Drug use by older adolescents in Paris

Infra-communal analysis by the 2004 ESCAPAD Paris survey of people aged 17

François Beck, Stéphane Legleye, Stanislas Spilka

The city of Paris seems to be particularly affected by illegal drugs, judging from health statistics (treatment requests, syringe exchange programmes, etc.) and police statistics (stopping and questioning people for drug dealing or drug taking). However, these indications refer largely to a marginal adult population, located in certain districts and well known through the activity of non-specialist care centres for drug addicts or from certain ethnographical studies.

What about the adolescent population as a whole? This question can be addressed thanks to the ESCAPAD survey (survey on health and drug consumption statistics among those signing up for military service) conducted in Paris in 2004. It describes the state of health, sociability and drug use of Parisians aged 17.

Since 2000, ESCAPAD surveys have been reporting national or regional levels of drug use and the changing trends of the various legal and illegal psychoactive products used by people between the ages of 17 and 18. Introduced under the authority of Paris City Council and OFDT, this fifth exercise is radically different from previous ones because it assesses only 1,552 17 year olds living in central Paris, allows for infra-communal analyses based on a division of the residential districts of Paris into four sectors. This simple and easily understandable division, using lines which dissect Paris from north to south and east to west, distinguishes areas that are relatively homogeneous but very different from one another economically and socially.

This division draws rough contrasts between the more affluent image of the south-western quarter and the north-eastern quarter, whose population is more working class. Of course, other ways of dividing the city are possible. The aggregations made blur some of the disparities between districts – but these disparities are sometimes significant. For statistical
reasons, however, sufficiently large populations must be conserved for each geographical unit. Moreover, it is difficult for a survey of the general population, such as those carried out by ESCAPAD, to collect information about a person’s district of origin without jeopardising the confidentiality of the information given.

**Indicators used**

The term “experimenting” indicates a person who has already used a product at least once in his life. When describing drunkenness, the word “repeated” means the person has been drunk at least three times during the year, and the word “regular” indicates at least ten times. The other consumption indicators refer to the last thirty days: recent use (at least one episode of consumption), regularly drinking alcohol, taking psychotropic medication or cannabis (at least 10 episodes of consumption), smoking tobacco daily (at least once a day).

**Regular use of the principal psychoactive substances in late adolescence in Paris (%)**

<table>
<thead>
<tr>
<th></th>
<th>Paris</th>
<th></th>
<th>Combined</th>
<th>sex ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>Boys</td>
<td>Girls</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>26</td>
<td>31</td>
<td>28</td>
<td>*</td>
</tr>
<tr>
<td>Alcohol</td>
<td>15</td>
<td>6</td>
<td>11</td>
<td>***</td>
</tr>
<tr>
<td>Regular drunkenness</td>
<td>7</td>
<td>3</td>
<td>5</td>
<td>***</td>
</tr>
<tr>
<td>Cannabis</td>
<td>16</td>
<td>6</td>
<td>11</td>
<td>***</td>
</tr>
<tr>
<td>Psychotropic drugs</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>**</td>
</tr>
</tbody>
</table>

*, **, ***: Chi-2 test significant respectively at the (0.05), (0.01), (0.001) threshold for comparison between the sexes in Paris (sex ratio column).

*Source: ESCAPAD Paris, 2004, OFDT*

The results are presented by product, and levels of use in Paris are compared with those of the last ESCAPAD national survey conducted in 2003.

**Tobacco**

In Paris, two thirds of 17 year olds say they have already smoked a cigarette in their lives, girls rather more than boys (70% against 64%). For both sexes combined, respondents had, on average, smoked their first cigarette at about the age of 13 ½ and begun smoking regularly before the age of 15. About one quarter of boys and nearly one third of girls had smoked tobacco regularly in the preceding thirty days. In spite of the slightly higher smoking rate among girls, which seems to apply specifically to Paris (it was not observed either in the Ile-de-France region as a whole or in any other region of France), male and female tobacco smoking rates remain relatively similar. Compared with national observations in the 2003 ESCAPAD survey, these proportions seem lower, which can partly be explained by the continuing reduction in tobacco smoking recorded across the country since 2000.
Daily tobacco smoking at age 17

