

TENDANCES N° 48

DRUG USAGE LEVELS

IN FRANCE IN 2005

An analysis of the data from the 2005 Health Barometer, relating to psychoactive substance use practices among the adult population

François Beck

Stéphane Legleye

Stanislas Spilka

Xavier Briffault

Arnaud Gautier

Béatrice Lamboy

Christophe Léon

Jean-Louis Wilquin

INTRODUCTION

In France there has been a decade of research, via surveys of representative samples of the general population, into the usage levels of different psychoactive substances (both legal and illegal) and recent trends in their use. This observational system has had a measurable effect upon the Health Barometers carried out since the early 1990s by INPES (the French national institute for prevention and education in health), as well as upon the information about young

people available to the OFTD since 2000. One essential role of these surveys is to provide specific data such as the proportion of regular or experimental users.

In terms of the consumption of illegal drugs, three behavioural patterns can be identified: one-off use, harmful use and dependency. Each of these patterns is subject to distinctive prevention strategies. Surveys of the general population are particularly important in allowing information to be collected about one-off users and more common drugs (by contrast, they are an inadequate method of researching problem users and new, emerging drugs such as GHB or ketamine). They therefore complement other indicators such as criminal and sanitary statistics or ethnographic observations which deal mainly with the two other types of use or users.

The Health Barometer 2005 data presented in this edition of *Tendances* facilitate the measurement of usage levels for different legal and illegal substances; the examination of the results by product represents the first opportunity to document a number of previously unanswered questions relating to alcohol and cannabis.

Usage levels of different psychoactive substances: cross-sectional approach

Estimate of the number of consumers of psychoactive substances in French cities among 12-75 year olds

	Alcohol	Tobacco	Psychotropic medicines*	Cannabis	Heroin	Cocaine	Ecstasy
Experimenters	42.5 M	34.8 M	15.1 M	12.4 M	360,000	1.1 M	900,000
- occasional	39.4 M	14.9 M	8.7 M	3.9 M	//	250,000	200,000
- regular	9.7 M	11.8 M	//	1.2 M	//	//	//
- daily	6.4 M	11.8 M	//	550,000	//	//	//

Sources: ESCAPAD 2003, OFDT ; ESPAD 2003, INSERM/OFTD/MJENR ; Health Barometer 2005, INPES, OFDT research.

// : not available

*: The precise question posed to determine the nature and usage purpose of these products is : “Have you ever taken medication for anxiety, or to help you sleep, such as tranquillisers, sleeping pills or antidepressants?”

- Experimentation: at least one usage in a lifetime (this indicator is mainly used to measure the distribution of a product in the population)

- Occasional use: at least one usage per year (for tobacco, this bracket contains those who declare themselves infrequent smokers)

- Regular use: consumption of alcohol at least three times per week, daily smoking, sleeping pills or tranquilliser use on a weekly basis, consumption of cannabis at least 10 times per month)

NB : the number of individuals aged 12-75 in 2005 is approximately 46 million.

These figures are **orders of magnitude** and should therefore be viewed as outline data. In effect, a margin of error exists even if it proves to be negligible. For example, the figure of 12.4 million cannabis experimenters means that the true number of experimenters lies between 12 and 13 million.

Table 1 offers an overview of the products in terms of their distribution and consumption.

The legal substances (alcohol and tobacco) are the most widely distributed and also the most widely consumed among the population, be it for regular or daily use. Overall, tobacco appears to be less frequently used than alcohol, although it is consumed more on a daily basis, underlining its highly addictive nature. Psychotropic medicines form a unique category due to the highly diverse nature of their consumption, from strictly medical use to improper consumption (especially in conjunction with alcohol), including non-prescribed therapeutic use (the statistics relating to these drugs make no distinction between these uses). They relate to a much a wider public than illegal substances, with 15 million experimenters and almost nine million in a one-year period. Cannabis remains the most widely distributed illegal substance in France. It is ten times more common than cocaine or ecstasy, and thirty times more than heroin: regular users number over one million, and daily users around half a million.

These orders of magnitude appear again in table 2, which distinguishes usage levels by age and gender, this time expressed as a percentage. It deals with the age range to which all the drug-related questions were asked.

Table 2 : Experimentation with psychoactive substances according to age and gender, among the 18-64 age range (in %)

	Total n=23,746	18-25 years n=4,065	26-44 years n=10,679	45-64 years n=9,002	men n=11,624	women n=12,122
Alcohol	92.6	85.3	91.9	95.4	93.8	91.5
Tobacco	79.2	75.4	80.1	79.8	83.4	75.1
Psychotropic medicines*	36.9	21.8	33.6	44.9	28.7	44.5
Cannabis	30.7	47.6	38.7	13.6	38.5	23.3
Poppers	4.1	5.6	6.3	0.9	6.0	2.2
Cocaine	2.8	3.4	3.9	1.3	4.1	1.6
Hallucinogenic mushrooms	2.8	3.4	3.7	1.4	4.3	1.4
Ecstasy	2.0	4.0	2.8	0.2	3.1	1.0
Glues and solvents	1.8	2.2	2.6	0.6	2.6	1.0
LSD	1.6	1.4	1.9	1.3	2.6	0.6
Amphetamines	1.5	1.0	1.8	1.4	2.0	1.0
Heroin	0.9	0.9	1.2	0.4	1.3	0.4

* Medication for anxiety, or to induce sleep, such as tranquillisers, sleeping pills or antidepressants

Note: 92.6% of 18-64 year olds declare having drunk alcohol at some point in their lives

Source: Health Barometer 2005, INPES, OFDT research

Table 3: Regular consumers of alcohol, tobacco and cannabis according to age and gender, among the 18-64¹ age range (in %)

	Total	18-25 years	26-44 years	45-64 years	men	women
Tobacco	29.5	36.2	33.5	21.6	33.5	25.6
Alcohol	18.6	7.6	13.5	29.6	29.5	10.0
Cannabis	2.7	8.7	2.5	0.2	4.2	1.2

Source: Health Barometer 2005, INPES, OFDT research

The regular usage figures underline the dominance of alcohol and tobacco in terms of the consumption of psychoactive substances even if, among young people, the proportion of regular cannabis users is higher than regular drinkers. On the whole, substance use can be distinguished by gender, with men consuming more than women (with the notable exception of psychotropic medicines). It is even more strongly defined by generation, with clear demarcation in the use of legal and illegal substances. Illegal products are almost exclusively consumed by the younger generations, with tobacco use becoming less and less frequent in the older age brackets, whilst alcohol use is conversely more widespread among older individuals. These tables also demonstrate that tobacco use is more common than the other

¹ The questionnaire does not allow for the regular usage of psychotropic medicines to be measured.

substances combined, with just over one third of men and a quarter of women declaring themselves to be daily smokers.

