

Alcohol, Tobacco, Drugs, Screens

NATIONAL PLAN FOR MOBILISATION AGAINST ADDICTIONS

2018 - 2022



Premier ministre

Mission
interministérielle
de lutte contre
les drogues et les
conduites addictives

EDITORIAL

Edouard PHILIPPE
Prime Minister



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Addictive behaviours are a major challenge for our society.

A great many French citizens use psychoactive products on a daily basis: tobacco, alcohol and cannabis. Others use them occasionally. And some are directly affected by their use by third parties. Addictions are also forms of behaviour, such as overuse of screens and video games, which closet users, who are no longer able to control them. All territories are affected, whether urban or rural, Metropolitan or Overseas.

The risks run and harm done have been clearly established. Every year, tobacco and alcohol are responsible for 73,000 and 49,000 deaths respectively. Such numbers are unacceptable.

Our young people are affected most of all. Early regular use of psychoactive substances is extremely harmful to brain maturation throughout childhood and adolescence.

In these circumstances, the main issue – and this plan's priority aim – is to provide our children with skills enabling them to reduce their high-risk behaviours and have them grow up in a more protective environment that exposes them less to constant temptations.

Achieving this aim involves changing our viewpoints and attitudes. The National Plan for Mobilisation against Addictions seeks to create momentum and accompany a wakeup call throughout our society.

Under the aegis of our Prefects, the plan will be organised into more specific actions, in close proximity with our citizens and in the hearts of our territories, and designed in line with the realities of local authorities' trajectories and their policy priorities.

Backed up by clear public discourse on the risks run and harm done by consumption of psychoactive substances and high-risk uses, the National Plan for Mobilisation against Addictions prioritises prevention and pays special attention to sectors of the public whose age and weaknesses make them especially vulnerable. It improves the quality of responses to the consequences of addictions for individuals and society alike, and bears witness to major commitment against trafficking. It proposes new measures for research, observation and development of international cooperation.

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**MOBILISING
AGAINST
ADDICTIONS:
A PUBLIC ACTION
PRIORITY**

Addictive behaviours continue to be a major social and public health problem, due to the health-related and social harm they incur, their consequences in terms of insecurity resulting from trafficking and crime, and their cost to public finances.

Tobacco kills 73,000 people a year in France, alcohol around 50,000 and illegal drugs 1,600. In 2010, the social cost of their consumption was estimated at around 120 billion euros for alcohol and tobacco and almost 10 billion for illegal drugs, with 20 billion euros supported by the State and France's health insurance social security system, Assurance Maladie (1.1% of the GDP)¹. The Office central pour la répression du trafic illicite de stupéfiants (OCRTIS – Central Office for the Repression of Narcotics Trafficking) estimates drug-trafficking turnover in France at 3.2 billion euros.

HARM TO HEALTH AND SOCIETY: MAIN POINTS

Harm to health

- 73,000 tobacco-related deaths and 49,000 alcohol-related deaths
- Tobacco and alcohol are the two main causes of avoidable death by cancer; over 1/3 of deaths by cancer are connected with tobacco (45,000) or alcohol (15,000)
- One in every 1,000 children is born with foetal alcohol syndrome (FAS)
- 900,000 hospitalisations a year due to mental disorders or behaviours related to alcohol consumption². Half of all patients admitted to hospital psychiatric departments display mental disorders associated with substance abuse (mainly alcohol, cannabis and sedatives).
- 343 deaths by illegal drug overdose among 15-49 y/o³
- 64% users who have injected drugs at some time in their lives test HCV-positive.

Social harm

- Alcohol is involved in 30% of convictions for acts of violence, 40% for intrafamily violence and 30% for rape and sexual assault⁴
- 20% of French citizens say that they have been strongly affected by harm suffered as the result of a third party's alcohol abuse
- Blood alcohol levels above the 0.5g/l threshold are involved in 29% of fatal road accidents, accounting for 819 deaths in 2016 (drivers who had been drinking and their victims)
- Drugs are involved in almost a quarter of fatal road accidents
- Social cost of alcohol: 120 billion euros
- Social cost of tobacco: 120 billion euros
- Turnover generated by drug trafficking is estimated at 3.2 billion euros (almost half of which is from cannabis)

1 Kopp P. (2015) *Le coût social des drogues en France* (The social cost of drugs in France). Note 2015-04. Saint-Denis, OFDT.

2 <https://www.ofdt.fr/produits-et-addictions/de-z/alcool/#consequ>

3 DRAMES (*Décès en Relation avec l'Abus de Médicaments et de Substances* / Deaths related to drug and illegal substance abuse) survey, 2015

4 Rizk C. (2012) *L'emprise de l'alcool ou de la drogue sur les auteurs d'actes de violences, de menaces ou d'injures décrits par les personnes s'étant déclarées victimes lors des enquêtes « Cadre de vie et sécurité » de 2009 à 2012* (The influence of alcohol or drugs on perpetrators of acts of violence, threats and abuse described by individuals claiming to be victims during "Living Environment and Security" surveys from 2009 to 2012). *Repères*, INHESJ, no. 19; Bègue L. et al. (2008) *Alcool et agression : consommations et représentations de la part des auteurs et des victimes d'agression* (Alcohol and assault: consumption and perceptions by perpetrators and victims of assault) [VAMM 1 Programme - Violence Alcool Multi Méthodes]: Evaluative study on connections between violence and alcohol for the Direction Générale de la Santé (DGS - General Directorate of Health).

At the end of the 2013-2017 Government plan that underpinned the policy against addictive behaviours over the last few years, the Prime Minister asked the *Mission interministérielle de lutte contre les drogues et les conduites addictives* (MILDECA – Interministerial Mission for Combating Drugs and Addictive Behaviours) to work with the ministries concerned to update and intensify the policy, in order to protect our fellow citizens, the youngest among them in particular as their consumption levels are among the highest in Europe, whatever the product in question.

MAIN CONSUMPTION LEVELS⁵

In the general population

- Tobacco: 13 million daily smokers
- Alcohol: 5 million daily drinkers
- Cannabis: 700,000 daily users
- 280,000 problem users of illegal drugs among 15-64 y/o⁶
- 2% of 18-64 y/o have tried synthesised cannabinoids

Among 17 y/o

- 25% of 17 y/o smoke tobacco on a daily basis
- 8% of 17 y/o consume alcohol at least 10 times a month
- 44% of 17 y/o admit to heavy episodic drinking (HED) during the month (5 or more glasses on a single occasion for adolescents)
- 25% of 17 year-old cannabis users risk problem use or dependence during the year

Among lower secondary pupils

- 12.3% of pupils in their last year of lower secondary education smoke tobacco
- 37% of pupils in their last year of lower secondary education drink alcohol at least once a month
- 12% of pupils in their last year of lower secondary education smoke cannabis at least once a month

⁵ OFDT, *Drogues chiffres clés* (Drugs, key figures), 2017 and OFDT, *Tendances 106, Alcool, Tabac, Cannabis en 2014 durant "les années collège"* (Alcohol, Tobacco and Cannabis in 2014 among lower secondary pupils), December 2015⁶

⁶ Intravenous consumption or regular use of opioids, cocaine or amphetamines

In order to protect our fellow citizens, **children, young people and the most vulnerable first and foremost**, reduce numbers of deaths, avoid diseases, live better together with less violence, party without mishaps and keep public finances intact, the National Plan aims to mobilise State departments, local authorities and civil society. It means to create momentum and accompany a wakeup call throughout society in order to decrease consumption of psychoactive products, whether legal or illegal, and addictive behaviours whether substance-based or otherwise.

It emphasises **empowerment and the essential role parents and adults play with regard to young people**, which will be facilitated by adoption of a series of measures to reduce product offer and accessibility.

A **long-term** plan designed to achieve our goals with regard to prevention, it sets out **the priorities and main measures** that need to be implemented, testifying to **public action that is both ambitious and pragmatic**.

Comprehensive yet precise, generalist yet specific, the plan comprises measures regarding what all types of consumption, addictive behaviours and individuals concerned have in common. But it also recommends actions tailored to the specificities of products, sectors of the population exposed, living environments and territories where intervention is required (concerning French Overseas Territories, for example – see Focus 6: Mobilising in French Overseas Territories).

Based on sound arguments and **conclusive evidence**, both for definition of goals and selection of the most effective action strategies, it also strives to be **innovative** with regard to conditions for implementation, dialogue and partnership. Well aware of the complexity of interactions at the origin of consumption and behaviours, it anticipates the **need for fresh knowledge** in order to prepare tomorrow's decisions.

Because it addresses a phenomenon many of whose determinants are played out at global level, it **includes an overview of and defines action to be taken on the international scene**. It is also resolutely focused on the European Union, with a view to the latter providing Member States with a common collaborative framework for combating all forms of addictive behaviour.

Finally, it is closely **articulated with other government plans**, including the National Health Strategy, the "Priority Prevention" Plan; the action plan decided on by the *Comité Interministériel à la Sécurité Routière* (CISR – Interministerial Committee for Road Safety), the Poverty Plan, the Student Plan, the five-year "Housing First" Plan, the *Livre Bleu Outre-mer* ("Blue Book" for French Overseas Territories) and the Convention on new regulations for the digital sector. As regards the fight against tobacco, a wide range of measures has been introduced in parallel by the 2018-2022 national anti-tobacco programme adopted in June 2018. The next national plan for combating narcotrafficking will express our commitment to put an end to trafficking in concrete operational guidelines.

In the context of monitoring the plan's implementation, under the aegis of the Standing Committee provided for in Article D.3411-15 of the Public Health Code, a mid-term assessment of progress in achieving the plan's priority goals will, if required, enable modification of public action prior to its completion in 2022.

The 6 focuses, 19 priorities and over 200 measures proposed follow on from wide-ranging consultations conducted since late October 2017, associating ministries, their operators (health agencies and regional health agencies) the *Caisse nationale de l'assurance maladie* (CNAM – National Health Insurance Fund) and the *Caisse nationale des allocations familiales* (CNAF – National Family Allowances Fund), associations representing municipalities (*Association des maires de France/Association of French Mayors*, *France Urbaine/Urban France*, and the *Union nationale des centres communaux d'action sociale/National Union of Social Action Community Centres*) and *départements* (*Association des départements de France/Association of French départements*), professionals, associations and actors in the field, specialists in addictology and risk reduction, and representatives of the alcohol production, catering and distribution economic sectors. Over 70 contributions were collected.

SIX MAJOR CHALLENGES TO MEET

- 1 Protecting from childhood onwards
- 2 Better responding to the consequences of addictions for citizens and society
- 3 Improving the effectiveness of the fight against trafficking
- 4 Increasing knowledge and fostering its dissemination
- 5 Increasing international cooperation
- 6 Creating conditions for effective public action throughout the territory

FOCUS 1

LIFELONG PREVENTION FOR ALL

In a context where France numbers **13 million daily tobacco smokers along with 5 million alcohol consumers and 700,000 cannabis users, there is a collective challenge** to take action against development of addictive behaviours and so reduce the consequences on individual health and social harm that they bring about.

