

# Overview

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# Drugs and drug addictions in France

## Recent trends and perspectives



**This summary covers the main contributions from a collective OFDT publication entitled *Drogues et addictions, données essentielles* issued in April 2019.**

Drugs and addictive behaviour represent major public health and safety issues, whether in terms of preventing health and social harm or combatting trafficking. This publication provides an overview of the current situation in France, relying on evidence-based data and outlining the most recent developments, five years after the previous edition of 'Drugs and drug addictions' was released (OFDT, 2013).

Over the past two decades, the field of addiction expanded considerably. Moving beyond licit (alcohol, tobacco) or illicit drugs (heroin, cocaine, cannabis, etc.), the concept of "addiction" and related policies has been extended to "behavioural addictions" (interactive screens and video games, gambling, etc.) which are likely to cause disorders similar to abuse or addiction.

How many people use drugs in France and how many are experiencing difficulties with their use? What is the extent of behavioural addictions today? What are the main developments in the supply of psychoactive substances? How are public policy responses structured?

This overview, based on the information collected for this edition (OFDT, 2019, in French) also offers areas for reflection based on recent developments in the drug field.

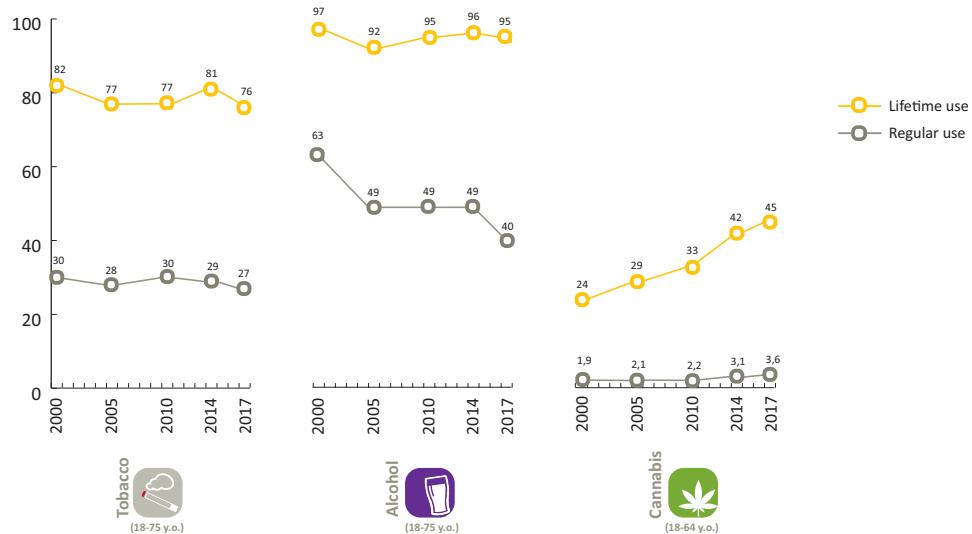
### ■ Drugs and addiction: overview

#### Levels of drug use in the general population

In 2017, according to general population surveys based on declarative data, licit substances (tobacco and alcohol) remained the most used substances in France, both in terms of lifetime use and regular use (at least 10 episodes of use in the last month). While people experiment with tobacco much less than they do with alcohol, it is more often associated with daily use: the number of adults smoking every day (27%) is almost 3 times higher than the number of daily drinkers (10%). However, alcohol consumption (at least once a year) remains a salient social practice among adults (87% of 18–75-year-olds) and young people (78% of 17-year-olds).

Of all illicit drugs, cannabis remains the most commonly used substance (45% of lifetime users, 11% of users in the last year and 6% in the last month), considerably more than

Figure 1. Development in levels of tobacco, alcohol and cannabis use among adults from 2000 to 2017 (%)



Source: Health Barometers, Santé publique France

cocaine, which is taken by seven times fewer people, with around 1.6% of users in the last year. Initiation of other illicit substances remains rare: except for hallucinogenic mushrooms and MDMA/ecstasy (which 5% of adults have used), it affects less than 3% of the young and adult population.

Around one in ten French people report to have taken anxiolytics in the past year, while one in five 17-year-olds report to have used a psychoactive medicine (prescription or non-prescription). Unlike all other psychoactive substances, which are more commonly used by men, almost twice as many women use psychoactive medicine.