Methodology: the Health Barometer 2005

Since the early 1990s, the National Institute for Prevention and Education in Health (INPES)² has been carrying out a series of studies, in partnership with several health activists. These studies, entitled the Health Barometer, deal with the different behaviours and attitudes of the French population towards health (Guilbert and Gautier, 2006). These studies comprise a two-part survey (household and individual), using the *CATI* system (telephone and computer-assisted collection process). The telephone numbers are generated at random from the phone book, with the final digit raised by one number each time to allow ex-directory households to be contacted. The reverse phone book is used to send an information letter to households in the directory (ex-directory households will receive this letter *a posteriori*), stressing the importance of the study, in an effort to reduce the number of non-respondents. If the telephone number dialled yields no answer or is busy, it will be re-dialled automatically on up to 12 occasions at different times and on different days, the interviewer stopping the phone call after eight phone ringing. To be eligible, a household must contain at least one person in the 12-75 age range who speaks French. The person selected from each household is the one whose birthday is closest to the date of the call. If such a person is unavailable, a telephone appointment is offered and, in the case of a refusal to participate, the household is abandoned and is not replaced. Anonymity and confidentiality are guaranteed by a number deletion process which is supported by *CNIL* (the National Information Technology and Liberty Commission).

In 2005, in an effort to take into account the movement towards the mobile telephone and away from the landline, a list of approximately 4,000 individuals from households only possessing mobile telephones was included, in addition to the 26,500 individuals contactable by landline (Beck *et al.*, 2004; Gautier *et al.*, 2005). The questionnaire lasted an average of 40 minutes for those questioned via landline and just over a quarter of an hour for mobile telephone respondents.

Finally, the data were considered in light of the probability of an individual being selected from within a household (to compensate for the fact that an individual in a large household has less chance of being selected) and were calibrated according to the figures from the most recent census in 1999. The refusal rates were as follows: 27.0% of directory households, 5.2% of individuals, and 7.5% of individuals abandoning part way through the interview. These levels are even higher among ex-directory households (37.8%, 7.3% and 9.6% respectively). The final list comprised 30,514 individuals aged between 12 and 75 years old.

ALCOHOL

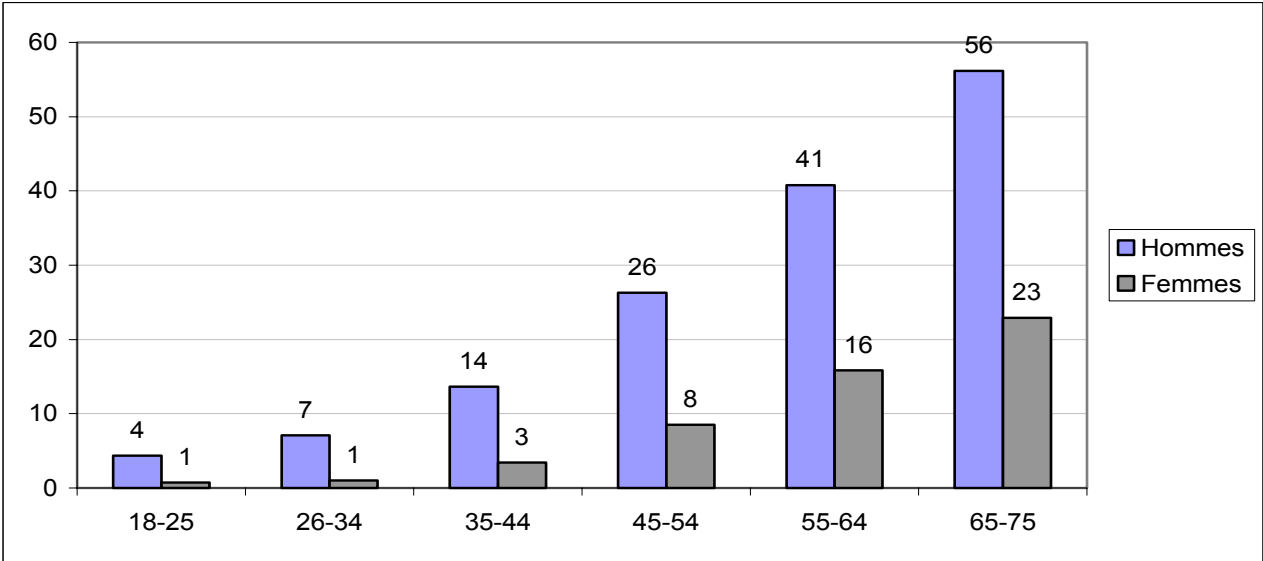
In 2005, in the general adult population, only 7% of 18-75 year olds declared that they had never drunk an alcoholic beverage (including beverages with a low alcoholic content such as cider or shandy), 37% consume alcohol only occasionally, 35% at least once per week and 15% every day. Overall, men are more frequent consumers than women, with three times as many daily users (23% vs. 8%), and 41% drinking every week (although not every day),

² Formerly CFES (French Committee for Education in Health)

compared with 29% of women. On the other hand, half of all women consider themselves occasional drinkers, with only one quarter of men aged 18-75 falling in this category.

Wine remains the most frequently consumed alcoholic beverage (81% of 18-75 year olds have drunk wine in the last year), ahead of spirits (58%) and beer (54%)³. Daily consumption of alcohol throughout the previous year is most prevalent among the older generations: the level continuously increases with age, from 3% of 18-25 year olds to 45% of 65-75 year olds. On a more general level, alcohol and psychotropic medicines are the only psychoactive substances whose use increases with age among adults.

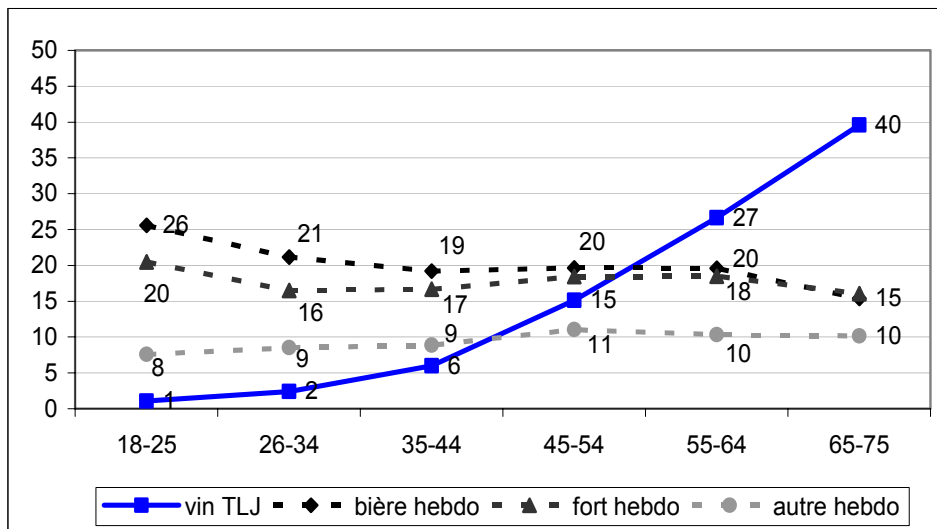
Figure 1 : Daily use of alcohol throughout the year 2005, according to gender and age (in %)



Source: Health Barometer 2005, INPES, OFDT research

Wine accounts for almost all daily alcohol consumption, with beer at just 5% in each age bracket, and other beverages just 2%.