Several studies, including a recent report by the World Health Organisation (*The case for investing in public health, WHO, 2015*), show that **investing in prevention** leads to short- and long-term individual and collective benefits, whatever the nature of the risks in question. Following the example of the **National Health Strategy**, which makes disease prevention a central focus, the National Plan for Mobilisation against Addictions must include **a whole range of ambitions**, based on programming of realistic and effective actions, **in order to prevent consumption and reduce levels of use**.

Prevention of addictive behaviours aims to **protect all sectors of the population**, whatever their age, living environments and weaknesses. Use of psychoactive substances is nonetheless characterised by **major social inequalities**, and groups most exposed to the risks incurred and harm done by addictive behaviours will need to benefit as early as possible from action adapted to the specificities of their situations.

The *Observatoire français des drogues et des toxicomanies* (OFDT – French Observatory for Drugs and Drug Addiction) has highlighted **the complex role of social determinants**, which proves to be of particular importance in transition from experimental to problematic use of the most commonly used products. Consumption of psychoactive products aggravates social inequalities with regard to health.

In addition, in France, **the most advantaged groups in terms of income, education and social integration are the ones that benefit from generously endowed prevention programmes and find it easiest to adopt behaviour conducive to good health**⁷ – a situation that also helps aggravate health inequalities.

As an example, according to Health Barometer data, between 2010 and 2016, frequency of daily smoking increased from 35.2% to 37.5% among individuals in the lowest income bracket, while it fell from 23.5% to 20.9% in the highest income bracket. After a continuous increase since 2000, it was not until 2017 that prevalence of daily smoking began to decrease among individuals with the lowest income levels⁸. Experimentation with and occasional use of cannabis seems to be more frequent in integration contexts, while regular use is connected with situations of social vulnerability. The situation regarding heavy drinking is more contrasted, as it concerns certain advantaged groups such as women executives, and various less affluent categories, including men in low-income households and individuals who have suffered episodes of precarity.

Public policies based on the principle of proportionate universalism⁹ are promoted in order to reduce social health inequalities. They involve **response to the needs of specific sectors of the public while providing the population as a whole with quality prevention programmes**.

As regards those most exposed to consumption-related risks, research has shown the effectiveness of policies designed to promote environments that foster improvement of individual and collective skills.

7 Leclerc A., Fassin D., Grandjean H., Kaminski M., Lang T. (Dir.) (2000) *Les inégalités sociales de santé* (Social health inequalities). Paris, La Découverte.

8 Bourdillon F. (2018) *Baisse du tabagisme en France : un million de fumeurs quotidiens de moins entre 2016 et 2017. Un succès pour la santé publique* (Drop in smoking in France: a million fewer daily smokers between 2016 and 2017. A public health success) [Editorial]. BEH, no. 14-15, p. 262-264. http://invs.santepubliquefrance.fr/beh/2018/14-15/2018_14-15_0.html

9 Sir M. Marmot in Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post-2010; "actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate universalism".

This is especially true for individuals for whom preventive action, treatment or social integration are less of an option for educational, cultural, linguistic or social reasons, or due to disability, etc.¹⁰. This is why prevention of addictive behaviours will require an increase in development of actions and tools based on a "universal design" approach enabling information of the sectors of the public concerned, whatever their situation. At the same time, the most vulnerable individuals, who are often already experiencing problems due to their consumption, must benefit from a series of actions that takes account of their situations as a whole, in particular by meeting them face-to-face (see PRIORITY 8: DIRECT CONTACT WITH VULNERABLE INDIVIDUALS).

Action, whether targeting the general population or its more vulnerable members, will only be effective if it is based on **clear public discourse** on the risks and harm connected with tobacco, alcohol and cannabis consumption. How effective the prevention policy is will also depend on implementation of a more proactive policy to **limit product availability**, legal products in particular, and **stricter compliance with rules governing advertising and sale, above all those designed to protect minors**. In addition, the **fight against trafficking** of illegal products must be stepped up.

Lastly, **there must be further research** in order to ensure high levels of effectiveness with regard to prevention (see Goal 16.1: Increasing knowledge on use and consumption trajectories, and Goal 16.2: Increasing knowledge for better preventive action).

¹⁰ Report by the National Academy of Medicine: *Précarité, pauvreté et santé* (Precarity, poverty and health), June 2017.

1

PRIORITY 1

Elucidating in order to empower

Although nine out of ten French citizens regard consumption of psychoactive substances as the main determinant of health, perceptions are often far from scientific reality and vary depending on type of product¹¹. Consumption of heroin and cocaine is considered very dangerous to health by 90% and 85% of French citizens respectively, followed by use of cannabis (54%), ahead of tobacco (41%) and alcohol (11%)¹². Among the most widely disseminated products (alcohol, tobacco and cannabis), cannabis is seen as the one most difficult to give up once you have started consuming it (38%), along with tobacco (37%). Alcohol is not regarded as very addictive by a quarter of French citizens.

This survey, carried out on 2,500 respondents, also reveals that the French approve of measures seeking to limit consumption among young people as well as of preventive measures, including those targeting pregnant women.

Although there is widespread ongoing public discourse concerning the risks connected with tobacco, the Court of Auditors in 2016 and *Santé Publique France* (the National Public Health Agency) and the *Institut National du Cancer* (INCa – National Cancer Agency) in 2017¹³ recommended that the public authorities promote innovative actions based on **clearer public discourse on the risks run and harm done by alcohol consumption**.

The issue now is to communicate on the fact that risks connected with alcohol consumption increase with the quantity consumed (risk of cancer without threshold effects, including below consumption benchmarks¹⁴) as well as on so-called “low-risk” consumption benchmarks.

11 Tovar M.-L., Le Nézet O., Bastianic T. (2013) *Perceptions et opinions des Français sur les drogues* (French citizens' perceptions and opinions on drugs). Tendances, OFDT, no. 88, 6 p.

12 *Ibid.*

13 *Cour des comptes* (Court of Auditors, 2016). *Les politiques de lutte contre les consommations nocives d'alcool* (Policies combating harmful alcohol consumption); *Santé publique France / INCa: Avis d'experts relatif à l'évolution du discours public en matière de consommation d'alcool en France* (Expert opinion on the evolution of public discourse on alcohol consumption in France), May 2017.

14 <http://www.e-cancer.fr/Comprendre-prevenir-depister/Reduire-les-risques-de-cancer/Alcool>

INFORMATION ON ALCOHOL CONSUMPTION THAT SHOULD NOW BE DISSEMINATED AMONG THE GENERAL PUBLIC¹⁵

Health risks connected with alcohol consumption increase with the quantity consumed.

If you drink alcohol, in order to limit health risks over the course of your life we recommend that you do not drink more than 10 standard glasses a week, no more than 2 glasses a day, and have days when you do not drink.

And each time you drink, we recommend that you:

- Reduce the quantity of alcohol consumed;
- Drink slowly, eating and alternating with water while you are doing so;
- Avoid high-risk places and activities;
- Make sure that you have people you trust around you and can get back home safely.

Pregnant women / young people and adolescents: in order to limit health risks, the best option is not to drink alcohol.

Furthermore, according to a new study published in January 2018¹⁶, **letting a child taste alcohol may result in his/her increasing consumption of alcoholic drinks at the end of adolescence.** In other words, by believing that they are preventing future alcohol abuse on the part of their children, parents are actually getting them to like and appreciate the taste of alcoholic drinks, which increases the likelihood of risk consumption once the child has become an adolescent. It is therefore essential to raise parents' awareness of the effect of initiation into alcohol consumption in the family circle.

Similarly, **the harm done by cannabis consumption is underrated** and its use has now become commonplace, in particular among young people. There has come to be a positive perception of the product, accentuated by the "natural" properties the herb is supposed to have. Cannabis-related risks are little discussed by young consumers (the OFDT's ARAMIS survey, January 2018).

In France, increases in cannabis consumption are most evident during the last two years of lower secondary education, a critical period for brain maturation. National and international scientific reports confirm that cannabis risks disturbing the brain areas essential to young people's psychological, intellectual and relational development.

Given the risks to mental health (cognitive disorders, addiction and psychiatric illnesses) and young people's social and academic pathways, the WHO (2016 Report) and the Institut national de la santé et de la recherche médicale (INSERM – National Institute of Health and Medical Research) (Collective expert assessment 2014) recommend that the public authorities develop prevention and awareness-raising strategies likely to delay the age for experimenting with and starting regular consumption of cannabis.

Renewed public discourse should therefore be developed and promoted, in particular by parents and professionals, regarding the risks associated with cannabis consumption.

This initiative targets citizens and public authorities alike, insofar as they share responsibility for the prevalence of consumption in France.

¹⁵ Santé publique France, INCa (2017), *Avis d'experts relatif à l'évolution du discours public en matière de consommation d'alcool en France* (Expert opinion on the evolution of public discourse on alcohol consumption in France).

¹⁶ Colder C.R., Shyhalla K., Frndak S.E. (2018) Early alcohol use with parental permission: Psychosocial characteristics and drinking in late adolescence. *Addictive Behaviors*, Vol. 76, p. 82-87.

Making scientific knowledge on addictions accessible to young people

Since 2013, reinforcement of the scientific culture on addictions has been one of the priorities of the national programme for research on drugs and addictive behaviours, an initiative implemented in the wider context of the *Stratégie nationale de culture scientifique, technique et industrielle* (SNCSTI 2017-2025 – National Strategy for Scientific, Technical and Industrial Culture).

The issue here is to improve understanding and perception of the mechanisms and risks associated with addictive behaviours, by improving the general public's knowledge (young people's in particular) of the neuroscience of addiction. This will enable better perception of short-term risks to the brain, which, above all as far as young people are concerned, is often more effective than raising awareness of long-term risks. It will therefore be necessary to continue support to such scientific culture initiatives (digital media, and national and regional events) in a context where a number of studies show that scientific information on the neuroscience of addiction foster better perception of risks¹⁷.



GOAL 1.1

CHANGING VIEWPOINTS ON CONSUMPTION

- 1 Adopting clear, objective, shared public discourse on the risks run and harm done by consumption of psychoactive substances, alcohol and cannabis in particular, based on the latest national and international scientific data. Bringing in all ministerial departments to disseminate it. Encouraging debates, especially at local level. Promoting such discourse at European level and considering convergent information campaigns among Member States.
- 1 Relaying such discourse and information on low-risk alcohol consumption guidelines to the public at large, opinion leaders and multipliers, health and social- and medicosocial-sector professionals, teachers, sports educators and users' associations, employing methods best suited to each target (including general public communication campaigns).
- 3 Developing a partnership with the Conseil supérieur de l'audiovisuel (CSA – High Audiovisual Council: France's broadcasting authority) for introduction of "responsibility charters" on messages and content broadcast.
- 4 Promoting "places promoting health" and "places without" initiatives, in particular in healthcare, social and medicosocial facilities, detention centres and local public areas (party venues, beaches, etc.).