### Focus on young people

Adolescence is the main period where psychoactive substances are first used: students first start experimenting with them in middle school and then a pattern develops and they go on to experiment with more substances as the years go on, with increased risks related to brain development (up to the age of 25) (Beck, 2016). Among young people, as is the case in the adult population, the three main psychoactive substances used are alcohol, tobacco and cannabis: at 17, nine out of ten young people have already drunk alcohol, six have tried cigarettes and four have smoked cannabis. At this age, only a minority of young people have not taken any of these three substances (12%), reflecting the high availability of psychoactive substances (licit or illicit). The scope of these young people first starting to use has recently expanded to include new behaviours such as shisha and e-cigarettes, both of which are used by half of 17-year-olds.

While experimenting with tobacco, alcohol and cannabis generally remains limited (in terms of quantity and frequency of use), a significant number of adolescents may end up developing user habits that can affect their schooling, development or, in the longer term, their health and cognitive abilities. By age 17, a quarter of young people are smoking cigarettes daily (25%) and nearly one in ten reported to have drunk alcohol and/or used cannabis at least 10 times in the past month (8% and 7% respectively). Finally, 7.4% of 17-year-olds present a high risk of cannabis use.

### Behavioural addiction

The so-called “behavioural” addictions (gambling, video games, work, sport, etc., or even the Internet) are, for the most part, still poorly quantified. They are estimated to affect less than 5% of the population, with the most common addiction being gambling among adults and video games among young people. In 2014, more than one in two French people (56% of 15–75-year-olds) reported to have gambled at some point that year, mainly through lottery games. The prevalence of problem gambling remained stable (2010–2014) and limited, as it concerned less than 1% of people who gambled in the previous year between the ages of 15 and 75, based on the Canadian Problem Gambling Index (Ferris et al., 2001).

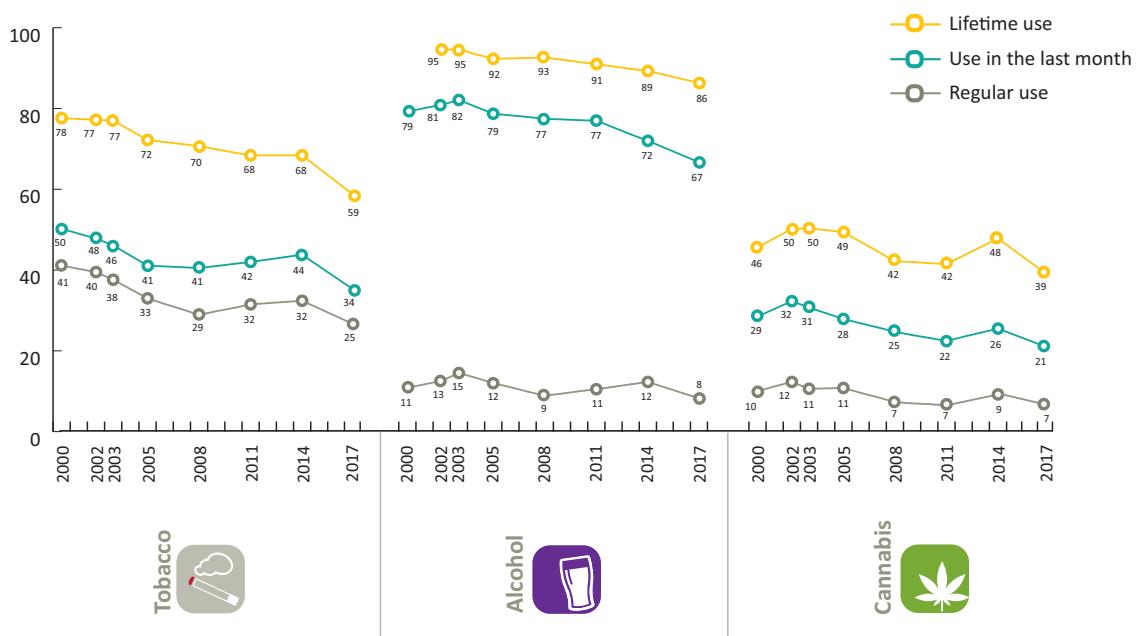
The fact that screen use is now firmly rooted in everyday life raises questions about their impact on the youngest cognitive and social development, as well as that of the general population as a whole. Among the screen uses considered to be problematic in international classifications, only gaming is now recognised by the World Health Organisation (WHO).