Figure 2 : Proportions of daily wine drinkers and weekly* drinkers of other alcoholic beverages over a one year period, according to age (in %)



*At least once per week, including daily users.

Source: Health Barometer 2005, INPES, OFDT research

Binge drinking and inebriety

More than one third of adults questioned (35%) declared that they had drunk more than six glasses of wine on at least one occasion in the previous year, and 15% admitted to doing so at least once per month. This behaviour is known as “binge drinking”, signifying a level of occasional alcoholization above the World Health Organisation’s recommended limit. Four times as many men undertake this practice on a monthly basis than women, with more men “binge drinking” at least once per month than the proportion of women doing so once per year.

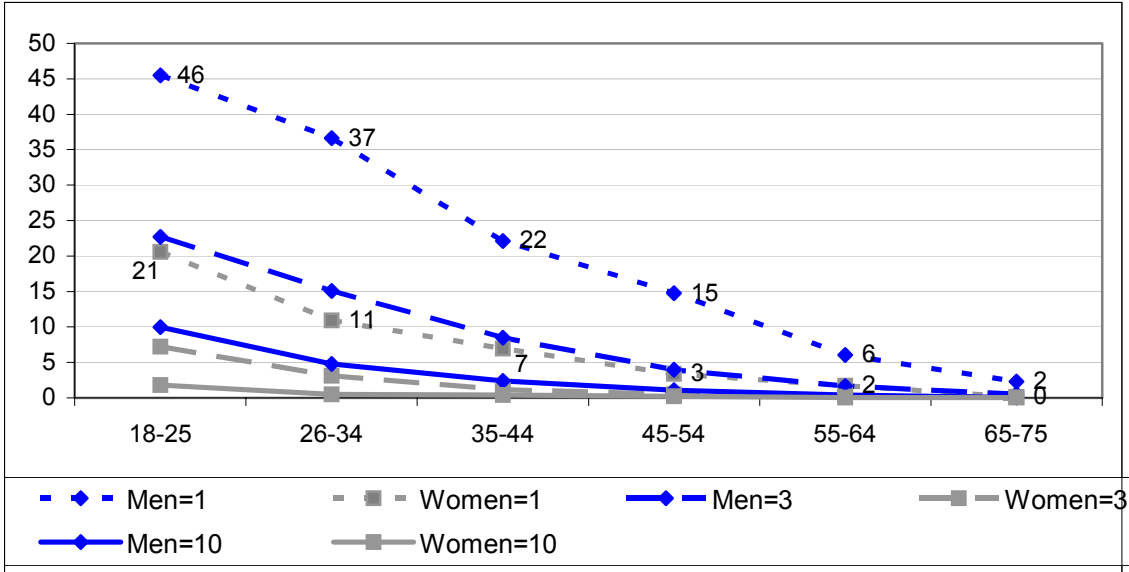
In 2005, 15% of adults said they had been inebriated at least once (as far as they could remember) in the previous twelve months, with 5.5% admitting to this at least three times.

This pattern of behaviour has changed little between 1995 and 2005. Episodes of inebriety during a twelve-month period are three times as frequent among men (22%) as among women

³ In addition, 75% of 18-75 year olds declare having consumed an unspecified “other alcoholic beverage” in the preceding twelve months. This probably relates to fortified wines, premixed alcoholic

(7%) and decrease significantly with age. For those declaring inebriety during the preceding twelve months, the average number of episodes is 6.0, the vast majority of which were again among men.

Figure 4 : Proportions of persons inebriated at least one in the preceding twelve months, according to gender and age (in %)



Source: Health Barometer 2005, INPES, OFDT research

The risks of harmful consumption and alcohol dependence

According to the Cage ⁴ test, in the entire 18-75 age range, 10% of individuals may be considered as having, or having had, an alcohol usage problem. There has been little change in this proportion since the early 1990s. Alcohol usage problems appear more frequently among men than among women (15% vs. 5%) and there is only minor variation according to age. It is an issue which affects 10% of individuals across all age brackets, with the exception

beverages, champagne or cider.

⁴ An American test which assesses users at risk of alcohol dependence. To test positive, a respondent must have answered “yes” to at least two of these questions:

- I. - Have you ever felt you should cut down on your drinking?
- II. - Have you ever felt annoyed by other people’s reaction to your drinking?
- III. - Have you ever felt guilty about your drinking?
- IV. - Have you ever had an eyeopener, or first drink in the morning, in order to steady your nerves or feel better?

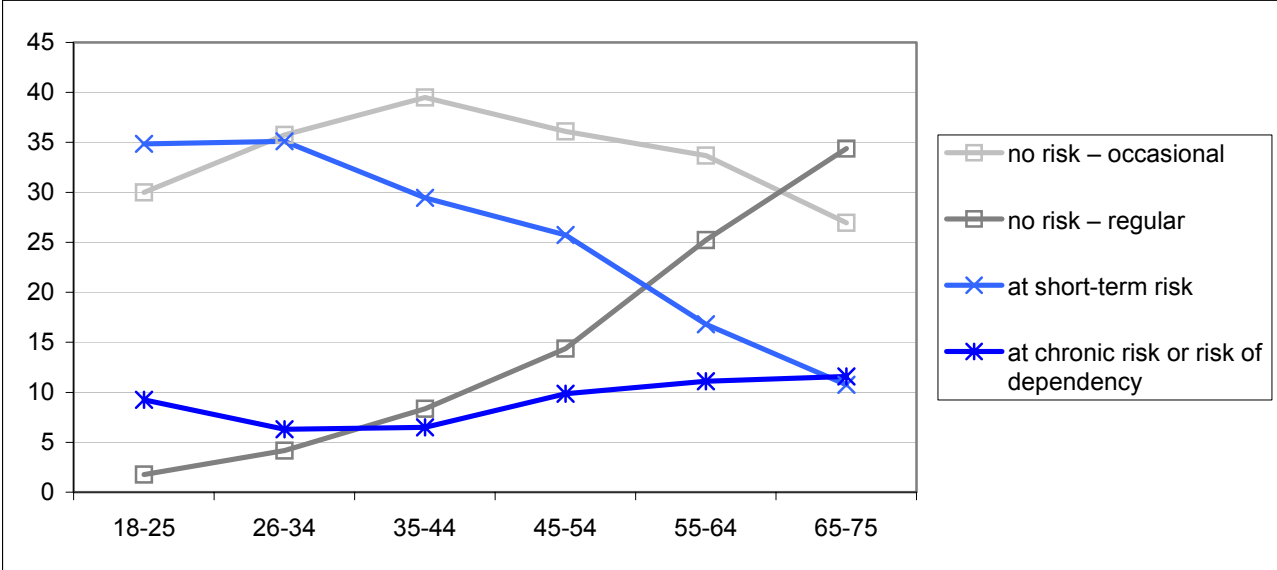
of the over-65s (7%). Individuals in this category may be distinguished by their more frequent consumption (34% drink on a daily basis, compared with 15% among the rest), heavier consumption (on average 3.4 glasses per time, compared with 2.1 for the rest), and more frequent inebriety – they are three times more likely to have been inebriated in the preceding year (42% vs. 14%), and are inebriated approximately twice as often on average (10.5 times vs. 4.7 times among individuals reporting inebriety).