¹⁷ Canadian Centre on Substance Use and Addiction (2016). Evaluating Drug Prevention Programs Neuroscience.

GOAL 1.2

PROVIDING RESOURCES FOR ADDICTION PREVENTION

1.2

- 1 Turning the Fund for the fight against tobacco into a Fund for the fight against addictions, intended to finance addiction-prevention actions (this measure is included in the 2019 Social Security Funding Bill). Provisioning it with revenue from fixed-rate fines for drug use.

GOAL 1.3

IMPROVING THE RELEVANCE AND VISIBILITY OF HEALTH WARNINGS

1.3

- 1 Developing scenarios for evolution of the compulsory health message text (L. 3323-4 of the Public Health Code) to make it into a non-modifiable message with no complementary information, renewed periodically and with regulatory imperatives vis-à-vis clarity and visibility (size, colour, contrast and location).
- 2 Improving visibility and clarity of compulsory health information by significantly enlarging the size of the “pregnant woman” pictogram for alcoholic drinks and imposing specific colours and/or contrasts (by order of the Ministry of Health).
- 3 Defining ways of providing directly readable information on calorie content, composition and nutrition declaration on all alcohol containers.
- 4 Renewing content and format of health messages on online games sites.

GOAL 1.4

MAKING SCIENTIFIC KNOWLEDGE ON ADDICTIONS ACCESSIBLE TO YOUNG PEOPLE

1.4

- 1 Developing the digital offer and event organisation with regard to scientific culture on addictions (debates and national scientific events).

2

PRIORITY 2

Protecting unborn children from exposure to psychoactive substances during pregnancy and improving treatment

It is estimated that **one in every 1,000 births involves a full-fledged form of foetal alcohol syndrome (FAS)**. Around 8,000 children are born in France each year suffering from major consequences of alcohol consumption during pregnancy on their brain development (foetal alcohol spectrum disorders – FASD), characterised by irreversible learning, memory and behaviour disorders along with greater vulnerability to risks of later addiction. It is the leading cause of non-genetic mental disabilities. **500,000 people suffer to differing extents from the consequences of their mothers' alcohol consumption during pregnancy.**

Scientific studies also prove that **tobacco consumption during pregnancy causes a threefold increase in the risk of *in utero* foetal death in early pregnancy as well as of premature birth**. Tobacco consumption also has negative effects on new-born babies' size and weight (children born of mothers who smoke weigh an average of 200 grams less than children born of non-smoker mothers).

Finally, the harm that **cannabis** does to the foetus has been fully described in international literature¹⁸. According to the WHO, tetrahydrocannabinol (THC), the drug's active component, can cross the placenta during pregnancy and affect the foetus, **its weight at birth and brain functioning** in particular. A research programme, coordinated by the University of Aix Marseille in liaison with the INSERM, highlights the delayed effects on children and adolescents of in utero exposure to cannabis: behaviour disorders, deterioration of visual perception, language comprehension disorders, attention disorders, memory disorders and impulsiveness for children; anxio-depressive disorders, short-term memory disorders, attention disorders, task-planning disorders, behaviour disorders and greater risk of cannabis consumption for adolescents.

¹⁸ WHO (2016) The health and social effects of nonmedical cannabis use, p.16.

Intensifying awareness-raising on the risks of consumption during pregnancy

Despite experts' recommendations in favour of **total abstinence during pregnancy**¹⁹, **only a quarter of the population agree that any alcohol consumption during pregnancy is risky for the child and almost a third of pregnant women continue to consume alcoholic drinks, if only occasionally. 24% of them state that they smoke on a daily basis** (20% after the first three months). The proportion of smokers among pregnant women puts France well ahead of the European Union's other countries, which record prevalences below 15%.

The youngest women and those with the lowest income are particularly involved in such consumption.

These findings show a need for **revision of information and support strategies** in order for the recommendation of abstinence during pregnancy to be understood and complied with by mothers, their spouses and their circle, with a view to creating environments encouraging non-consumption. They also require that work be done to improve the **visibility of health warnings** on bottles and tobacco packaging.

Health, medicosocial and education sector professionals are all essential relays for dissemination of prevention messages. In this respect, the national perinatal survey carried out by the INSERM and the *Direction de la recherche, des études, de l'évaluation et des statistiques* (DREES – Directorate for Research, Studies, Assessment and Statistics) in 2016 shows that health professionals pay a degree of attention to smoking during pregnancy (80% of women stated that they had been questioned about their tobacco consumption) but few of them give advice on stopping smoking: only 46.3% of women who smoked at some time during their pregnancy said they had received advice on how to stop smoking. Furthermore, much less attention is paid to alcohol consumption: 67.1% of women stated that they had been questioned on the subject during pregnancy but under a third said they had been recommended not to consume alcohol during pregnancy.

Fostering early dual identification targeting women and children

- for **women**, informing, identifying and aiding those in difficulty due to their consumption of psychoactive substances, if possible as from first expression of a wish to become pregnant, along with their circle; providing appropriate support, without stigmatisation, to women for whom total abstinence appears beyond the bounds of possibility and for whom long-term multidisciplinary treatment proves especially necessary.
- for **children**, improving professional practices in order to **make diagnoses as early as possible** and provide appropriate support in order to reduce disability.

¹⁹ Opinion published by *Santé publique France* in May 2017, report on foetal alcohol syndrome by the Academy of Medicine, 22 March 2016.

2.1

GOAL 2.1

DEVELOPING INFORMATION FOR AND TREATMENT OF WOMEN

- 1 Providing more information to young women, future mothers, future fathers and their circle, including via documents issued by family and health branches' social security funds and medical biology laboratories, as well as on pregnancy-test instructions and via public information campaigns on the consequences of consumption during pregnancy.
- 2 Making "consumption (alcohol, tobacco and cannabis) – factors of vulnerability" self-assessment questionnaires available to pregnant women with a view to better informing them and facilitating communication with health professionals, in particular during early prenatal interviews ("Priority Prevention" plan measure).
- 3 Increasing visibility and clarity of warnings on bottles of alcoholic drink (see Goal 1.3: Improving the relevance and visibility of health warnings) ("Priority Prevention" plan measure).
- 4 Increasing medicosocial- and social-sector health professionals' knowledge (during initial and continuing training), as well as that of staff at Établissements d'information et de conseil conjugal et familial (EICCFs – Institutions for provision of marital and family information and counselling) and family-planning centres, on risks and practices for early detection of consumption situations among women of childbearing age. Making them a subject to be covered during early prenatal interviews.
- 5 Adapting the specialised addictology offer to include women (in general) and providing for coordinated treatment of addicted pregnant women in the addictology health pathway (see Goal 6.5: Structuring health pathways in addictology).

2.2

GOAL 2.2

IMPROVING IDENTIFICATION AND TREATMENT OF EXPOSED CHILDREN

- 1 Better training of and awareness-raising among health professionals (midwives, paediatricians, general practitioners, Protection maternelle et infantile (PMI – Mother and child protection service) professionals, etc.) and early childhood professionals on detection of children's disorders connected with foetal alcohol syndrome, whatever age they require treatment.
- 2 In each region, facilitating exposed children's inclusion in health pathways organised around neurodevelopmental disorders. Paying special attention to children most at risk (adopted children, children with parents with problematic consumption issues, etc.).
- 3 Studying opportunities for identification and certification of reference teams on prenatal exposure to alcohol.
- 4 Developing research on biomarkers of prenatal alcohol exposure and factors of neuroprotection.

PRIORITY 3

3

Ensuring our children grow up in a protective environment

Despite a few hesitant improvements observed among lower and upper secondary school students over recent years, consumption of tobacco, alcohol and illegal drugs, particularly among young people, is still a matter of great concern. **25% of 17 y/o are daily tobacco smokers and 8% consume alcohol more than 10 times a month**²⁰. 44% of 17 y/o have at least one heavy episodic drinking (HED) experience a month, with significant variations according to region. **As regards cannabis, monthly consumption on the part of 16 y/o is among the highest out of 35 European countries.** 39% of 17 y/o state that they have already smoked cannabis. Although there was a slight decrease in regular use between 2014 and 2017, the proportion of young people risking problematic use is a little higher than it was in 2014: 25% as against 22% in 2014. In total, 7.4% of 17 y/o show signs of problematic consumption.

As for use of **screens**, which is widespread among adolescents and even children, time spent by 16 y/o on the Internet has increased considerably over the last ten years: these days, surfing the net seems to be the top everyday occupation, well ahead of any other leisure activity. There is not enough scientific data to estimate scales of problematic use or addictive behaviours they lead to. Screens encourage various forms of learning: they provide access to knowledge and are sources of entertainment. Their use amongst younger sectors of the population must nonetheless be monitored, leaving adequate time for other types of psychomotor and relational learning, as well as for relaxation and sleep. But parents often seem helpless and lacking in points of reference.

Playing **video games** (in networks, roleplay, strategy, combat, etc.) is an activity all too likely to lead to problematic use; it concerns 46% of adolescents who play for more than an average of 3 hours a week. In addition to the precautions described above with regard to screens, video games risk imprisoning young people in addictive, unreal and sometimes violent scenarios. Playing them is also the Internet activity most closely linked to gender: 61% of boys state that they have played, as against 31% of girls. International studies based on heterogeneous definition criteria suggest that between 1 and 5% of adolescents are video-game dependent. Focusing on a sample of pupils from the Paris region in 3rd-year lower secondary to 2nd-year upper secondary classes, the PELLEAS survey reveals that **1 in every 8 teenagers evidence problematic use of video games.** "Gaming disorder" has been recognised as an illness (addiction disorder section) by the World Health Organisation since 18 June 2018, and has been included in the International Classification of Diseases (ICD 11).

²⁰ Spilka S., Le Nézet O., Janssen E., Brissot A., Philippon A., Shah J., Chyderiotis S. (2018) *Les drogues à 17 ans : analyse de l'enquête ESCAPAD 2017* (Drugs at 17: analysis of the 2017 ESCAPAD survey). *Tendances*, OFDT, no. 123.

Delaying the age for experimenting with and starting on consumption

According to the conclusions reached in the INSERM's Collective Expert Assessment on addictive behaviours among adolescents, published in 2014, the adolescent brain is more vulnerable to psychoactive substances than the adult brain, whatever the product in question. The brain's maturation processes lead to **high vulnerability to substances' neurotoxicity**. Early experimentation and start of regular consumption increases risks of later dependence and, more generally, subsequent harm.

The harmful effects of cannabis, in particular on school careers in the event of early consumption, are also now well documented²¹. Consumption before the age of 15 is also a risk factor for occurrence of psychotic disorders. Nonetheless, there is still little perception of cannabis-related risks among young people, and France is the European country with the highest "social incentive" rate (frequency of opportunities to consume)²².