### ■ Main recent developments

Developments in drug use trends vary depending on the substances and age groups. In the general population (young people and adults), use of the two most common substances is declining: alcohol, which has been declining steadily since the 1950s, and tobacco, which is a more recent development. The last decade has also seen the emergence of the e-cigarette, which is notably used by smokers as a tool to help them quit smoking, even if, unlike other European countries, this use has not developed much in France. In 2017, 2.7% of adults vaped every day, a percentage that has slightly decreased (3% in 2014) and a development that will have to be monitored in a context where nicotine replacement products are now better reimbursed.

However, the percentage of cannabis users among adults is increasing, reflecting both the fact that the generations that

Figure 2. Development in levels of tobacco, alcohol and cannabis use among 17-year-olds from 2000 to 2017 (%)



have been using this substance since it became widely available (from the 1990s onwards) are now growing older and that less young people are starting to use cannabis.

### A decrease in use among young people

Although levels of psychoactive substance use are significant among young people under 25, the level of tobacco, alcohol and cannabis use is considerably lower than those observed in the early 2000s. This is particularly true for tobacco smoking, with levels decreasing rapidly since 2014. Developments in young people's attitudes towards alcohol are also reported: while the majority of 17-year-olds have tried alcohol, the percentage of young people in this age bracket that have never had a drink has almost tripled in fifteen years (14% in 2017). As for cannabis, its level of diffusion is now declining, but the proportion of problem users is increasing (a quarter of 17-year-old users in the year).

However, the number of young people using stimulants (MDMA/ecstasy and cocaine) has increased significantly among minors, even if this remains limited to certain sectors of the adolescent population (fans of the so-called recreational environment). This increase in use of stimulants can also be seen in the adult population, particularly with regards to cocaine, which is now reaching peak figures (more than 1.6% of users in the year). This is particularly due to the increased availability of these substances and their positive image.

In addition, during the 2010s, the emergence of new psychoactive substances (NPS) imitating the effects of traditional illicit drugs was reported both in France and Europe. The diffusion of NPS remains limited to date: use of synthetic cannabinoids, which are the most commonly identified NPS with cathinones, concerns 1.3% of adults and 4% of 17-year-olds. These users tend to be young, male, graduates and live in an urban setting.

Generally speaking, the range of drugs used today – both in Europe and France – is becoming increasingly more diverse and user practices are still characterised by polydrug use.

### Development in patterns and illicit drug user profiles

Far from the well-established perception of drug users being injecting heroin addicts, illicit drug users have very diverse profiles and different practices and patterns of using substances. Heroin is now mainly snorted, while the number of people using cocaine in a “base” form, i.e. transformed by the users themselves to be inhaled (crack cocaine or free base), is increasing. Overall, among the drug user population, the proportion of injectors, which had been declining since the early 2000s, appears to be stabilising. In this context, injecting appears more clearly as an indication of vulnerability.

In line with the growing difference in patterns of drug use, there is a greater variety in user profiles, from socially integrated users (whether they frequent recreational settings or not) to precarious users (now including a significant proportion of young “wanderers” and migrants). Finally, in recent years there has been greater access to illicit substances (by post or home delivery, through social networks, etc.).

### Health and social harm that remain significant

Smoking and harmful alcohol consumption are the two main causes of preventable mortalities in France and are responsible for one in five deaths (73,000 deaths per year can be attributed to tobacco and 41,000 to alcohol). This estimate of alcohol-related deaths (41,000 per year in 2015) is lower than the previous one (49,000 deaths in 2009), not so much because people are using less on a daily basis but more because diseases related to excessive alcohol use are now being treated better.