The questions contained in the Audit-C⁵ test allow the Health Barometer to define four types of drinker, taking into account the frequency of consumption, the volume ingested on a typical day of consumption and the frequency of excessive drinking episodes (binge drinking). As in all indicators, men are over-represented in categories of highest-risk consumption – namely binge drinkers and chronic or dependent drinkers: 15% vs. 3%. Although the latter proportion increases slightly above 45 years of age, the overall proportion of high-risk consumption reduces with age, replaced by more frequent but less excessive consumption, occasional, risk-free consumption, or the occasional high-risk consumption found largely among young people. Whilst this is a cross-sectional study which interviews people only once in their lives, one may extrapolate these suggestions to produce a model of changing drinking habits throughout a person's lifetime⁶.

⁵ Alcohol Use Disorders Identification Test (AUDIT) – an international test.

⁶ It is not possible to be sure that the usage patterns of the current young generations will evolve in the same way as those of their elders.

Figure 5 : Classification of drinkers under the Audit-C test, according to age



Source: Health Barometer 2005, INPES, OFDT research

Pre-mixed drinks and alcopops

Finally, two questions need to be addressed to evaluate the distribution of pre-mixed beverages and other alcopops – sugary alcoholic drinks which have recently appeared on the market and which are aimed at young consumers. The first demonstrates that only a small proportion of the population (6%) is aware of the nature and existence of these beverages, with no significant variation across the age range. With the nature of the drinks explained and examples of brands suggested, 6% of respondents said they had consumed these products, with the proportion decreasing significantly with age: from 21% of 18-25 year olds to 1% of over 55s.

Trends

The overall proportion of daily drinkers appears to have fallen since the mid-1990s, from 23% of adults in 1995 (Baudier and Arènes, 1997) to 15% in 2005, across a comparative population. This can mainly be attributed to the fall in daily wine consumption which has been observed since the 1960s, according to figures in litres of pure alcohol per adult aged

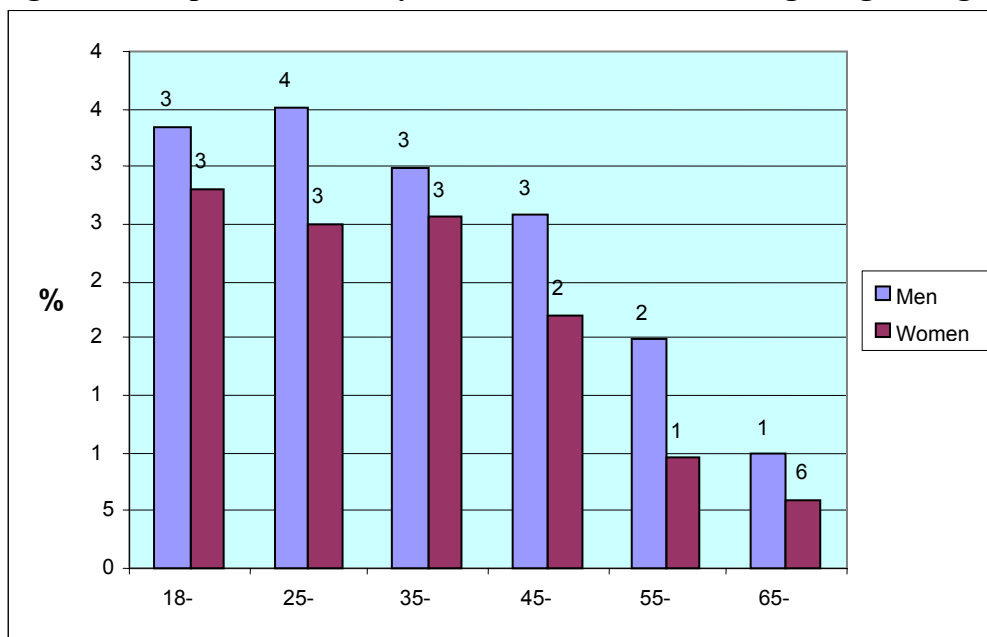
15+, recorded by INSEE (the National Institute for Statistics and Economic Studies). Cider and table wines have fallen overall, and beer and spirits have undergone little significant change over this period. Fine wines have become more frequently consumed, particularly since the mid-1980s, although they still represent a relatively small proportion of total wine sales. On the whole, alcohol consumption indicators remained on a downward trend during the last decade. According to the Cage test, cases of inebriation and the proportion of drinkers at risk have nevertheless remained constant since 2000.

TOBACCO

In the general adult population, tobacco experimentation levels stand at 83% for men and 75% for women. In the 18-75 age range, more than one third of individuals say that they currently smoke, with 29% being daily smokers and 5% occasional smokers. Men still smoke more frequently than women (35.5% vs. 27.5%). Daily consumption – which decreases with age – accounts for 30% of men and 23% of women.

The proportion of tobacco users decreases significantly over the age of 30, and especially over the age of 50. This reduction is seen in both sexes, although there is a difference in the level of reduction, undoubtedly as a result of the generational effect already encountered in the Health Barometer 2000. Overall, the gender gap, which increases according to the level of consumption, widens with age, and is more significant above the age of 45, compared with almost no difference at all among adolescents.

Figure 6 : Proportions of daily tobacco smokers, according to age and gender



Source: Health Barometer 2005, INPES, OFDT research

In terms of the quantities consumed, a little over half of smokers declared smoking more than ten cigarettes per day (55% of men and 45% of women). This level appears to have risen since 2000. The average number of cigarettes smoked per day by regular smokers is also higher in 2005 than the level recorded in 2000 – 14.8 cigarettes as opposed to 13.9. In reality, among regular smokers, the number of low-level consumers (1-5 cigarettes) has fallen considerably, causing an unavoidable rise in the average consumption levels of the remaining smokers. These observations confirm that giving up smoking is a more frequent practice among low-level consumers, who are also the least addicted. In addition, 75% of regular smokers in 2005 stated that they had already given up smoking for at least one week (76% in 2000), and 60% declared their desire to quit (59% in 2000).

Among daily smokers in the 2005 survey, 13.5% admitted to smoking their first cigarette less than five minutes after waking up (as opposed to 10% in 2000), and 24.5% between 6 and 30 minutes after waking up (as opposed to 23% in 2000). The immediacy of the first cigarette of the day can be interpreted as a sign of addiction. According to an analysis of the correlation between the immediacy of the first cigarette and the average quantity consumed each day (the Fagerström mini-test), 31% of regular smokers show medium-level signs of addiction, and 18% show a high level of addiction, compared with 31% and 13% respectively in 2000. The level of dependency is significantly higher among men. It should be noted that high-level dependency increases with age, up to the age of 44 (from 11% among 18-25 year olds to 23% among 36-44 year olds), and remains stable thereafter.

Trends

There has been a measurable decrease in tobacco use among men since the 1970s, whilst the level rose slightly among women between the end of the 1970s and 1991, when the Evin law

came into force. The overall level for both sexes only began to fall at the beginning of the 1990s, when the prevalence of tobacco use among women stopped rising.