Helping parents, schools and reception facilities dedicated to minors develop psychosocial skills

International and national scientific work alike (such as INSERM's above-mentioned collective expert assessment) suggest that all public actors, professionals and parents should **act early** on behalf of children's development, in order to delay experimentation with alcohol, cannabis and tobacco as much as possible and so reduce later risks of addictive behaviours.

The most effective prevention programmes are those that start during the preschool or even perinatal period, and which work on adults' socio-emotional skills. **Knowing that parents' behaviours during pregnancy and early childhood are of key importance in development of their children's self-control, emotional management and prosocial behaviour capacities, preventive action targeting adults in contact with children, parents in particular, along with development of parenting skills, would seem to be the best course to take**²³.

Protection against addictions should be one of the goals prioritised by parenting assistance programmes, reinforcement of which, as a form of social investment, is one of the priorities of the Government's policy on the family and combating poverty²⁴. In this respect, a focus on preventing addictive behaviours might also be incorporated into *départemental* councils' activities and integrated into *départemental* child-and-family plans.

Parents must also be better informed of risks connected with consumption and behaviours. They must be made more aware of their capacities for intervention and consolidated in their role as educators. The latest data makes it clear that initiation into alcohol consumption usually occurs in the family circle, often between the ages of 5 and 10. The PELLEAS survey also stressed the need to help them better supervise use of video games.

21 Melchior M., Bolze C., Fombonne E., Surkan P.J., Pryor L., Jauffret-Roustide M. (2017) Early cannabis initiation and educational attainment: is the association causal? Data from the French TEMPO study. *International Journal of Epidemiology*, Vol. 46, no. 1, p. 1641-1650.

22 ESPAD survey 2015, OFDT. For citation: Spilka S., Le Nézet O., Mutatayi C., Janssen E. (2016) *Les drogues durant les "années lycée"*. *Résultats de l'enquête ESPAD 2015 en France* (Drugs during the "high school years". Findings of the 2015 ESPAD survey in France). *Tendances*, OFDT, no. 112.

23 Inserm (2005) *Trouble des conduites chez l'enfant et l'adolescent* (Behaviour disorders among children and adolescents). Paris, Inserm, coll. Collective expert assessment.

24 Presentation by the Minister for Solidarity and Health, before the CNAF's Executive Board, on priorities of family policy and the fight against poverty, on 19 September 2017.

Children's psychosocial skills aim to develop their self-esteem, capacity to control emotions, trust in adults and empathy. They enable better management of everyday requirements and tests and become more effective when parents and other adults in contact with children are involved (see INSERM, 2014): **benevolence and attentiveness, in the family and at school, are essential factors of protection** against early consumption of psychoactive substances, addictions and their consequences, and other "high-risk" behaviours (violence, suicide attempts, etc.). They are also resources that foster educational and scholastic success. **Benevolence and prevention interact in favour of wellbeing and reinforce each other to the benefit of young people, their families and schools.**

Such programmes' effectiveness has been clearly demonstrated (see INSERM, 2014) in the context of experiments carried out with very young children. Conditions should be developed for their deployment throughout the territory.

When children are entrusted to the care of the public authorities, whether to Child Welfare (ASE) or Judicial Youth Protection (PJJ) services, this responsibility also falls upon the professionals tasked with socio-educational monitoring of young people (with parents usually maintaining parental authority). Whether in open environments, foster families or institutions, professionals need to be trained in this type of approach, in order to make these institutions promoters of young people's health, following the example of the "*PJJ promotrice de santé*" (PJJ Health Promoter) initiative. In accordance with their age, such young people are of course targeted by measures promoting their wellbeing and success (see Priority 4: Promoting young people's wellbeing and success).

Improving coordination and training of professionals in contact with children

Educational communities need to be accompanied and supported in this evolution, so that these approaches can be incorporated into school life and teaching as early as possible, throughout the scholastic career and in coordination with various disciplinary competences.

Thought already given to this issue in a number of schools needs to be continued and expanded, drawing on the reforms underway and the health education pathway in order **to promote the role of psychosocial skills as a core of skills useful to promotion of health and wellbeing, as well as to prevention of numerous risks.**

Special attention must be paid to young people in vocational training as well as to NEETS ("Not in Education, Employment, or Training"), and the skills of professionals likely to provide them with support (local missions in particular) improved.

A good many professionals (community actors, police and gendarmerie anti-drug instructors, health professionals, etc.) also act among young people, schoolchildren in particular, to provide them with information on risks connected with consumption of psychoactive substances. Such action often lacks coordination. Content and methods should be better articulated to make it more effective. A recommendation, based on currently available knowledge, therefore needs to be drafted on the relevance and, where required, organisation of information actions (content, actors and frequency) in the context of children's and young people's educational pathways in each territory. Involvement of National Education professionals and teaching staff in such actions would help ensure that information is passed on via other pedagogical and educational actions, in the context of an educational continuum in line with school projects.

Initial consumption and situations of malaise should also be detected earlier and, if necessary, lead to more rapid referrals to competent professionals. **Professional practices will therefore need to evolve and action taken be better coordinated and facilitated**, in particular among school staff, primary care health professionals, *Protection maternelle et infantile* (PMI – Mother and child protection services), *Maisons des adolescents* (MDAs – Adolescent centres), *Points d'accueil et écoute jeunes* (PAEJs – Youth reception and listening points), local missions, *Centres médico-psychologiques* (CMPs – Medico-psychological centres) and ***Consultations jeunes consommateurs* (CJCs – Young consumer consultations)**, which constitute major resources for prevention, training and early intervention and should be better known by parents.

All in all, the issue here is to coordinate actors in prevention intervening in children's and adolescents' living environments and make their wellbeing and health an integral part of education policies, health-care-access policies, family support policies and youth policies²⁵.

Protecting minors and ensuring application of the prohibition of tobacco and alcohol sales and gambling

A very recent study²⁶ by the OFDT confirms young people's perception of an environment highly favourable to consumption: tobacco and alcohol are described as being omnipresent in their circles, whether in the family, at school, among friends or in their social lives; in their neighbourhoods, near schools; and in the images to which they are exposed on a daily basis, above all in the worlds of fiction. This context also includes frequent incitements to "just try it", testified to by most young people and making experimenting an experience it is hard to turn their back on.

Inadequate application of the law governing sale of tobacco and alcohol, in particular to minors, also explains how easy it is to obtain such products. Although sale of alcohol and tobacco to minors has been prohibited since 2009 (prohibitions reinforced in 2016), according to the OFDT it would appear that, in 2015, over half of 16 y/o who had consumed alcohol over the course of the previous month reckoned that they had no difficulty in obtaining alcohol, of whatever kind²⁷. The proportion was as high as 80% with regard to beer. As for tobacco, almost 9 out of every 10 young people who smoke reckoned that it was easy to buy what they wanted from tobacconists.

As regards sale of scratchcards and other similar games by tobacconists, there is supposed to be proper verification of players' ages. However, an internal audit of sales outlets carried out by *Française des Jeux* between January and mid-September 2017 revealed that only 29.8% of tobacconists refused to sell such games to minors.

As regards access to casinos and "gaming circles" in Paris (replaced by "gaming clubs" in January 2018), it is prohibited to minors and subject to systematic monitoring by video-protection cameras. Regular inspections of compliance with all regulations are carried out by the *Service central des courses et des jeux* (SCCJ – Central Racing and Gaming Unit), a specialised department of the Judicial Police Service's Central Directorate with administrative policing competences, in coordination with the *Direction des Libertés Publiques et des Affaires Juridiques* (DLPAJ – Directorate of Public Freedoms and Legal Affairs).

25 Moro M.-R., Brison J.-L. (2016) *Bien-être et santé des jeunes* (Young people's wellbeing and health) Mission. Paris, Ministry of Social Affairs and Health.

26 Obradovic I. (2017) *Représentations, motivations et trajectoires d'usage de drogues à l'adolescence* (Perception of, reasons for and trajectories of drug use during adolescence). *Tendances*, OFDT, no. 122.

27 Questioned about their most recent consumption, 17 y/o mentioned beer (63.5%) and spirits (67.3%), which, as in previous surveys, are still the most popular alcoholic drinks among 17 y/o. Next came premixed drinks (26.4%), followed by champagne (24.8%) and wine (18.4%). Together (wine, champagne or both), recent use stands at 35.9%.

Internet gaming websites are also for adults only; all players must provide an ID document and bank-account details within a month of registration. Nonetheless, there is a risk of minors being able to log on and play, either during the initial month or by playing alongside adult friends.

Despite all these regulations, 44% of French 17 y/o replied²⁸ affirmatively to the question "Have you already gambled in whatever type of game?" 39% stated that they had played at least once during the twelve months preceding the survey, and 10% said they had played during the week preceding the survey²⁹.

Reducing young people's exposure to advertising and influence strategies

Studies show that, due to their social practices (Internet, social networks, recreational activities, cinema, sports etc.), young people are more sensitive to **the influence of direct or "indirect" advertising strategies** promoting the positive/"party" image of such-and-such form of behaviour or product (sponsoring, product placement, organisation of "competitions", etc.).

The connection between exposure to advertising and increase in alcohol consumption among young people (including abuse) is particularly well illustrated in French and international scientific literature³⁰.

This is why industrial concerns make such massive investments in these strategies. **In 2011, it was estimated that 460 million euros was invested in advertising devoted to promotion of alcohol consumption** – compared with the 3 million euros that Santé publique France devoted to prevention campaigns!

Despite the current regulatory framework, a recent study³¹, published in January 2017 in the *Addictions* journal, assessing exposure to advertising of alcoholic drinks among a sample of 6,642 French upper-secondary students, showed that **29.8% stated that they had been exposed to advertising promoting alcohol daily over the course of the previous twelve months**. Main sources of exposure are supermarkets, films, magazines and newspapers, posters in streets and on public transport, and Internet. The Court of Auditors, Santé publique France and the INCa³² recommend reinforcement of regulations, in particular on the Internet and in environments where younger sectors of the population are exposed.

The same recommendations also bear on **reinforcement of compulsory health information** (in advertisements and on containers) for alcohol (see Goal 1.3: Improving the relevance and visibility of health warnings) and on **transparency of lobbying activities**.

Lastly, more social marketing campaigns should be organised in order to counter the effects of exposure to advertising and so reduce the attractiveness of products and their consumption.

28 ESCAPAD survey, 2011

29 OFDT, ESCAPAD data, 2017, "*Pratiques des jeux d'argent et de hasard en France à 17 ans*" (Gambling and playing games of chance in France among 17 y/o), September 2018

30 *Influence du marketing et de la publicité des industriels du tabac et de l'alcool* (Influence of the tobacco and alcohol industries' marketing and advertising). In: *Conduites addictives chez les adolescents : Usages, prévention et accompagnement* (Addictive behaviours among adolescents: practices, prevention and assistance). Paris, Inserm 2014, p. 137-147.