Tobacco-related deaths are mainly caused by lung and head and neck cancers as well as respiratory and cardiovascular diseases. The diseases responsible for alcohol-related mortality rates are cancers (head and neck cancer, as is the case with tobacco use, as well as oesophagus, liver, colorectal and breast cancer), those affecting the digestive system (mainly liver disease), cardiovascular diseases (strokes) and nervous system disorders. Alcohol also plays a part in deaths caused by traumas (e.g. road accidents). Like alcohol-related deaths, more men are affected by tobacco-related deaths than women because they use more of the substance. While the number of tobacco and alcohol-related deaths are decreasing, the number of women affected by tobacco-related deaths is not declining.

Deaths related to illicit drug use is mainly from acute intoxications, with opioids playing a major role. Nevertheless, in recent times, few cases of acute cannabis intoxication have been reported: since 2013, around 30 cannabis-related deaths (often involving it being used with other substances) have been recorded on the drug and substance abuse-related death register each year (DRAMES). These figures reflect an increased awareness among addiction experts, who are now being asked to report on deaths due to vascular complications (heart attacks or strokes) following cannabis use.

Although the mortality rate related to illicit drug use is much lower than that of tobacco and alcohol, use of these substances can cause significant health and social harm, particularly among young narcotic users, who have a seven times higher mortality rate than adolescents not using the substance in the same age bracket.

Finally, certain methods of using are the root cause of hepatitis C (HCV) transmission, such as sharing syringes and paraphernalia equipment for preparing, sniffing and inhaling drugs. However, the development of treatments for this infection makes it possible to envisage HCV being eliminated within the next ten years, in accordance with the World Health Organisation's commitments.

### Developments in supply

Over the past two decades, the market for illicit drugs and psychoactive substances has continued to transform globally, both in terms of demand and, above all, supply. While the turnover for the alcohol industry is estimated to be around €25 billion in France, compared to €19 billion for tobacco, the cannabis market is valued at €1.1 billion, as part of an illicit national drug market which is valued at €2.3 billion, according to the latest national estimates (Ben Lakhdar et al., 2015). This market therefore remains dominated by cannabis, despite a significant increase in cocaine and heroin. The quantities of seized drugs are one of the indicators of the growth in supply. The year 2017 was marked by a record volume of herbal cannabis seizures (20 tonnes in 2017, compared to less than 5 tonnes in 2013), although it remains lower than the volume of resin or cocaine seized (17.5 tonnes in 2017, compared to 5.6 tonnes in 2013) (UNODC, 2018). Today, cannabis resin and heroin seizures in France are among the most considerable in Western Europe, both in terms of volume and the number of seizures. France is a prime location for trafficking illicit substances and it is split into three main areas: a trafficking route for Moroccan cannabis resin that has been imported from Spain, which then passes through France to reach the Netherlands and Belgium, and the two routes coming from these two countries, which are hubs for distributing cocaine, MDMA/ecstasy and heroin to Spain and Italy.

In recent years, cannabis, which already accounted for most of the illicit retail drug market, appears to have increased its share of this market as a result of a combination of increased

domestic production (people growing the substance themselves), a boost in trafficking from other regions of the world and an increase in different delivery methods. The volumes of herbal cannabis (23% of cannabis seizures in 2017, compared to 10% in 2013) and cannabis plants (nearly 140,000) intercepted by law-enforcement services (customs, gendarmerie, police) reflect the growing importance of herbal cannabis on the French cannabis market. Although it is still dominated by resin, herbal cannabis now seems to meet user demands, especially among the younger population.

At the same time, with widespread access to the Internet, online markets have become more significant. In 2017, the EMCDDA identified more than 670 new psychoactive substances (NPS) in Europe (68 substances in this category were identified at least once in France between 2008 and 2017). NPS are now subject to standardised alert and compliance checks both on a European and national level.

Drug supply is therefore constantly changing, this can particularly be seen by the increased potency of substances, probably reflecting the fact that users are looking for faster and more intense effects. Indeed, there has been a development in the substances circulated, with more people growing their own cannabis and the production of this drug and the relevant trafficking networks becoming professional, who select specific seeds in order to optimise the potency of the active ingredients (in the case of resin, the rate of tetrahydrocannabinol – THC – has almost quadrupled in 15 years). Similarly, available data shows a significant increase in the purity of cocaine and the potency of MDMA in ecstasy tablets.

## ■ Public responses

Faced with these rapid changes in the market, the range of public responses to the phenomenon has broadened, both nationally and especially internationally.