(Combined, 28%)

Source: ESCAPAD Paris 2004, OFDT

Regularly drinking alcohol at age 17

(Combined, 11%)

Source: ESCAPAD Paris 2004, OFDT
Repeated drunkenness at age 17

(Combined, 15%)

Source: ESCAPAD Paris 2004, OFDT

Taking psychotropic drugs over a one month period at age 17

(Combined, 11%)

Source: ESCAPAD Paris 2004, OFDT

Key to maps

The disparities recorded in the Chi-2 test at the 0.05 threshold between each quarter and all the other quarters are represented as follows:

- significantly lower
- not significant
- significantly higher

For statistical reasons, it is quite possible that the test results may differ for two quarters showing identical levels of use but whose populations are smaller or larger.

In central Paris, tobacco smoking appears to be more frequent in the western half and less frequent in the north-eastern quarter.
Regular alcohol drinking and drunkenness

In the capital, about three quarters of boys and two thirds of girls aged 17 say they have drunk alcohol in the thirty days before the survey. The differences between the sexes widens for regular drinking: 15% of boys say they have drunk alcohol ten times or more in the last thirty days, compared with only 6% of girls. Moreover, more boys have been drunk at least once in their lives – half of them, compared with four girls out of ten. This difference is also present in the most frequent drunkenness indicators, twice as many boys saying they have been drunk regularly. Both boys and girls, however, experienced drunkenness for the first time at roughly the same age – at approximately 15. The level of alcohol consumption and drunkenness recorded among young Parisians seems to be lower than that observed in young French people in the national survey conducted in 2003.

In central Paris, the young people of the north-eastern quarter seem to drink alcohol or become drunk considerably less often than those in the rest of the capital. Young people living in the south-western quarter say they drink alcohol twice as often.

Psychotropic drugs

In Paris, just under one boy in five and more than two thirds of girls have used psychotropic drugs at some point in their lives (medication “for the nerves” or “to help them sleep”, to quote responses received to the survey) whether medically prescribed or not. The figures over the one month period are 7% and 16% respectively. However, regular users are still very rare (1% of boys and 4% of girls).

These proportions of psychotropic drug takers are slightly higher than those found in the 2003 national ESCAPAD survey, except for regular use, which is similar.

In central Paris, the use of psychotropic drugs over the one month period seems more widespread in the south-west, with a significant difference between the south-western quarter (15%) and the north-eastern quarter (9%). Regular use, often for medical reasons, is more evenly distributed.

Cannabis

Half the young Parisians interviewed in 2004 said they had already used cannabis at some point in their lives, boys more often than girls (54% and 44% respectively). This difference is also seen for more frequent use: half the boys had smoked cannabis at least once in the twelve months before the survey (compared with just over a third of the girls); just over a third of boys said they had smoked it in the last thirty days (compared with just under a quarter of girls); finally, nearly one boy in six said he had smoked it regularly compared with one girl in thirteen. The level of cannabis use among young Parisians is similar to that observed in the Ile-de-France region or nationally.

Among users throughout the twelve-month period, boys more often say they have smoked in a priori non-celebratory situations than girls: in the morning (66% as against 57%) or when they were alone (54% as against 33%). Arguments or problems linked to its use are also reported more often among boys, although the occurrence of “real problems” seems relatively rarer: 36% of young people who state that they have taken cannabis during the year say they have already had a memory problem linked to its use; 14% have tried to stop or reduce using
it without success and 23% say they have had another problem (mostly problems at school or arguments).

Cannabis seems to be less widespread in the north-eastern districts of Paris, but regular users are distributed evenly throughout the city and the proportion of young users over the one month period saying they had smoked more than three joints is even higher in the north-eastern quarter than in the rest of the capital (31% as against 25% on average in the capital as a whole). However, problems linked to its use are distributed relatively evenly.