31 Jernigan D., et al. (2017) Alcohol marketing and youth alcohol consumption: a systematic review of longitudinal studies published since 2008. *Addiction*, Vol. 112, no. Suppl.1, p. 7-20. McClure A.C., et al. (2013) Alcohol marketing receptivity, marketing-specific cognitions, and underage binge drinking. *Alcoholism: Clinical and Experimental Research*, Vol. 37, Suppl. 1, p. E404-E413.; Gallopel-Morvan K., et al. (2017) France's Évin Law on the control of alcohol advertising: content, effectiveness and limitations. *Addiction*, Vol. 112, Suppl. 1, p. 86-93

32 *Cour des comptes* (Court of Auditors, 2016) *Les politiques de lutte contre les consommations nocives d'alcool* (Policies combating alcohol abuse); Santé publique France, INCa (2017) *Avis d'experts relatif à l'évolution du discours public en matière de consommation d'alcool en France* (Expert opinion on the evolution of public discourse on alcohol consumption in France).

3.1

GOAL 3.1

ASSISTING PARENTS IN THEIR ROLE AS EDUCATORS

- 1 Including addictive behaviour prevention among the goals of reinforcement and better territorial coverage of parenting assistance programmes, in particular in the CNAF's next Agreement on Objectives and Management (COG) and, at local level, in *départemental* family services plans.
- 2 Including the goal of high-risk behaviour prevention (including consumption of psychoactive products and involvement in drug trafficking) in social centres' specifications, via parenting assistance programmes and collective action on behalf of young people.
- 3 Deploying validated programmes on joint development of young people's psychosocial skills and of parenting skills, including the *Strengthening Family Program for Parents and Youth*³³.
- 4 Supporting parenting assistance programmes (e.g. the "*Mallette des Parents*" (Parents' Kit). Using such vehicles to ensure supervision of young people's use of screens, based on simple messages ("*Priority Prevention*" plan measure).
- 5 Providing parents with more information on the existence of Young Consumer Consultations and Adolescent Centres, in particular in the context of the planned coordination ("*Priority Prevention*" plan measure) between CJsCs and schools.
- 6 In the context of action research, promoting prevention practices targeting children of parents with addictions in order to reduce the increased risk they run of developing addictions themselves.

3.2

GOAL 3.2

PROVIDING SCHOOLS WITH THE RESOURCES FOR EFFECTIVE PREVENTION

- 1 Deploying validated psychosocial skills development programmes in all local education authority catchment areas, with a view to improving school climates and preventing high-risk behaviours, including addictive behaviours. Such programmes will be implemented in coordination with parents and accompanied by academic seminars on psychosocial skills development.
- 2 Entrusting an interministerial inspection mission with the drafting of a recommendation on the relevance and organisation of informative actions (content, actors and frequency) in schools.

³³ In France, this programme has been culturally adapted to 6-11 y/o and its assessment is underway for adolescents.

- 3 Training (in initial, continuing, categorical and cross-categorical courses) teachers and school healthcare staff in promotion of psychosocial skills development, drawing on support from the university network with regard to health education (distance and in-person training) and on educational resources integrating psychosocial skills into teaching practices (updating and development of *Profédus* resources).
- 4 Supporting preventive action on the part of *départementale* and local educational authority health and citizenship education committees (CDESCs and CAESCs) as well as promotional and coordination action on the part of referent school principals, via provision of resources (methodological sheets and validated programmes).
- 5 Developing multiannual addictive behaviour prevention programmes for students at agricultural secondary schools.

GOAL 3.3

KNOWING HOW TO REACT TO INITIAL PROBLEMATIC USE OF PRODUCTS AND SCREENS/GAMES

3.3

- 1 Improving early detection capacities among professionals in contact with children, adolescents and young adults, via dissemination of simple alert criteria (problematic use of products and screens, and pathological gambling) and by helping them bring appropriate responses to the situations they come up against.
- 2 Consolidating CJC and MDA resource centres' missions, lending support to their professional staff and encouraging their "outreach" actions in direct contact with adolescents and young people (by drawing on the "Priority Prevention" plan measure for setup of partnerships between CJsCs and schools). Increasing and updating their knowledge and skills with regard to new addictive behaviours and addictions such as computer games.
- 3 Training professionals staffing local missions in the issues involved in addictive behaviours and early detection and appropriate guidance procedures. Developing partnerships with *Établissements pour l'insertion dans l'emploi* (EPIDEs – Employment integration establishments).
- 4 In the context of the upcoming experiment on the health and wellbeing of young people in three pilot regions (Île-de-France, Pays-de-la-Loire and Grand-Est), taking account of situations of psychoactive product consumption by young people.

3.4

GOAL 3.4

PAYING SPECIAL ATTENTION TO CHILDREN IN THE CARE OF CHILD WELFARE AND YOUTH PROTECTION SERVICES

- 1 Drawing on the “PJJ promotrice de santé” dynamic in order to consolidate coherent account-taking of addictive behaviours in schools’ and services’ educational projects, aiming in particular at empowerment of young people and their families. Such work should also foster development of psychosocial skills in everyday life, in line with the objectives of personalised projects of young people in care.
- 2 Ensuring that initial and continuing training of professionals working with young people in the care of the Judicial Youth Protection and Child Welfare services includes evidence-based strategies for prevention of consumption and other high-risk behaviours that also impact behavioural disorders.
- 3 Supporting deployment of Multidimensional Family Therapies (MDFTs) in voluntary-sector Youth Protection and Child Welfare institutions, and adapting them to specific contexts.
- 4 Consolidating the partnership between CJs and Youth Protection and Child Welfare institutions.
- 5 Improving the effectiveness of actions carried out at regional level on behalf of young people in the care of Judicial Youth Protection services, by providing national guidelines for criteria on quality of actions to be funded, their long-term implementation and complementarity of actors involved; encouraging local experiments.

3.5

GOAL 3.5

ENSURING COMPLIANCE WITH PROTECTIVE PROHIBITIONS

- 1 Reminding the general public of the prohibition of sale of tobacco, alcohol and gambling games to minors: inclusion of the message in general public communication campaigns on the risks connected with alcohol and tobacco; funding targeted communication actions via calls for projects; local communication carried out by establishments licensed to sell alcohol, in the context of commitments charters (see Goal 4.3: Better supervising the sale of alcoholic drinks).
- 2 Ensuring that the ban on sale of alcohol to minors is complied with by all sales outlets (including “takeout” sale):
 - mobilising production and distribution sector professionals, in the context of commitments charters bearing in particular on training of professionals, information delivered to consumers, signage in sales outlets and on containers, and organisation of shelving and checkout lanes;

- training licensees (see Measure 4.3.1: Improving the clarity of legislation on alcoholic drink outlets, in particular by coordinating with local authorities in setting up a workgroup tasked with revising conditions for sale of alcoholic products and the legal system governing such outlets, with special focus on: increasing the fixed-rate fine for the offence of selling alcohol to minors (Justice Programming Bill);
- consolidating partnerships with addictology sector associations in order to organise "testing" operations designed to see how far the legislation is complied with in a given territory;
- implementing coordinated inspection plans at local level, under the aegis of Prefects.

3 Ensuring that the ban on sale of **tobacco** to minors is complied with:

- reminding tobacconists (in particular via adaptation of their initial and continuing training courses in collaboration with the Confederation of Tobacconists) of their obligation to require customers to show proof of their being of legal age and display the compulsory notices on prohibition of sale to minors;
 - carrying out preventive actions among young people;
 - carrying out preventive actions among tobacconists, designed to remind them of legislation in force;
 - increasing numbers of administrative inspections, by raising local elected officials' and municipal police chiefs' awareness and training municipal police officers³⁴;
 - setting up monitoring plans under Prefects' aegis;
 - organising coordination with the *Direction générale des Douanes et Droits Indirects* (DGDDI – Directorate-General of Customs and Indirect Taxes), tobacconists' supervisory authority and as such endowed with disciplinary powers including fines and provisional or permanent suspension of licences;
 - consolidating partnerships with addictology sector associations in order to organise "testing" operations designed to see how far the legislation is complied with in a given territory;
 - organising shared monitoring of the evolution of sale of tobacco to minors, based on all data collected.
- 4 Finalising the feasibility study carried out by the *Agence de Régulation des Jeux En Ligne* (ARJEL – Online Gaming Regulatory Authority) on introduction of a "player's card" designed to make identification, and therefore age verification procedures, faster and more reliable.

GOAL 3.6

REDUCING YOUNG PEOPLE'S EXPOSURE TO PRODUCERS' MARKETING

3.6

- 1 Ensuring compliance with the regulations designed to reduce young people's exposure to alcohol advertising, in particular in sports complexes; including control of regulations on advertising in police forces' control plans, drawn up under the aegis of Prefects and *Direction Générale de la Concurrence, de la Consommation et de la Répression des Fraudes* (DGCCRF - General Directorate for Competition Policy, Consumer Affairs and Fraud Control) personnel, via the *Directive nationale d'orientation* (DNO – National Orientation Directive).
- 2 Studying and observing the impact of (alcohol and tobacco, etc.) marketing and influence strategies, on a regular basis and in cooperation with the OFDT.

³⁴ The Law of 26 January 2016 increased the municipal police's powers of inspection and sanction in the context of the fight against smoking

4

PRIORITY 4

Promoting young people's wellbeing and success

Mobilisation of educational communities and families and friends must continue after young people's years of compulsory schooling are over, in order to accompany them as they take their first steps on the road to emancipation and adulthood, whether they are still minors or have already reached the age of majority, are undergoing training, exercising a professional activity or have undertaken higher educational studies. It is of key importance to get young people to participate in risk prevention and reduction actions.

A study carried out on students' health (I-SHARE) shows that there continues to be major prevalence of consumptions of psychoactive products among students: between a quarter and a third of students smoke regularly; almost 10% smoke cannabis more than 10 times a month; about 10% consume alcohol more than 10 times a month, and over a third admit to a heavy drinking episode (HED) at least once a month.

In view of the impact such consumptions have on academic success, determined action to foster students' wellbeing is required. It is opportune that such action is integral to the reforms of higher education undertaken by the Government, as part of an academic continuum with school education. The "Students Plan" adopted in late 2017 puts forward new frameworks for consolidation of preventive action targeting students. *Services universitaires de médecine préventive et de promotion de la santé* (SUMMPSs – University departments for preventive medicine and promotion of health) are developing, with the number acting as healthcare centres set to rise from the present 24 to 34 by the end of 2019. This measure is accompanied by organisation of a Student Prevention Conference.

Mobilising young people on the basis of the latest knowledge of their use of products

The way minors perceive psychoactive substances and their reasons for using them are now better known, as are consumption trajectories³⁵. It appears that the issue of sociability and collective aspects determine initiation into drug use: it is very much a matter of experimenting with the feelings, perceptions and thoughts of others and forming an immediate affective community; depending on the case, what the young person concerned wants is to consolidate an alliance or avoid any risk of being left out of the group.