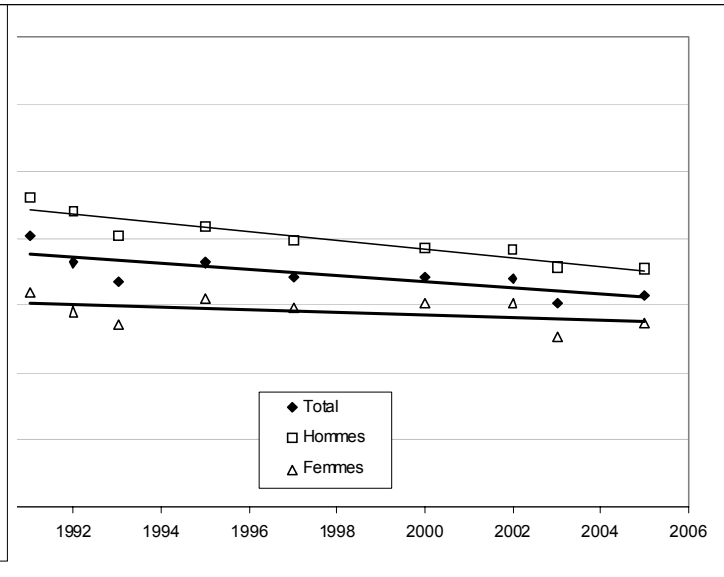
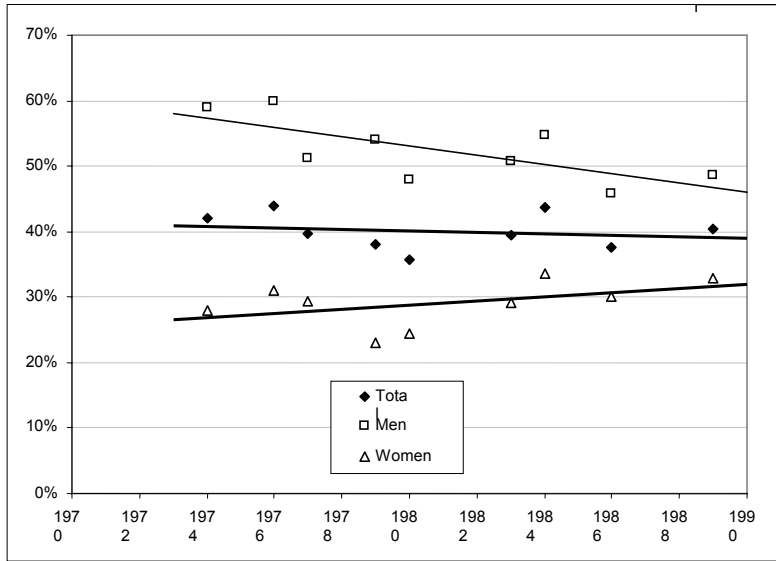


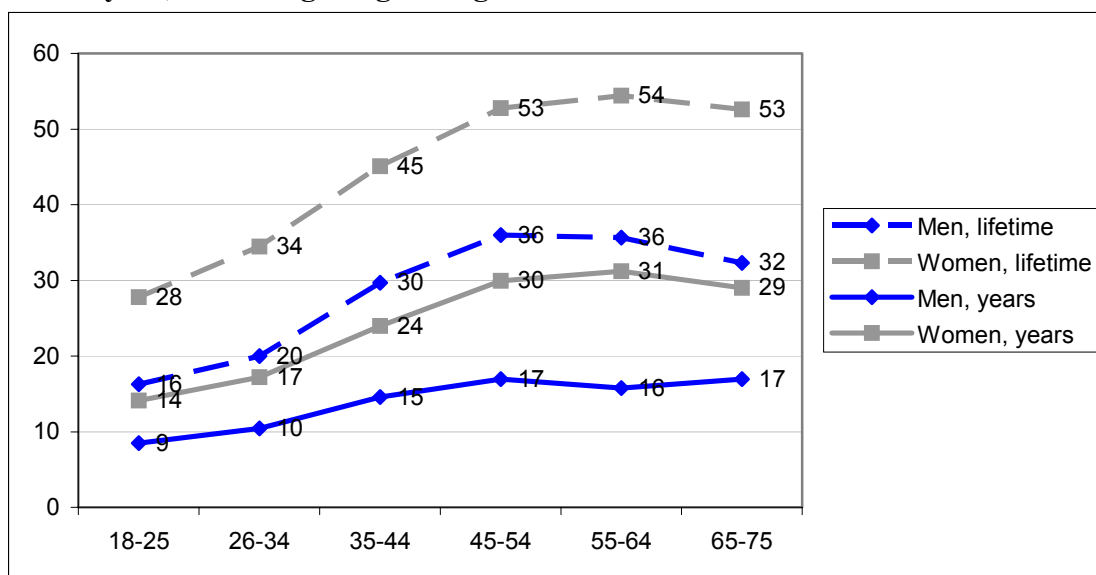
Figure 7: trends in the proportion of smokers among 18-75 year olds since 1974, according to gender.

Sources: CFES Studies from 1974 to 2000 ; EROPP 2002, OFDT, Inpes/Ipsos 2003, Health Barometer 2004/2005, Inpes

PSYCHOTROPIC MEDICINES

Almost four out of every ten adults interviewed (37%) stated that they had taken a psychotropic medicine at some point in their life, and one fifth (19%) within the preceding twelve months. These statistics relate more often to women than to men (45% vs. 28% in their lifetime, and 24% vs. 14% within the last year). Frequency of use increases with age, up to the 45-54 age bracket, flattening out thereafter.

Figure 8: Proportion of consumers of psychotropic medicines over a lifetime and within the last year, according to age and gender