To address the consequences of addiction, which are multi-faceted by nature, the public policies implemented are mainly centred around evidence-based knowledge, as well as around strategies and interventions that have proven to be effective (evidence-based policy). In France, successive government plans to combat addiction, particularly the National Action Plan on Addictions (2018–2022) (MILDECA, 2018), have developed public responses based on three main areas:

- prevention and early intervention;
- health care for drug addiction and harm reduction;
- response to drug use and drug trafficking through the criminal justice system.

### Prevention: an aspect of public policy that is rarely a priority

While there is an international consensus on the need for a policy based on information, education and prevention that is aimed at deterring problem use or addiction, there are low funding levels for prevention policies in France and throughout the world. In France, prevention activities are mainly based on communication campaigns planned by the French Public Health Agency since the late 1970s, first on tobacco and alcohol, then on illicit drugs from the mid-1980s. More recently, campaigns have focused on questioning substance use more directly and explaining more about their dangers, while attempting to target a wider variety of user profiles (beyond just drug addicts). While at the end of the 1990s communication campaigns were also aimed at peers and “reference” adults (especially adolescents’ parents), the latest campaigns are mainly aimed at the general public by engaging social marketing codes.

### Care and harm reduction: increasing numbers of new outpatient admissions

In France, the harm reduction policy, which has been added to since the late 1980s in response to the AIDS epidemic (Beck et al., 2016b), was formalised by the law on the modernisation of the health system of 26 January 2016. It establishes a legal basis for harm reduction actions (HR – distribution of equipment, rapid diagnostic tests, substance analyses, etc.) that improves professionals’ practices, but also those of self-help associations, to prevent the negative consequences of illicit drug use and improve the link between prevention and health care. This legal consolidation of HR has also paved the way for experimenting, for a period of six years, with drug consumption rooms in two cities (Paris then Strasbourg) as of October 2016.

In terms of treatment for drug users, France has been relying on a scheme that was re-founded at the end of the 1990s based on the concept of addiction. The reference to this idea has led to the extension of the scope of treatment for behavioural addictions and, more particularly, for pathological gambling which, since 2008, has been included in the action plan of the Interministerial Mission for the Fight Against Drugs and Drug Addiction (MILDT, then the Interministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA). The health care system, which is divided into three sectors (primary care, hospital and medico-social system), offers a combination of prevention, care and harm reduction measures. The medico-social system is based on national treatment and prevention centres for addiction (CSAPA) and harm reduction facilities (CAARUD). It offers a primary care service that is specialised in addiction and that focuses on supporting people who are struggling with their substance use. In 2017, 293,000 people were seen to in CSAPAs (approximately 450 in France), which represents an increasing number of new outpatient admissions (+17% compared to 2010). While the main grounds for primary care remain centred around alcohol (50%), cannabis (20%) and opioids (15%), requests for tobacco-related treatment appear to be on the rise (8%). User profiles for people attending CSAPAs remain very different depending on the substance, with cannabis users having a lower average age, especially among those who use youth addiction outpatient clinics (CJCs). In addition, in 2015, 75,000 people were seen to in CAARUDs (of which there are 146). Some drug users also go to hospitals and primary care settings.

### An increasingly systematic criminal response

In the fight against illicit drugs, public response is also reflected in criminal policies. Almost fifty years after the promulgation of the 1970 French Law on Narcotics, prohibiting drug use and trafficking, the number of people being penalised for drug use remains high, judging by the increase in arrests, in the criminal response rate, in the prosecution rate and in the rate of convictions with use as a main offence. Arrests related to narcotics use represent a litigation of around 200,000 proceedings per year, which mainly concern cannabis. In addition, among judicial sentences, as a result of simplified procedures avoiding resorting to imprisonment, fines have become the widespread penalty for using, to the detriment of measures with a health-related aspect, which represent an increasingly smaller proportion of the criminal response to narcotics users. The reform of the 1970 French Law on Narcotics, undertaken in 2018<sup>1</sup>, extends this development by simplifying the process but without changing the type of response to users.

<sup>1</sup>. As part of the first reading of the justice draft reform, on 23 November 2018, the National Assembly introduced a criminal fine procedure of 200 euros for using narcotics.