Experimenting is described as an initiatory experience as well as a commonplace, standard rite of passage far removed from any sense of transgression. In contrast, keeping away from psychoactive substances is often the expression of a determination to resist peer pressure.

Although, there seems to have been a shift in perceptions of tobacco, which now has a highly negative image, alcohol is still associated with joy, partying, wellbeing, light-heartedness, conviviality and relaxation, and seen as being a part of French culture and tradition. However, accounts of its use are dominated by references to strong alcoholic drinks, quantities collectively assessed as excessive, and "losing control". As for cannabis, it is perceived more positively: enjoying a positive, "downplayed" image, it is seen as being less dangerous and addictive than tobacco. Its less unfavourable image is accentuated by the "natural" properties ascribed to "weed", which seems to be the main form in which cannabis is used by this generation. The drug's risks are not mentioned in consumers' discourse; it would appear that negative perceptions of tobacco contribute to normalisation of cannabis, which benefits from the former's discredit.

Analysis of perceptions highlights the importance of working on the way young people regard these substances, and of reconciling individual and collective approaches, given the fact that family, friends and the environment may play determining roles with regard to their consumption.

Better supervising the sale of alcoholic drinks and regulating festive gatherings

Given the risks run and harm done by consumption of psychoactive products, the legislature has submitted them to a rigorous system of regulation, endowing Prefects and Mayors with special administrative policing powers. It has imposed a continuum of prohibitions, noncompliance with which is punishable under criminal or administrative law and whose purpose is to create a protective environment, for young people in particular:

- Prohibition of sale of alcohol and tobacco to minors (see Goal 3.5: Ensuring compliance with protective prohibitions) and regulations on advertising that aim to limit exposure to inducements to consume as well as on message content, combat positive depictions of alcohol and tobacco promoted by marketing (see Goal 3.6: Reducing young people's exposure to producers' marketing);
- Special systems for drink classification (determining type of licence in particular), display, supervision of types of sales outlets and conditions for opening, running and transfer of bars. Access to alcoholic drinks is made all the easier at present by the increasing numbers of "takeout" and temporary outlets and diversification of methods of sale (Internet). Town halls and prefectures do not carry out systematic monitoring of licences and training obligations. Only a national census with recording of licence numbers would enable effective and exhaustive monitoring of licences III and IV for premises selling alcoholic drinks.

³⁵ Obradovic I. (2017) *Représentations, motivations et trajectoires d'usage de drogues à l'adolescence* (Perception of, reasons for and trajectories of drug use during adolescence). *Tendances*, OFDT, no. 122.

- Regulation of “happy hours”³⁶, which, by their very nature (incentive to drink more in less time and association of alcohol consumption with partying and conviviality), contribute to binge drinking; supervision of “happy hours”, introduced by the “Hospital, Patients, Health, Territories” (HPST) Law of 21 July 2009, followed by the Decree of 6 May 2010 (Article L. 3323-1 and Article R. 3351-2 of the Public Health Code)³⁷, is currently ineffective as it is generally unenforced (according to data supplied by the Direction des Affaires Criminelles et des Grâces (DACG – Directorate of Criminal Affairs and Pardons), there are fewer than a dozen recorded contraventions a year across the territory).
- Crackdowns on public intoxication. In 2016, there were 48,415 such offences resulting in legal proceedings.

The need for effective coordinated simultaneous regulations covering these different fields is based on solid scientific data. Research has shown that availability of legal and illegal substances has an impact on their consumption. A product that is equally addictive but hard to get hold of will affect fewer numbers of consumers and there will be fewer cases of dependence. **Limiting product availability through increased compliance with protective regulations is of major importance in decreasing early experimentation and reducing consumption levels.**

In addition, the proliferation of festive gatherings and resulting habitual consumption of psychoactive products requires thought to be given to health risks and prevention of disturbances of the peace, in urban and rural areas alike.

In France, just over half the total population (53%) state that they have suffered harm resulting from a third party’s alcohol consumption³⁸, with 21% saying they were very much affected.

In addition to the disturbances it causes (sound pollution in the neighbourhood, deterioration of street furniture and litter on public highways), drunkenness can be a risk to intoxicated individuals themselves and to third parties, and involves mobilisation of major police, judicial and healthcare resources.

The INSERM and the OFDT have demonstrated that alcohol abuse increases risks of conjugal violence, the seriousness of certain crimes and offences, physical and sexual assault in particular, and of exchanges of insults and assaults outside bars. A 2006-2007 *Violence Alcool Multi-Méthodes* (Multi-Method Violence and Alcohol) study showed that 40% of subjects who had taken part in a fight in a public place had drunk alcohol within the preceding two hours. 32% of acts of intentional destruction and 20% of thefts were preceded by consumption of alcohol. Alcohol and cocaine are the two substances most linked with violence, according to a study published in 2014³⁹.

The proposed measures aim to protect young people better and improve public health standards and order, via an approach combining health and safety issues while recognising the social function of festive gatherings.

36 “Happy Hours” offer customers drinks at reduced prices (half-price, for example) or on a “buy one get one free” basis, within a limited time period. Usually lasting 2 or 3 hours (from 6 p.m. to 8 or 9 p.m.), their goal as far as bars are concerned is to bring in customers before peak business hours or on days of the week when they do the least business.

37 French legislation requires that an outlet licensed to sell alcoholic drinks and which promotes reduced prices for their consumption must also offer reductions on “soft” drinks during the same hours. Promotion of non-alcoholic consumption must be displayed in the same way as alcoholic beverages. In the event of noncompliance with the law, the offender is liable to a 4th-category fine of €750.

38 Palle C., Beck F., Richard J.-B. (2017) *Usages d'alcool et dommages subis : une perspective européenne* (Alcohol use and harm sustained: a European perspective). *Tendances*, OFDT, no. 118.

39 Bègue L. (2014) *Drogues, alcool et agression. L'équation chimique et sociale de la violence* (Drugs, alcohol and aggression, the chemical and social equation of violence). Paris, Dunod.

Acting on alcohol and tobacco prices

According to the World Health Organisation (WHO), increasing tobacco prices is 'the most effective way of decreasing consumption'. This is why the Government has decided to make a **gradual but significant increase in the price of tobacco to bring it to 10 euros a packet by 2020**.

Although the aim is not, of course, to introduce a prohibition disguised as a price rise, all studies on the subject conclude that action on prices is one of the most effective measures for reducing alcohol consumption and the harm it does. According to the OECD's latest reports, "a rise in taxes resulting in a 10% increase in the price of alcoholic drinks and adoption of a series of regulatory measures should produce significant effects". The rise should be applied to all alcoholic drinks; due to lower numbers of grams of alcohol they contain, wines and beers currently benefit from advantageous taxation compared with other alcoholic drinks.

In its June 2016 report on policies combating alcohol abuse, the Court of Auditors emphasised that "in all studies, action through prices and taxation appears to be one of the most effective measures on behalf of public health and reduction of the health and social costs of alcohol. It should therefore be central to any strategy designed to combat alcohol abuse". The Court also stressed that the 2012 tax increase was undoubtedly one of the factors leading to a drop in consumption of certain kinds of alcoholic beverages.

The tax system⁴⁰ for alcoholic drinks is defined in two European Directives (92/83/EEC and 92/84/EEC of 19 October 1992) respectively specifying the products subject to excise duties and the minimum rates that apply. Excise duties on wines are calculated on quantity alone, whatever the degree of alcohol, and by degrees per hectolitre for other products. In France, excise duties currently range from 0.003 euros for a standard glass for wine to 0.14 euros for spirits, a 1 to 50 ratio. National rates vary greatly from one European State to another. The Court of Auditors stresses that absence of common taxation rules depending on pure alcohol content is an obstacle to use of taxation for public health purposes.

As regards setting minimum prices, in its decision of 23 December 2015 when referred to following the measure's introduction in Scotland, the Court of Justice of the European Union (CJEU) considered that such a measure should be based on evidence provided by the Member State concerned, enabling reasonable estimation that the measure is the only one likely to achieve the desired public health objectives (in comparisons with tax measures in particular)⁴¹.

In November 2017, the British High Court authorised the Scottish Government to set a minimum price for sales of alcohol, via the "Minimum Unit Pricing" Act passed by the Scottish Parliament in 2012; in its ruling, the High Court deemed that "the act is not contrary to Community law" and that setting a minimum price was "a proportional means of achieving a legitimate goal". In the Court's opinion, the law's objectives were valid as they aimed to combat excessive alcohol consumption, a cause of social and health problems in Scotland, in particular among the most fragile sectors of the population.

In France, the "*Alcoprihau*" study carried out in 2013-2014 examined the effectiveness of minimum pricing, based on the inadequacy of a change in taxation of alcohol drinks sold at very low prices per gram of alcohol, wine in particular, in achieving public health goals. The measure would enable better protection

⁴⁰ Indirect taxes on alcoholic drinks include VAT at 20% (10% in Corsica and 8.5% in French Overseas Territories) and excise duties, along with social security contributions for drinks over 18° pure alcohol and premixed drinks. In Corsica, wines produced and consumed on the island are exempt from excise duties and VAT. Rums produced in French Overseas Territories are only taxed half as much as other spirits. Part of the revenue from indirect taxation of alcoholic drinks is allocated to social security bodies (see pp. 64 and 65 of the Court of Auditors' report published in June 2016).

⁴¹ The CJEU's full argument may be consulted online at: <https://curia.europa.eu/jcms/upload/docs/application/pdf/2015-12/cp150155fr.pdf>

of young people and heavy drinkers. The data collected should be complemented by an assessment of the extent of expected effects on public health, brought about by the drop in consumption, along with the impact such a measure has on the various economic sectors concerned.

Better supervision of distributors' promotional practices would also help reduce accessibility, in particular for vulnerable sectors of the public.

Monitoring accessibility of games for better protection

Gambling games are defined by Article 2 of the Law of 2 May 2010, amended by the Law of 17 March 2014; conditions for qualifying as a gambling game are availability to the public, financial sacrifice and hope of profit.

The regulatory measures implemented are not only designed to protect young people, but also to combat addiction throughout the population. In recent years, the development of the Internet has contributed greatly to parallel development of online games enabling players to play anywhere and at any time. In addition, the online game market has been open to competition since 2010 for poker and bets on sporting events and horseraces. Operators are monitored by the *Autorité de régulation des jeux en ligne* (ARJEL – Regulatory Authority for Online Games) and must implement protective mechanisms: displays of preventive messages, players' definition of limits to amounts wagered, and the possibility to self-exclude for duration running from 7 days to 3 years.

According to the *Observatoire des jeux* (ODJ – Observatory of Games), French citizens' expenditure on games increased between 2000 and 2016, with the share of money that households spent on leisure activities and culture increasing from 8.3 to 9.9%. In 2016, expenditure on games per adult inhabitant came to €193 as against €134 in 2000. Internet media play an increasing role in percentages spent on games (9.8% in 2016).