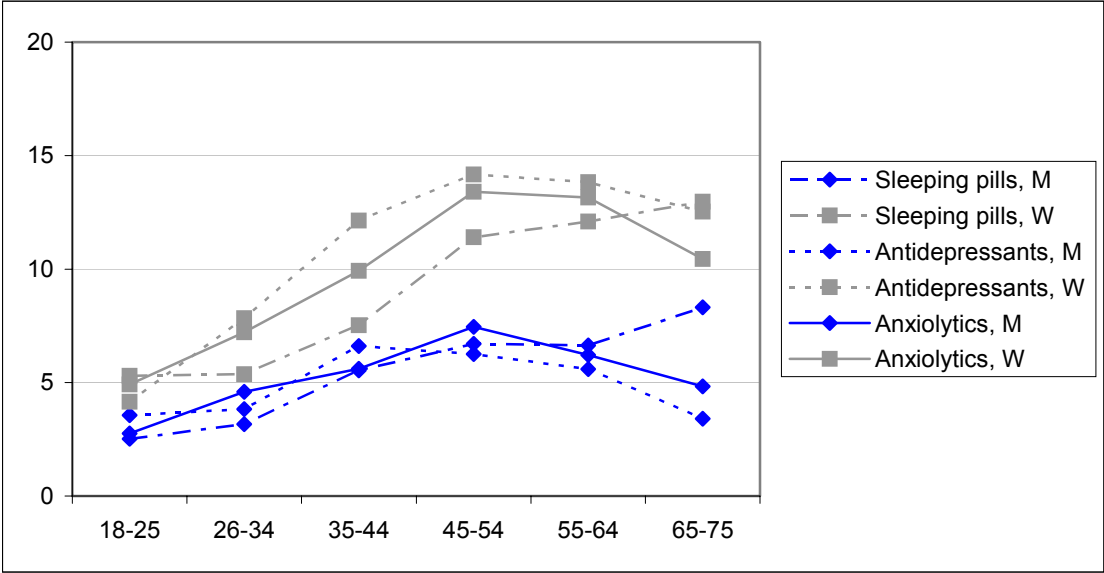


Source: Health Barometer 2005, INPES, OFDT research

The main types of medicines consumed in the course of the preceding year were anxiolytic agents (7%), sleeping pills (7%) and anti-depressants (6%), with mood regulators standing at 0.3%. The use of neuroleptics is extremely rare, with only 0.7% of adults stating that they had used them in their lifetime. For the three most common classes of therapeutic medicines, women are more frequent users than men. Conversely, in terms of neuroleptics and mood regulators, there is little difference between the sexes. There are also significant variations

according to age, independent of gender. In general, overall consumption increases with age, but sleeping pills are the only medicine showing a continuous upward trend across the entire age range. The two other classes of therapeutic medicines show a fall in consumption after the age of 55. One possible cause of this trend is retirement, which may account for the cessation or reduction of the consumption of psychotropic medicines, previously used to combat work-related stress⁷.

Figure 9: The main types of psychotropic medicines consumed over the preceding twelve months, according to age and gender



Source: Health Barometer 2005, INPES, OFDT research

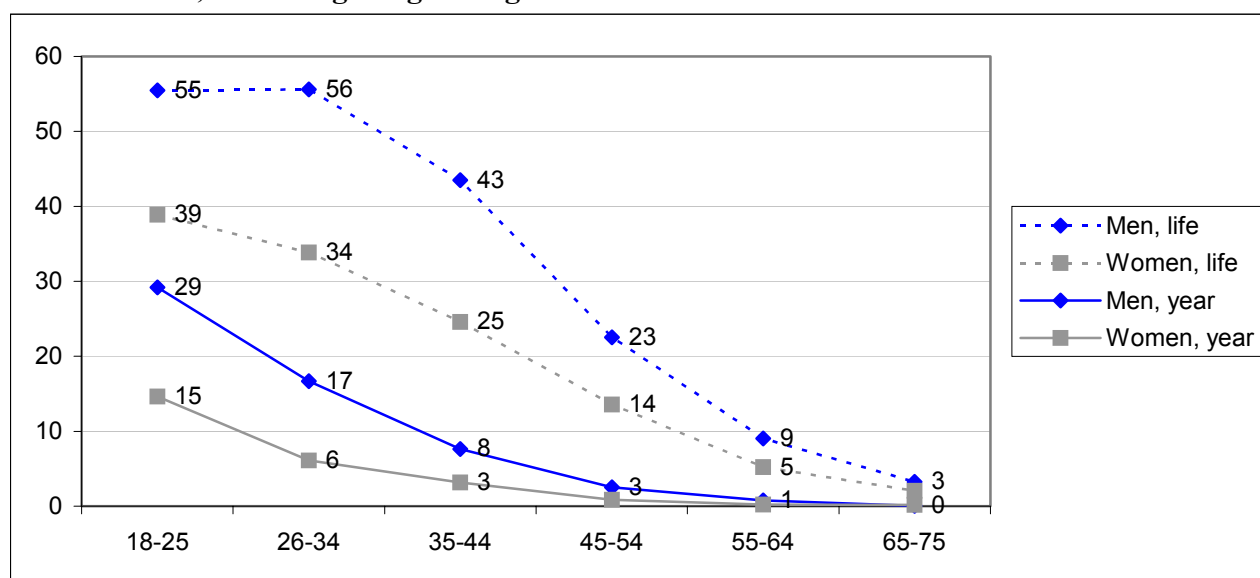
It is not possible to make long-term observations here, as the questions on psychotropic medicine use have changed over the course of various studies.

⁷ A generational effect cannot be excluded here either.

CANNABIS

Among 18-75 year olds questioned in 2005, almost three adults in every ten (27%) stated that they had experimented with cannabis. The proportion of those who had used it in the preceding twelve months falls to 7%. Overall, men consume more than women, although the gap has narrowed in recent years. Cannabis is used mostly by the younger generations, with the proportion of users in the last twelve months falling sharply above the age of 50⁸. Nevertheless, there is evidence of an increase in the age of consumers in comparison with previous generations. In 2005, it seems that experimentation takes place across all age brackets, which was not the case a few years ago.

Figure 10 : Proportion of cannabis consumers over a lifetime and in the preceding twelve months, according to age and gender

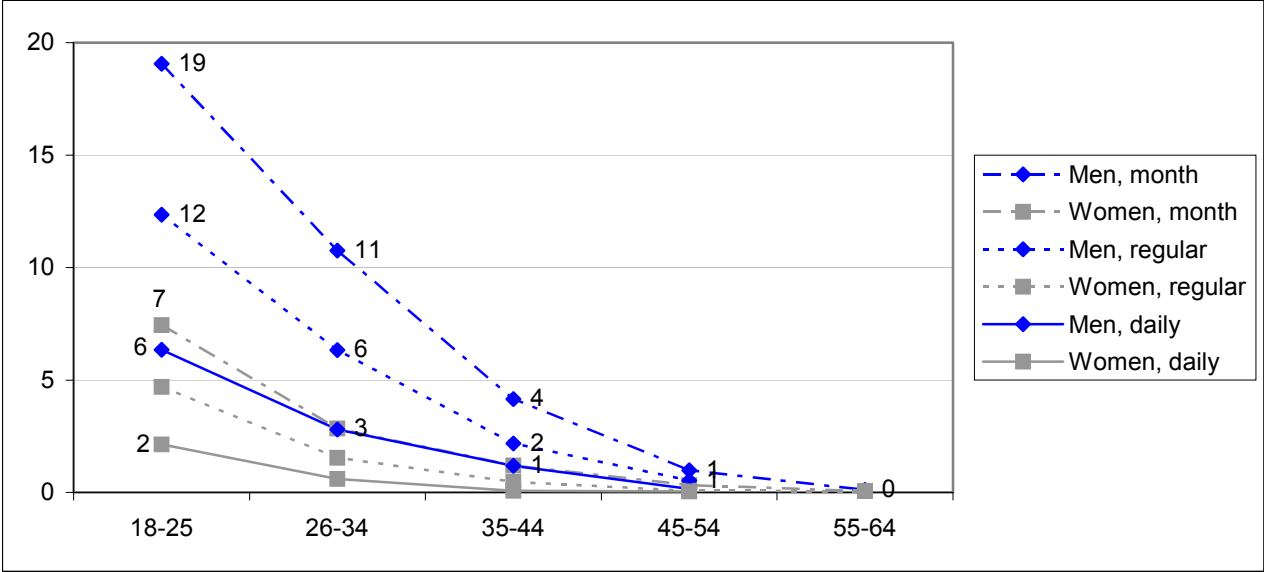


Source: Health Barometer 2005, INPES, OFDT research

⁸ All respondents were asked questions relating to lifetime and yearly use, regardless of their age; questions relating to monthly use were restricted to those under the age of 65.