[Maps]

**Cannabis use during the month at age 17**

(Combined, 29%)

*Source: ESCAPAD Paris 2004, OFDT*

**Experimenting with at least one illicit psychoactive product (excluding cannabis) at age 17**

(Combined, 12%)

*Source: ESCAPAD Paris 2004, OFDT*

**Experimenting with other illicit drugs**

Excluding cannabis, the data presented on illicit products are confined to experiments, the relatively low usage levels. Such drugs are still rare and usually used by boys. The substance most often tried is poppers (9% of boys, 5% of girls). This is followed, in decreasing order of frequency, by “magic” mushrooms (4% of boys, 3% of girls), inhaled products such as glues or solvents (4% of boys, 2% of girls), ecstasy (3% of boys, 2% of girls) and cocaine (3% of boys, 1% of girls).
For both sexes, the numbers experimenting with other drugs are small. These include amphetamines, LSD and, above all, products such as heroin, crack, ketamine, Subutex® or GHB (less than 1%). The levels observed seem close to those collected nationally in the 2003 ESCAPAD survey.

In central Paris, experiments with illegal psychoactive products (except cannabis) seem to be more frequent in the south-western districts than in the north-east.

**Experimenting with illegal substances other than cannabis (%)**

<table>
<thead>
<tr>
<th></th>
<th>Boys</th>
<th>Girls</th>
<th>Combined</th>
<th>Sex ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poppers</td>
<td>9</td>
<td>5</td>
<td>7</td>
<td>**</td>
</tr>
<tr>
<td>“Magic” mushrooms</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Inhalants</td>
<td>4</td>
<td>2</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Ecstasy</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>*</td>
</tr>
<tr>
<td>Cocaine</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Amphetamines</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>LSD</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>**</td>
</tr>
<tr>
<td>Crack</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Heroin</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>**</td>
</tr>
</tbody>
</table>

* **: Chi-2 test significant respectively at the (0.05), (0.01), (0.001) threshold for comparison between the sexes in Paris (gender ratio column).

**Source: ESCAPAD Paris, 2004, OFDT**

**Methodological reference points**

The ESCAPAD survey of Paris, like the national surveys carried out since 2000, was set up by OFDT with the support of the civil service directorate. It is an anonymous and confidential self-administered survey based on the ESCAPAD survey model and reuses most of its questionnaire and methodology (for a full presentation of the survey’s methods and limits, please refer to the Paris and national reports). It was financed by Paris City Council.

Oral surveys can, of course, be biased (under-declaration or over-declaration) and can differ according to the socio-demographic origins and characteristics of the respondents. However, the methods used here are aimed at reducing this bias as far as possible and are scientifically valid at international level.

On completing the survey, the young people were given a document showing the principal results of the previous year’s survey. Answers were collected during November and December 2004 in all JAPD (a scheme introduced to replace national service) reception centres for residents of Paris. These were the national department’s centres in Rueil-Malmaison (92), Suresnes (92) and Paris (75). A total of 2,985 questionnaires was collected, of which 1,747 were completed by people aged between 17 and 19, living in central Paris. The survey concerns only those questionnaires which were of the required quality, particularly as regards the rate of replies to questions, sex and age (17 years). In other words, it concerns 1,552 young people (819 girls and 733 boys). About 18,000 people aged 17 visit the JAPD each year, giving a sampling rate of 1/11.
Combined use of substances

The description of the use of each psychoactive substance can be completed by observations on regular combined use, defined by using at least two of the following products together: alcohol, tobacco and cannabis. Only 12% of young Parisians fall within the category of combined use. The most common profile is a combination of tobacco and cannabis, ahead of combinations of alcohol and tobacco or alcohol, tobacco and cannabis, each representing 3% of Parisians, and finally the combination of alcohol and cannabis (less than 1%). The clear predominance of boys using each product is reflected in an over-representation of males for regular combined use of all three products (5% against 2%).

This regular combined use is less widespread in the north-eastern quarter and more widespread in the south-western quarter. In particular, the alcohol-tobacco profile is significantly less frequent in the north-eastern quarter, while, conversely, the alcohol-tobacco and alcohol-tobacco-cannabis profiles are more frequent in the south-western quarter.