Between 2010 and 2014, percentages of French citizens between 15 and 75 y/o who had played gambling games or games of chance over the course of the previous 12 months increased significantly: from 46.4% in 2010 to 56.2% in 2014. As regards problematic players, a survey carried out by the ODJ, OFDT and *Santé publique France* in 2014 on French citizens' game-playing habits suggested that expansion of the games offer, along with the opening of a legal market on the Internet in 2010, had led to increased demand, with an increase in "moderate risk" players and stable numbers of "excessive" players, and that numbers of "problem" players among minors were twice as high as for adult players. These figures should be treated with caution, however, and it would be of interest to complement them with a new, more detailed joint study on "moderate risk" players, an audience targeted by preventive actions, and on game-playing among minors.

GOAL 4.1

SUPPORTING HIGHER EDUCATION'S INVESTMENT IN PREVENTION

4.1

- 1 Encouraging pooling of best practices for supervision of evening parties.
- 2 Fostering involvement on the part of *Services interuniversitaires de médecine préventive et de promotion de la santé* (SIUMPPSs - Interuniversity departments for preventive medicine and promotion of health) in prevention of HED, tobacco and cannabis consumption, and all addictive behaviours; disseminating the tried and tested practice of *Étudiants relais santé* (ERSs – Student health relays).

GOAL 4.2

MOBILISING YOUNG PEOPLE

4.2

- 1 Training young civic-service volunteers in prevention of addictive behaviours, depending on the missions assigned to them; involving them in prevention programmes.
- 2 Using the healthcare students' health service (40,000 young people), which was inaugurated in 2018, as an opportunity to consolidate addictive behaviour prevention actions, in particular those targeting vulnerable sectors of the public.
- 3 Mobilising sports federations as prevention campaign relays, as is currently happening with the "*moi(s) sans tabac*" (tobacco-free month/me) initiative. Drawing on civic engagement vis-à-vis the 2023 Rugby World and 2024 Olympic Games to promote prevention of high-risk consumption.
- 4 Supporting preventive action in schools on the part of peers, modelled on projects that have already proved to be effective, such as "*Assist*"⁴² in lower secondary and "*P2P*" in upper secondary schools.
- 5 In accordance with the appropriations allocated by the *Caisse nationale d'allocations familiales* (CNAF – National Family Benefits Fund) Objectives and Management Agreement's National Social Action Fund, supporting development of the "*Promeneurs du Net*" (Web Walkers) programme, which aim to provide young people with a benevolent and attentive presence in the "digital street" and on the various social networks, not only to inform them but also to assist them with their projects.

42 Campbell R., et al. (2008) An informal school-based peer-led intervention for smoking prevention in adolescence (ASSIST): a cluster randomised trial. *The Lancet*, Vol. 371, no. 9624, p. 1595-1602.

4.3

GOAL 4.3

BETTER SUPERVISING THE SALE OF ALCOHOLIC DRINKS

- 1 Improving the clarity of legislation on alcoholic drink outlets, in particular by coordinating with local authorities in setting up a workgroup tasked with revising conditions for sale of alcoholic products and the legal system governing such outlets, with special focus on:
 - Conditions for opening and operating premises selling alcoholic drinks: ensuring consistency of rules applicable to bars and those applicable to "takeout" sales; specification of rules applicable to temporary sales outlets (during festive events, for example); improving the training of all outlet operators (temporary outlets included); revision of the definition of protection zones;
 - Compliance with public health requirements: improvement of visibility of notices and ways of mobilising licensees to ensure compliance with protective prohibitions.
 - Improvement of local governance: assessment of sharing of competences between Mayors and Prefects and of the usefulness of alcohol sales outlet committees; setup of an online licence management platform (applications for opening, change, transfer, etc.) and creation of a shared national file listing all active alcohol sales outlets.
- 2 Ensuring compliance with legal provisions governing "Happy Hours", by incorporating the practice into inspection plans drawn up under the aegis of Prefects (see Measure 3.5.2).

GOAL 4.4

4.4

MAINTAINING THE PARTY SPIRIT IN PEACEFUL PUBLIC AREAS

- 1 Fostering a concerted local approach to prevention of health risks and public disturbances associated with festive events in urban environments (promotion of “nightlife charter”-style initiatives and mobile prevention) and rural areas (alternative, “free party”-style events).
- 2 Facilitating intervention on the part of actors involved in risk and damage reduction at festive event venues.
- 3 Advising local authorities on spatial planning likely to reduce risks and disturbances (e.g. location of festive event areas, rules on public lighting, etc.).
- 4 For public intoxication (“drunk and disorderly” offences):
 - Increasing the fine to match the one imposed for smoking in public places, by making it a 3rd-class rather than a 2nd-class fine (so raising it from €150 to a maximum of €450);
 - Imposing a flat-rate fine for drunk and disorderly behaviour (€68);
 - Pursuant to Article R. 3353-2 of the Public Health Code, including prosecution of licensees in the coordinated inspection plans drafted at local level (see Measure 3.5.2);
 - Facilitating implementation of Article L. 3341-1 of the Public Health Code, which stipulates that the transport of an intoxicated individual to police or gendarmerie premises or to a holding cell is at the offender’s expense.
- 5 Carrying out an assessment of the system implemented in casinos to combat addiction and its impact. This will be a matter of better identifying sectors of the public at risk (young adults/the elderly), measuring the effectiveness of current recommendations and measures and, if required, ensuring consequent modification of the Order of 14 May 2007 bearing on regulations in casinos, and even of the regulatory section of the Internal Security Code. Studying conditions for extension of the blacklist (consulted for access to casinos and sites managed by the ARJEL) to other games (Française des Jeux and PMU physical sales points).

5

PRIORITY 5

Making the fight against addictive behaviours an occupational health priority

A good many scientific publications highlight the role the environment plays in consumption of psychoactive substances over and above purely individual factors. The work environment, like the family, socioeconomic and cultural environment, may serve to protect or, on the contrary, weaken individuals in the face of risks of addictive behaviours. Nonetheless, having a job is a factor of protection: overall, jobseekers consume more than people who are in employment (Institut national de prévention et d'éducation pour la santé (INPES – National Institute for Prevention and Health Education) Health Barometers, 2010 and 2014).

Consumption levels among France's active working population are high (2014 Health Barometer), higher for a number of products, including tobacco, cannabis and psychotropic medicines, than in the general population:

- Tobacco: 30.4% of employed workers smoke on a daily basis (29% in the 18-75 y/o general population)
- Alcohol: 7.3% of employed workers are high-risk drinkers, 9.5% are often intoxicated and 18.6% experience a heavy drinking episode (HED) at least once a month
- Cannabis: 9% of employed workers (6.5% in 2010) consumed cannabis during the year.
- Cocaine: its use was on the increase among employed workers between 2005 (0.5%) and 2014 (0.8%)
- Psychotropic medicines: 16.7% of employed workers (13% in the general population among 18-75 y/o).

These findings hide a wide **variety of levels of consumption according to professional sector and within sectors, depending on socioprofessional category and gender**⁴³.

Scientific literature has identified several activity sectors as being particularly connected with use of psychoactive substances: the arts and entertainment industry, agriculture, fishing, the merchant navy, construction, catering, and the information/communication and public relations sectors.

Studies and research work in the field of social sciences have highlighted **interrelations between work (conditions and organisation of work, management, job status, company culture, etc.) and addictive behaviours**⁴⁴. There is a great deal of documentation on connections between consumption and harassment in the workplace, boredom, dissatisfaction, irregular, staggered or night-time hours, security and safety positions, and particularly arduous physical work.

43 Beck F., Palle C., Richard J.-B. (2016) *Liens entre substances psychoactives et milieu professionnel* (Links between psychoactive substances and professional environment). *Le Courrier des Addictions*, Vol. 18, no. 1, p. 18-22.

44 *Id.*; *Psychotropes* - International journal of drug abuse and addiction, 2015, Vol. 21, no. 1 special issue "Travail(s) santé et usages de substances psychoactives" (Work on health and use of psychoactive substances).

Women in positions of responsibility drink more in comparison to men (F. Beck 2010). In addition, the midterm results of the Constances Cohort Survey, presented in May 2018, indicate that there is a higher percentage of alcohol abuse among women executives (11.7%) than among women blue-collar and skilled manual workers.

A survey (among 400,000 people in 14 developed countries) published by the *British Medical Journal*⁴⁵ shows that individuals who work more than 48 hours a week (i.e. above the threshold set by the European Directive on worktime) have a 12% greater probability of engaging in high-risk alcohol consumption compared with those working 35 to 40 hours a week.

Basing itself on a review of 2015 literature on the subject, the OFDT emphasised that connections between activity sectors and addictive practices have a number of dimensions that may well combine⁴⁶:

- cultural dimension (professional socialisation to alcohol), “ritual” practices (alcoholic snacks, beer and wine at lunch, after-work drink, etc.);
- suffering at work and psychosocial risks, with psychoactive substances (tobacco and cannabis in particular) helping to manage stress;
- pursuit of high performance, which may be regarded as a form of doping (amphetamines and cocaine).

Towards a comprehensive approach to risk prevention and reduction

For the first time, the 2016-2020 occupational health plan for companies and the multiyear action plan for taking better account of occupational health and safety in the civil service (April 2017) included the question of addictive behaviours in their collective prevention strategies.

The report issued by the Court of Auditors in June 2016 requested the public authorities to make combating alcohol abuse a public action priority. Among other things, it recommended **abolishing the authorisation to introduce and consume alcohol in the workplace and increasing healthcare staff’s involvement in early detection** of high-risk drinkers.

The idea of revising the current regulations by introducing a clearly stated prohibition on consumption of any type of alcoholic product in the workplace (amending Article R. 4228-20⁴⁷ of the Labour Code by removing the exceptions) has been explored in collaboration with social partners (the *Groupe permanent d’orientation* (GPO – Standing Policy Group) under the aegis of the *Conseil d’orientation des conditions de travail* (COCT – Working Conditions Policy Board). Reinforcement of the prohibition did not, however, suggest itself as a lever to prioritise in order to respond to what appears to be a real concern among businesspeople, as their main focus is on actions designed to foster prevention among their employees, in particular in the most exposed sectors and categories, as well as on clarification of employers’ responsibilities.

In this context, proposed orientations prioritise a comprehensive preventive approach, combining individual and collective actions and taking account of the multifactorial character of addictive behaviours. They include general measures along with targeted measures to avoid stigmatisation of various sectors. Such initiatives seek to improve working conditions and companies’ performances, and should be matters of social responsibility. Making identification and prevention of addictive behaviours an integral part of corporate social responsibility would encourage companies’ voluntary commitment.