Among 18-64 year olds, the overall proportion of monthly users is 4%, mainly among the younger generations – 14% of 18-25 year olds stated that they had smoked cannabis in the previous month, 9% are regular users and 4% daily users.

Figure 11: Proportion of cannabis consumers in the previous thirty days, according to age and gender



Source: Health Barometer 2005, INPES, OFDT research

Supply

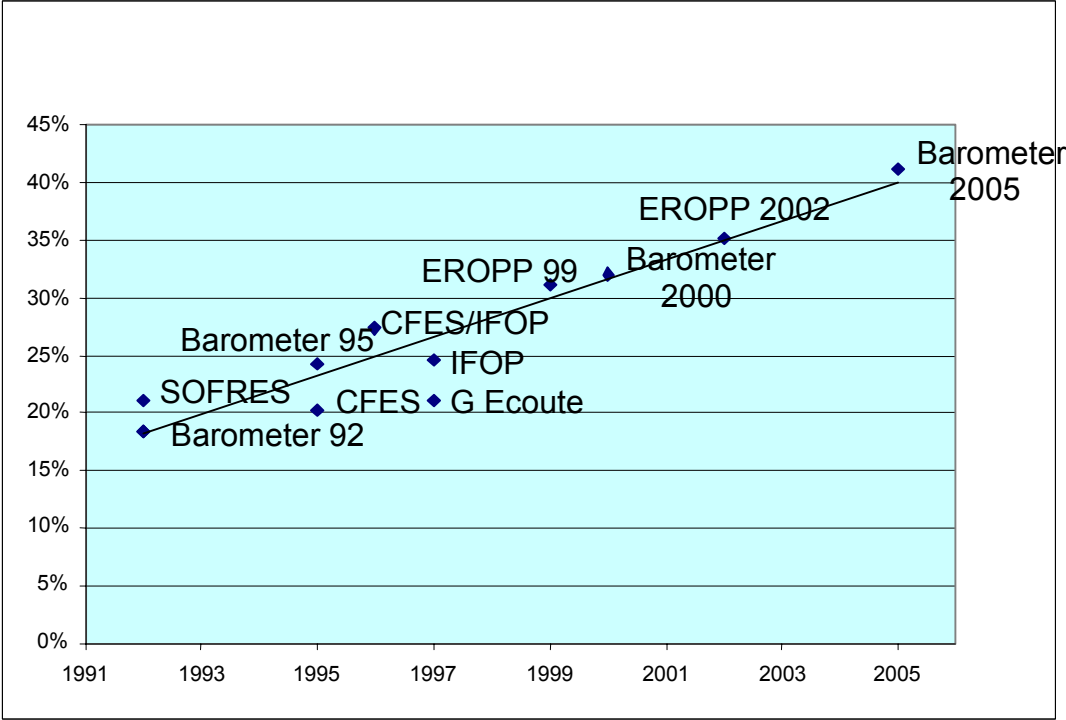
In 2005, for the first time, those who had used cannabis in the previous twelve months were asked a simple question to assess the supply of the drug: “*In general, when you smoke cannabis, how do you get hold of it?*” Three different possible answers to this question were offered: a purchase, a gift, or home-grown. The results presented here relate to the 18-44 age bracket. Overall, the most common response (56%) was that it was a gift, with a purchase second (38%) and home-grown (growing cannabis for personal use) was a long way behind on 5%. The answers showed variations according to gender and age, and also according to frequency of consumption. Purchasing cannabis is less frequent among 35-44 year olds than among the younger age brackets (28% vs. 40%), whereas for those receiving it as a gift the figures are reversed (65% vs. 55%). This can partially be explained by the fall in the number

of regular consumers with age. Overall, men purchase cannabis more often than women (42% vs. 28%), with women more often obtaining the drug as a gift (67% vs. 52%). The frequency of home growing is roughly the same across both sexes, and remains at roughly 5% across the three age brackets. Nevertheless, the frequency of home growing increases with usage level, with a decrease in the proportion received as a gift: 16% of daily users stated that they normally smoke home-grown cannabis, whilst 20% of these users stated that they receive it as a gift and 63% that they purchase it.

Trends

Since the beginning of the 1990s, cannabis experimentation has seen an overall increase, reaching 31% of 18-64 year olds in 2005. The substance's spread can largely be attributed to the younger generations. The general upward trend, however, appears to be on the decline among men aged 18-25, falling from 61% in 2002 to 56% in 2005. Among women in the same age bracket, the upward trend has continued, with a figure of 37% in 2002 and 39% in 2005. Above this age, there are more people who declared that they had experimented with cannabis than previously. The spread of cannabis through the population has therefore slowed down, and former experimenters who previously contributed to the upward trend in figures now feature in older age brackets. Across the whole population, therefore, the increase in cannabis experimentation can be mainly attributed to women over the age of 20.

Figure 12: Proportion of cannabis experimenters among 18-44 year olds



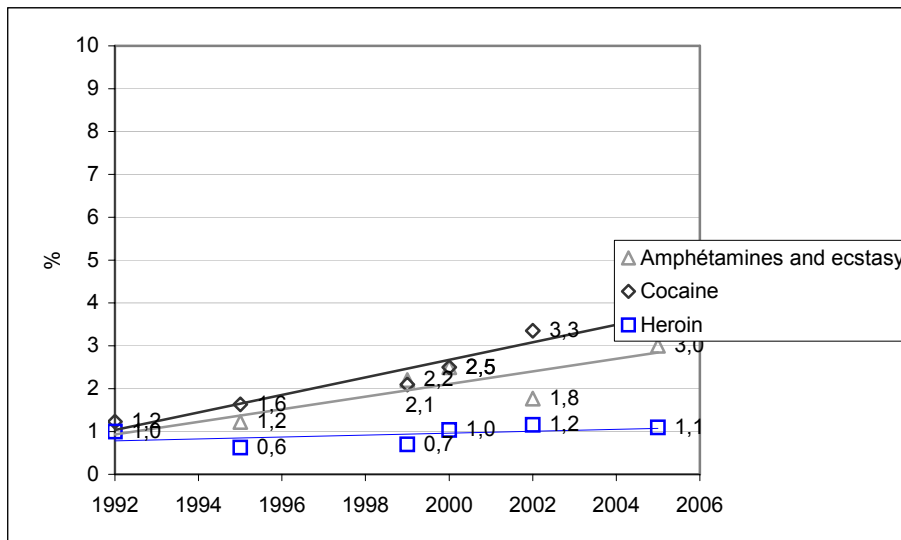
Sources: SOFRES 1992 ; CFES 1992, 1995, 1996, 2000 ; IFOP 1997 ; *Publimétrie Grande Écoute*, 1997 ; EROPP-OFDT 1999, 2002 ; Health Barometer 2005, INPES

Current cannabis usage levels do not follow this same trend. Occasional use, relating to 8% of 18-64 year olds, saw a rise between 1992 and 2002, and remained stable between 2002 and 2005. A detailed examination reveals that more 18-25 year olds consume cannabis on a monthly basis than was the case in 2002. Recent use has remained stable since 2000, at around 5%. On the other hand, regular use (at least ten times in the preceding thirty days) has seen a significant increase from 2000 to 2005 (from 1.7% to 2.7% of 1-64 year olds), affecting both men (from 2.6% to 4.2%; $p < 0.001$) and women (from 0.8% to 1.2%; $p < 0.05$).