## Responses developed in a new international environment

The public responses developed in France are part of an international framework that is undergoing considerable changes. Recent times have particularly been marked by the organisation of the United Nations General Assembly Special Session on Drugs (UNGASS) in April 2016, which debated the “failure of the war on drugs”. In addition, since 2012, Uruguay, Canada and 11 states in the USA (and Washington DC) have legalised the recreational use of cannabis<sup>2</sup>, opening up a legal cannabis market to adults that is regulated by the public authorities.

This breach in the prohibitionist model that has been in force since the Single Convention on Narcotics of 1961 constitutes a change in international standards, prohibiting the possession, purchase and sale of narcotics, including for personal use. The United Nations conventions are now being challenged because around 40 countries in the world and more than half of the American states now authorise the medical use of cannabis, in very different forms (Obradovic, 2018). While research on the medical use of cannabinoids has long been hindered by the prohibition of these substances, various forms of national legislation of medical cannabis have been introduced in recent years, and this movement has been gaining momentum since 2012. These legislative initiatives, which have had a significant impact in Europe, could explain the development of certain perceptions and representations of drugs.

## Perceptions and opinions on drug-related public policies

The latest French data underlines that the large majority are in favour of so-called “therapeutic” cannabis<sup>3</sup>. In addition, opposition to legalising its recreational use remains predominant, in

a context where tobacco smoking and alcohol abuse are still considered to be the main problems in society in terms of public health. Finally, a large majority of respondents support the principle of drug consumption rooms, with more than 80% considering that the two rooms currently in operation in France are “a good thing”.

## ■ International perspectives and areas for reflection

The developments observed in France are part of a general trend of declining numbers of lifetime use and use of psychoactive substances among adolescents aged 13 to 15 in Europe (Ehlinger et al., 2016; Inchley et al., 2018).

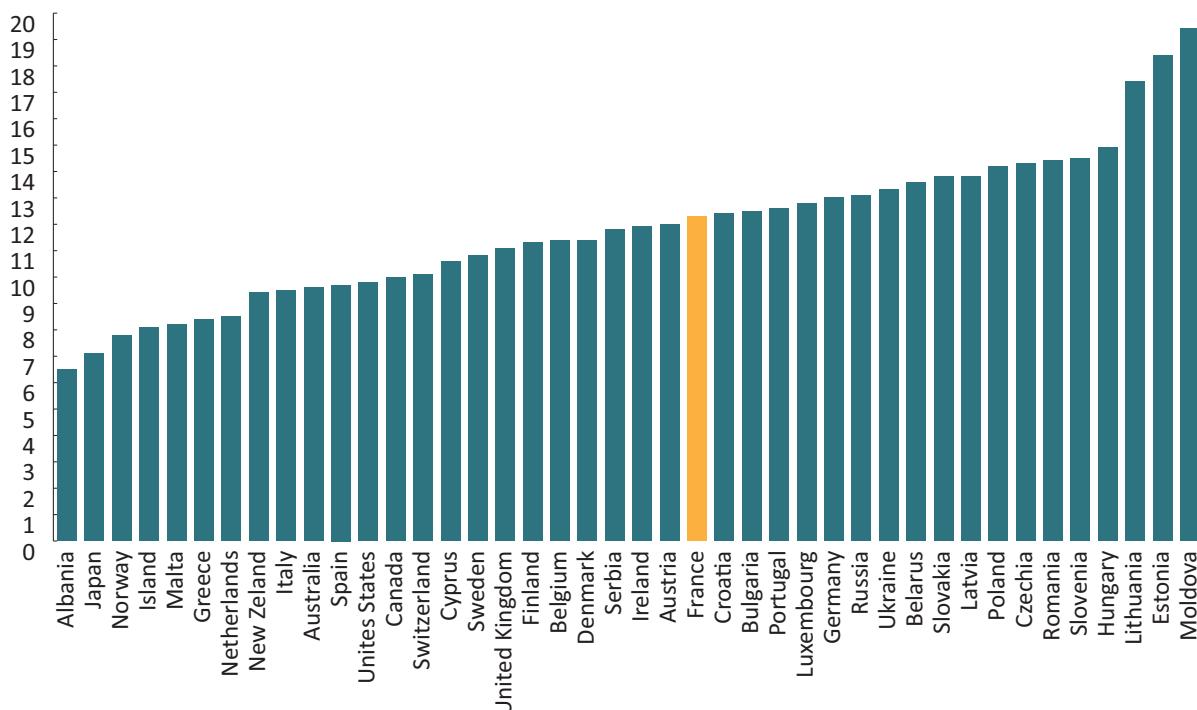
### Tobacco: a “denormalisation” process in progress