Regular combined use of alcohol, tobacco and cannabis\(^{(a)}\) (%)

<table>
<thead>
<tr>
<th>Products</th>
<th>North-west</th>
<th>North-east</th>
<th>South-east</th>
<th>South-west</th>
<th>Paris</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol-tobacco</td>
<td>5 *</td>
<td>1 **</td>
<td>3</td>
<td>4 *</td>
<td>3</td>
</tr>
<tr>
<td>Alcohol-tobacco-cannabis</td>
<td>1 *</td>
<td>2</td>
<td>3</td>
<td>5 **</td>
<td>3</td>
</tr>
<tr>
<td>Tobacco-cannabis</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>None</td>
<td>89</td>
<td>90 *</td>
<td>89 *</td>
<td>85 *</td>
<td>88</td>
</tr>
</tbody>
</table>

\(^{(a)}\) The “alcohol-cannabis” profile is not represented because the numbers involved were too small.

*, **, ***: Chi-2 test significant respectively at the (0.05), (0.01), (0.001) threshold for comparing each division with the rest of Paris.

Source: ESCAPAD Paris, 2004, OFDT

Infra-communal disparities

Based on the division of Paris into quarters, the map shows clear results for the most common products (alcohol and drunkenness, tobacco and cannabis): young people in north-eastern Paris still seem to consume less and there remains a larger proportion of users in south-western Paris, regardless of the product or level of use. Overall, western Paris uses more tobacco than eastern Paris and there is more repeated drunkenness in north-western Paris. Of the rarer products, poppers and cocaine also seem to be more used by young people living in south-western Paris. The only exception to this rule concerns heroin, seeing higher rates of experimentation in north-eastern Paris, although the level of use remains extremely low (2%...
of 17 year olds). For other illegal products, apart from cannabis, no distinction is observed between these different zones.

The residence zones defined here show significant differences in terms of income, social class, school situation and also sociability, all of which are found to be associated with substance use. The variations found can be explained by socio-economic disparities rather than the fact of living in that quarter of Paris: to interpret any geographical variations in substance use, the few socio-economic characteristics available should therefore be assessed, as confusing factors may exist. This can be ascertained with a logistical regression model.

This involves a comparison of the use of a given psychoactive product with all the socio-economic variables and sociability characteristics presented in the report: sex, school situation (pupil or student, apprenticeship or training, leaving the educational system), social origin (privileged, average, modest) \(^2\) and leisure habits outside the home (time spent in bars, with friends, out of doors, comparing young people who spent time in those places in the company of friends at least once a week with other young people).

This modelling method shows that there is no “residence zone effect” except for the north-eastern quarter of Paris. Everything else being equal, this zone shows alcohol consumption, drunkenness levels and poppers experimentation rates which are significantly lower than in the south-western quarter. Conversely, the other residence zones show no clear distinction from the south-western quarter for uses of psychoactive products when the socio-economic and sociability factors declared by young people are taken into account. This statistical model suggests that the “residence zone effect” cannot be summarised by the few socio-demographic definitions used in the survey: it seems to reveal a particular geographical and social logic that should be studied in greater detail in other works and compared with sociological hypotheses.

**Conclusion**

The image of young Parisians offered by the 2004 ESCAPAD Paris survey is remarkably different from that of an over-consuming metropolis which appears in statistics concerning the whole population.

However, it does show that there are marked disparities between the residence zones of central Paris, the young people living in the most privileged districts using alcohol, tobacco, psychotropic drugs, poppers, cocaine and even cannabis more frequently than those living in the working-class districts. However, this finding should be assessed in light of two mitigating factors: firstly, experimenting with heroin is still mainly concentrated in the north-eastern districts and secondly, regular or daily cannabis use is distributed more evenly.

**For more information**

\(^2\) Privileged: two parents who are “managers or in a higher intellectual profession”; average: only one managerial parent or “middle-management profession” or “company head or trader”; modest: parents who are labourers, employees, or unemployed. This simplified typology combines disparate categories and takes account of both the person’s presumed level of education and economic situation.


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