OTHER DRUGS

With the exception of cannabis, the consumption of illegal drugs remains low across the population as a whole. Nevertheless, some of these substances saw an increase in distribution during the 1990s. Examples include cocaine and the main hallucinogenic substances (LSD and hallucinogenic mushrooms, with experimentation levels reaching 4.3% of 18-44 year olds in 2005)⁹. The experimentation levels for synthetic substances, such as ecstasy or amphetamines, more than doubled between 1995 and 2005. In this age range, experimentation rose from 0.7% to 1.6% among women and 1.8% to 3.5% among men¹⁰. Heroin levels were relatively stable throughout this period, remaining at approximately 1% of 18-44 year olds.

Figure 13: Experimentation trends for the main other drugs between 1992 and 2005, among 18-44 year olds



Source: Health Barometer 2005, INPES, OFDT research

⁹ The use of hallucinogenic mushrooms and poppers was not addressed explicitly in surveys prior to 2005 (these products may have appeared under “other drugs”). It is not therefore possible to follow trends for these two specific products.

¹⁰ The principal cause of this rise is the fact that ecstasy was a little-known substance in France in the mid-1990s

These trends arise mainly from the fact that lifetime use is an indicator of product availability during a given period, rather than a measure of a genuine increase in usage. If the current usage indicator (at least one usage in the preceding twelve months) is examined, the levels appear much lower, with only cocaine (0.9%), poppers (0.8%) and ecstasy (0.8%) managing to break the 0.5% barrier.

Table 3: Usage of illegal drugs other than cannabis over the previous year, according to respondents' age

	18-64 years n=23,746	18-25 years n=4,065	26-44 years n=10,679	45-64 years n=9,002	men n=11,624	women n=12,122
Poppers	0.6	1.7	0.5	0.1	0.8	0.3
Cocaine	0.6	1.5	0.7	0.1	0.9	0.3
Ecstasy	0.5	1.4	0.5	0.0	0.7	0.2
Hallucinogenic mushrooms	0.3	0.8	0.3	0.0	0.4	0.1
Amphetamines	0.2	0.3	0.1	0.1	0.2	0.1
Glues and solvents	0.1	0.5	0.1	0.0	0.2	0.1
LSD	0.1	0.4	0.1	0.0	0.2	0.0
Heroin	0.1	0.4	0.1	0.0	0.2	0.1

Source: Health Barometer 2005, INPES, OFDT research

In terms of usage trends in the previous twelve months, there has been a significant increase in cocaine and heroin consumption between 2000 and 2005, as well as a decrease in the usage of inhaled products (such as glues and solvents). Other products have remained relatively unchanged over this period.

POLYDRUG USE

To conclude this analysis of usage levels by product, it would be useful to analyse regular polydrug use, relating to the regular use of at least two of the three most common products: alcohol, tobacco and cannabis¹¹. According to this definition, regular polydrug use relates to

¹¹ This definition does not include all possible combinations of polydrug use, particularly those relating to illegal drugs. Nevertheless, across the whole population, this combination is the only one which is easy and worthwhile to measure.

8% of the adult population. The most widespread form of polydrug use is still the alcohol-tobacco combination (6%), followed by tobacco-cannabis (1.3%), and alcohol-tobacco-cannabis (0.6%), the latter two being most prevalent among younger generations. The alcohol-cannabis combination (without the regular use of tobacco) is almost non-existent (0.1%). In general, there is little variation in polydrug use according to age. It is most prevalent among 18-25 year olds (11%), after which it falls, before rising slightly among 45-54 year olds (9%), before falling again, accounting for just 5% of over-65s. The nature of polydrug use, however, is extremely varied. Among young people, both the alcohol-tobacco and alcohol-cannabis combinations are prevalent, but the latter combination begins to decrease in the 26-34 year old bracket. The alcohol-tobacco combination, however, remains dominant throughout the age spectrum. The regular consumption of all three products together is rare, starting at less than 2% of 18-25 year olds and falling away rapidly with age.

CONCLUSION

These recent figures show usage levels and contrasting trends by product. The last few decades have seen a fall in the consumption of tobacco and alcoholic beverages, whilst cannabis use has seen a general increase in the last fifteen years, with recent stability in the levels of current use. Consumption levels, including that of tobacco, are up on the whole among men, despite the general decline in male tobacco use since the 1970s. All three substances can be characterised by a lack of change or rise in the number of high-quantity consumers, compared with a slowing of growth or a fall in the number of moderate consumers. In terms of other, less frequently consumed psychoactive substances, current

usage levels cocaine and ecstasy have been on the increase in recent years. Conversely, heroin, LSD and amphetamine consumption levels have fallen.

BIBLIOGRAPHY

- Baudier F., Arènes J., 1997, *Baromètre santé adultes 95/96*, Vanves, CFES, 288 p.
- Baudier F., Orlandini C, Guionet M, Oddoux K. *La consommation de tabac des adultes en France : évolution au cours des 10 dernières années. BEH*, n° 48, 2000, p. 213-214.
- Beck F, Legleye S, Peretti-Watel P. Drogues illicites : pratiques et attitudes. In Guilbert (P.), Baudier (F.), Gautier (A.) (dir.), *Baromètre santé 2000, volume 2 : résultats*. Vanves, CFES, 2001, p. 237-278.
- Beck F., Legleye S., Peretti-Watel P., *Penser les drogues : Représentations des produits et opinions sur les politiques publiques EROPP 2002*, Rapport OFDT, 2003, 226 p.
- Beck F., Legleye S., Peretti-Watel P., « Aux abonnés absents : liste rouge et téléphone portable dans les enquêtes en population générale sur les drogues », *Bulletin de Méthodologie Sociologique*, n°86, 2005, p 5-29.
- Gautier A., Beck F., Marder S., Legleye S., Riandey B., Gayet A., Beltzer N., Guilbert P., Téléphones portables exclusifs : résultats d'une méthode de génération partielle de numéros, 4^{ème} Colloque francophone sur les sondages 2005, Québec, 24-27 mai 2005.
- Guilbert P, Baudier F, Gautier A (dir.). *Baromètre Santé 2000, volume 2 : résultats*. Vanves, CFES, 2001, 473 p.
- Guilbert P, Gautier A (dir.). *Baromètre Santé 2005, Premiers résultats*. Saint-Denis, INPES, 2006, 170 p.
- Oddoux K., Peretti-Watel P., Baudier F. (2002), " Tabac ", in Guilbert P, Baudier F, Gautier A (dir.). *Baromètre Santé 2000 - Résultats*, Vanves, Editions du CFES, p. 77-118.