Of all addictions, tobacco is unique because, besides the fact it has almost no psychotropic effects, it is highly addictive. Similar to the successful policies carried out in other countries for combatting tobacco smoking, particularly in North America (United States, Canada) (WHO, 2017), in recent years, France has seen positive developments in reducing tobacco use (Beck et al., 2019). However, despite the good results reported recently, France

2. Colorado, Washington State, Alaska, Oregon, California, Maine, Massachusetts, Nevada, Vermont, Michigan and Illinois.

3. Since December 2018, a committee of experts from the French National Agency for Medicines and Health Products Safety (ANSM) has been responsible for setting up a two-year trial of therapeutic cannabis in France, targeting patients suffering from neuropathic pain that is refractory to therapies, and certain severe forms of epilepsy that are treatment-resistant, as part of supportive oncological care, in palliative situations, when there is painful spasticity due to multiple sclerosis or other pathologies of the central nervous system. This committee issued an opinion on 26 June 2019 in favour of carrying out an experiment. The principle of this experiment was confirmed by the ANSM on 11 July 2019.

**Figure 3. Number of litres of pure alcohol per year and per capita for people aged 15 and above, EU member states and other countries with comparable development levels in 2015**



Source: WHO (data available online: <http://apps.who.int/gho/data/node.main-euro.A1039?lang=en&showonly=GISAH>)

Note: this data comprises the total number of litres of pure alcohol contained in the volumes of alcoholic beverages, whether they are sold through an official sales channel or not.

still has one of the highest prevalences of daily smoking in Western Europe (27%), particularly among adolescents (25% of 17-year-olds are daily smokers) and pregnant women (25% of pregnant women smoked while they were pregnant). This is even more evidenced when compared to the United States, Australia or New Zealand.

However, in terms of tobacco smoking, with the banning of cigarettes in public places (2007–2008), then the ban on selling them to minors (2009) and the policy of gradually increasing tobacco prices and introducing standardised tobacco packaging (May 2016), France has regained its status as a pioneering country, a position it had for two decades, after the so-called Veil (9 July 1976) and Évin (10 January 1991) laws. The successive implementation of two multi-year intervention programmes by the public authorities (National Smoking Reduction Programme, PNRT, and then the Programme for Combatting Tobacco Smoking, PNLT) supports the efforts to achieve the main objectives of reducing the number of daily

smokers to less than 20% within ten years and ensuring that the next generation of children to be born becomes the first generation of non-smokers.

### Alcohol: is there conflict between health and economic issues?

In terms of alcohol consumption, France has an intermediate position in Europe, despite selling considerably more than the EU average and significantly more than all countries outside the EU. According to a recent European survey (Palle et al., 2017), France is one of the countries with the highest percentage of daily use (13%), in 6th place behind countries such as Bulgaria, Portugal and Spain. With a prevalence of 33% of people experiencing heavy episodic drinking (HED) within the year, France is close to the European average and ranks 15th out of 28 European Union countries in terms of sales per capita. The volumes of alcohol consumed remain among the highest in Western Europe.

**Figure 4. Cannabis, cocaine, MDMA and opioids. Last year prevalence among young adults (aged 15–34)**



Source: EMCDDA 2019 EU Dashboard, online: [http://www.emcdda.europa.eu/countries/drug-reports/2019/france/eu-dashboard\\_fr](http://www.emcdda.europa.eu/countries/drug-reports/2019/france/eu-dashboard_fr)

Despite the prevalence of excessive alcohol consumption, as highlighted in a report by the Court of Accounts published in 2016, public policies for combatting alcohol are struggling to receive the same kind of momentum as those concerning tobacco in France (Obradovic and Beck, 2016) and also, more broadly, in Europe. It is indeed difficult to find a balance between health and public safety issues on the one hand, and economic issues on the other, as the weight of the economic factor in this sector is very significant in France in particular. To prevent and combat harmful uses of alcohol, public policies have made alcoholic beverages less accessible, especially for the younger generation; have tried to make alcoholic products seem less appealing by imposing certain regulations on their appearance and have promoted the idea of identifying and treating at-risk users. With regard to young consumers, professionals report that they are struggling to make them come to specialised structures, particularly Youth Addiction Outpatient Clinics (Obradovic and Palle, 2012). While information campaigns are regularly conducted by the public authorities, they are less frequent than those for tobacco. In May 2017, the French Public Health Agency and the French National Cancer Institute made 10 recommendations to the general public on consumption benchmarks: no more than 10 standard glasses a week, and no more than 2 a day, and to have days of the week without any alcohol.

#### Cannabis: France holds a unique position in Europe

Within the European Union, France stands out for its high levels of cannabis use, particularly among young people. These levels are comparable with those of the highest using countries in the world (the United States and Canada) (Johnston et al., 2018; Rotermann and MacDonald, 2018; SAMHSA, 2017). France ranks first in the European table for both lifetime and yearly use of cannabis among the young and adult population (11% compared to the European average of 7%). French teenagers particularly stand out: 17% of students aged 15–16 had used it in the last month, compared to an average of 7% for the countries included in the ESPAD survey (The Espad Group, 2016). This has been the case since the 2000s. It is particularly pronounced among younger girls (more than 20%

of women between the ages of 15 and 24 use the substance, while this figure rarely exceeds 15% in other European countries).

This high prevalence of cannabis in France contrasts with a more moderate use of stimulants than in other countries, particularly compared to the United Kingdom and Spain, which also have high numbers of cannabis users. Nevertheless, France has one of the highest rates of cocaine use in the European Union, after the United Kingdom and Spain, which have almost 10% of lifetime users and 2% of yearly users among 15–64-year-olds.

In terms of the spread of MDMA/ecstasy, France ranks 5th in the EU, with a lifetime use rate of 4.1% among 15–64-year-olds, which is half that of the countries with the highest rates of use (Ireland, Netherlands, United Kingdom, Czech Republic).

The use of other illicit drugs, such as heroin, is only reported by a very small proportion of the population, both in France and in other European countries (EMCDDA, 2018). With 5.7 opioid problem users per 1,000 inhabitants, France is one of the countries with the highest prevalence rates. This rate, which is lower than in the United Kingdom (8 per 1,000) and Ireland (6.2 per 1,000), is comparable to those of various other European countries (Portugal, Italy, Austria, Lithuania, Latvia).

#### Psychoactive medicine: One of the highest prevalence rates in Europe

Apart from opioid-based drugs, the most commonly used psychotropic drugs in France are anxiolytics. They seem to be prescribed more in France (ANSM, 2017) than in any other European country. France has the second largest use of benzodiazepines of eight European countries (the others being: Denmark, Germany, Italy, Norway, Spain, Sweden and the United Kingdom). Deviations from the guidelines, which are particularly common in France, mainly concern the treatment duration. Benzodiazepines also appear to be misappropriated by some young people for recreational use or “school doping”.

#### Opioids: increased vigilance in Europe in view of the epidemic in North America

Among recent significant international developments, the one that stands out the most is the epidemic of both licit and illicit opioids in North America, with early warning signs of this in some European countries. Opioids, which are the leading cause of fatal overdoses in France and the world, include licit drugs such as tramadol (weak painkiller), morphine (strong painkiller) or opioid substitution treatments and illicit substances such as heroin or fentanyl derivatives. In France, there has been an increase in mortalities over the past 15 years, with opioid substitution treatments being involved increasingly (more often than heroin) in overdoses and there have been developments in the people affected, since some of the deaths (accidental or in a palliative care environment) do not seem to correspond to the usual drug user profile. The public authorities, who have noticed these indications, have introduced enhanced surveillance.

All these developments show that policies to prevent addictive behaviour and combat drugs have an impact if they take into account the state of knowledge and are implemented over the long term (Beck et al., 2016a). However, the use of both licit and illicit drugs, is part of a global context where there are constant developments, which requires public authorities to regularly adapt their response methods and to assess their impact.

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