45 Virtanen M., et al. (2015) Long working hours and alcohol use: systematic review and meta-analysis of published studies and unpublished individual participant data. *British Medical Journal*, Vol. 350, no. 7991, g7772, <https://doi.org/10.1136/bmj.g7772>

46 Palle C. (2015) Summary of the review of literature on addictions in the workplace. Saint-Denis, OFDT.

47 Article R4228-20 of the Labour Code stipulates that alcoholic beverages, except for wine, beer, cider and perry, are prohibited in the workplace.

5.1

GOAL 5.1

IMPROVING KNOWLEDGE AND SKILLS OF ACTORS IN THE WORLD OF WORK WITH REGARD TO ADDICTION

- 1 Integrating the problem of addictive behaviours into corporate social responsibility. To do so, the CSR Platform set up at *France Stratégie* was requested to suggest measures encouraging companies to commit to voluntary initiatives designed to reduce high-risk consumption of alcohol, tobacco and drugs.
- 2 Ensuring that management courses include a module on prevention of addictive behaviours – developing partnerships with business schools, the *Conference of Grandes Écoles*, and the *Direction générale de l'administration et de la fonction publique* (DGAFP – General Directorate for Administration and the Civil Service) for (State, territorial and hospital) civil-service schools.
- 3 Consolidating the role of occupational health actors⁴⁸ by universalisation of early detection and brief intervention (EDBI); drawing on *Haute Autorité de Santé* (HAS – National Authority for Health) approval of EDBI (for tobacco, alcohol and cannabis) and the training courses for occupational and preventive medicine physicians and occupational health nurses organised by the MILDECA since 2015 in partnership with the Ministry of Labour and the *École des hautes études en santé publique* (EHESP – School of Public Health Students). Incorporating prevention of addictive behaviours into multiyear contracts of objectives and means (CPOMs) signed between *Caisses d'Assurance Retraite et de la Santé au Travail* (CARSATs – Pension and Occupational Health Insurance Funds), *Directions régionales des entreprises, de la concurrence, de la consommation, du travail et de l'emploi* (DIRECCTEs – Regional Directorates for Enterprises, Competition Policy, Consumer Affairs, Labour and Employment) and occupational health services.
- 4 Ensuring better coordination and exchange of information between occupational physicians, Social Security medical advisors and attending physicians, with patients' agreement, in particular to prevent occupational marginalisation (in line with the orientations of the third occupational health plan and the National Health Strategy⁴⁹).
- 5 In line with the orientations of the third occupational health plan, improving training of and awareness-raising among other business actors, including HRDs, management staff and staff representatives. Developing a partnership with the *Association nationale des DRH* (ANDRH – National Association of Human Resources Directors).
- 6 Holding a new National Addictive Behaviour Prevention Day in workplaces in 2018, focusing on alcohol consumption and developing communication on the *Addict'aide* platform dedicated to addiction in the world of work (new functionalities).

48 Article L. 4622-2 of the Labour Code stipulates that "Occupational health services have the exclusive task of preventing any change in workers' health due to their work. To this end, they (...) 2° Advise employers, workers and their representatives on the provisions and measures required to avoid or reduce occupational risks, improve working conditions, prevent consumption of alcohol and drugs in the workplace, prevent sexual and psychological harassment, prevent or reduce effects of exposure to the occupational risk factors listed in Article L. 4161-1 and occupational marginalisation, and contribute to workers' continued employment."

49 The National Health Strategy includes the goal of improving the structure of the occupational health service network and its relations with health insurance funds in order to ensure greater effectiveness of job retention policies.

GOAL 5.2

5.2

RAISING AWARENESS AMONG ACTORS IN VOCATIONAL TRAINING OF YOUNG PEOPLE

- 1 Concluding conventions with institutions responsible for young people's vocational training and apprenticeship, seeking to facilitate and accompany implementation of regional action plans providing for awareness-raising and training actions targeting professionals, prevention programmes for young people, and integration of young people into early detection and treatment schemes. Assessing and disseminating existing initiatives in particular, such as CJC advanced consultations in apprentice training centres (*Centre de soin, d'accompagnement et de prévention en addictologie* (CSAPA – Centre for Treatment, Assistance and Prevention of Addiction) Toulouse).
- 2 Involving professional circles (chambers of commerce and industry and professional federations, in particular those that recruit apprentices) and encouraging their intervention among young people entering the world of work or undergoing training to ensure they are informed on the risks attached to addictive behaviours in direct relation to the careers they hope to take up and professional sectors they hope to join.

GOAL 5.3

5.3

IMPLEMENTING MEASURES TARGETING PROFESSIONAL SECTORS AND CATEGORIES PARTICULARLY EXPOSED TO ADDICTIVE BEHAVIOURS

- 1 In coordination with the Ministry of Labour and other ministries concerned, assisting activity sectors identified in implementation of action plans.
- 2 Learning from the experiment currently underway by the *Agence nationale pour l'amélioration des conditions de travail* (ANACT – National Agency for the Improvement of Working Conditions) in the context of social clusters, with the aim of bringing together the various territorial stakeholders in an effort to prevent addictive behaviours (companies, local authorities, occupational health services, staff representatives, health insurance and occupational health funds, etc.).
- 3 Encouraging integration of addictive behaviour prevention in negotiations at professional sector level, in collaboration with the *Direction générale du travail* (DGT – General Directorate for Labour) – in particular sectors with an abundance of SMEs/VSEs.

5.4

GOAL 5.4

REDUCING OCCUPATIONAL ACCIDENTS LINKED TO CONSUMPTION OF PSYCHOACTIVE SUBSTANCES

- 1 Continuing with exploitation of data supplied by the Constances Cohort in order to identify occupational accidents connected with consumption of psychoactive substances. Using results to adapt preventive action via partnerships with the Road Safety Authority, the Ministries of Labour and Justice, and the CNAM.
- 2 Getting the occupational accidents and diseases branch to join forces with the actors concerned – the Road Safety Authority, *Institut français des sciences et technologies des transports, de l'aménagement et des réseaux* (IFSTTAR – French Institute of Science and Technologies for Transport, Development and Networks), occupational health services and *Santé publique France* – in carrying out experiments enabling implementation of targeted actions on activity sectors, and on means of transport employed by particularly exposed individuals and/or sectors of the population. Such initiatives will include experimenting with innovative incentives to prevention of occupational road risks, within the limits of employer liability.

5.5

GOAL 5.5

ENCOURAGING EXPERIMENTS THAT HELP PREVENT JOB LOSSES LINKED TO ADDICTIVE BEHAVIOURS

- 1 Promoting solutions that reconcile job retention and addiction treatment so that prohibition is not only expressed by sanctions or dismissal.

FOCUS 2

A BETTER RESPONSE FOR CITIZENS AND SOCIETY TO THE CONSEQUENCES OF ADDICTION

Although prevention is essential, it is also of key importance to provide better treatment of addictive behaviours, reduce risks connected with consumption and prevent related harm. In particular, we need to improve early detection of individuals displaying addictive behaviour (see Goal 3.3: Knowing how to react to initial problematic use of products and screens/games) as well as the assistance they are provided with throughout their health and life pathways.

This requirement implies that the health and medicosocial sector specialised in addictology must coordinate with all professionals involved in reception and treatment of individuals displaying some form of addictive behaviour in order to intervene at the right moment and be able to communicate in an organisational context reshaped as a "pathway", so that each party can contribute to assisting such individuals in effective and coherent fashion⁵⁰.

The sector specialising in addictology is seldom the first contact point with the health system for individuals with addictive behaviours; nor would it be appropriate to restrict treatment of the problem to the specialised sector alone, given levels of prevalence of addictive behaviours and the impact they have on the general state of health. **The priority over the next few years is therefore to make primary care professionals – general practitioners first and foremost – pivotal actors in detection and gateways to health pathways.** Making resources and reference frameworks available to them should also enable them to treat and assist patients themselves (apart from complex situations) without having to refer to the specialised sector.

As regards the health and medicosocial sector specialising in addictology, it has undergone major changes over the past few decades, largely under the impetus of successive ministerial plans.

Nonetheless, it is still faced with a series of challenges:

- low visibility of the existing offer as far as the general public and non-specialist professionals are concerned;
- variability of professional practices, partly due to the diversity of staff qualifications – a fact highlighted in summaries of the activity reports produced periodically by the OFDT as well as in successive IGAS reports⁵¹;
- the need to diversify modes of intervention in order to be able to adapt to the many different products and ways in which they are consumed, and to go "into the field" and provide hands-on treatment to those requiring it;
- territorial coverage more the result of longstanding locations than of updated matching to territories' current needs;
- awareness of the need for greater involvement and/or consideration of users themselves and their circles, parents of young patients in particular.

The question therefore arises of how capable the sector as it is currently structured is of meeting these challenges, when new regional health projects would seem to be designed to foster recomposition of the offer, in this field and related sectors alike.

New treatment methods are developing in parallel, including forms of specialised assistance targeting consumption of certain products, alongside new risk-reduction practices. Article 41 of the Law on modernisation of our health system defines the concept of risk reduction, and Article 43 provides for

50 Ballaloud G. (2015) *Les addictions. Avis du conseil économique, social et environnemental* (Addictions. Opinion of the Economic, Social and Environmental Council/ESEC). Paris, Ed. des Journaux officiels.

51 Hesse C., Duhamel G. (2014) *Évaluation du dispositif médicosocial de prise en charge des conduites addictives* (Assessment of the medicosocial system for treatment of addictive behaviours). Paris, IGAS; IGAS (2017) *L'accès aux outils de réduction des risques et des dommages pour les usagers de drogues* (Access to tools for reducing risks and harm for drug users).

a six-year experiment to test the effectiveness of so-called *Salles de consommation à moindre risque* (SCMRs – Low-risk drug consumption rooms). Several cities have volunteered to test out SCMRs, and two – one in Paris and the other in Strasbourg – opened in autumn 2016. Although it is too early to make any exact assessment of the experiment, it is clear that such rooms have found their public.

Recommendations published in early 2014 on treatment of people infected with hepatitis viruses (HVB and HVC), and on the role of *Tests rapides d'orientation diagnostique* (TRODs – rapid diagnostic orientation tests) for HVC encourage continuation and reinforcement of such actions and experiments, with particular focus on combined HIV-HVB-HVC screening by TROD and research on other screening methods, including by self-sampling on blotting paper with remote analysis. Recommendations for treatment of hepatitis C published in 2016 also advocate repetition of hepatitis C screening – in particular by general practitioners – every year for all drug users and every six months for syringe-users, in order to provide treatment to infected individuals, reduce risks of the virus spreading, and consolidating individualised approaches to risk and harm reduction in order to avoid recontamination. Since June 2016, hepatitis C treatment by direct-acting antivirals has been 100% reimbursed by *Assurance Maladie* for drug users, with no behaviour restriction criteria and whatever their fibrosis score. Since August 2016, *Centres d'Accueil et d'Accompagnement à la Réduction des risques des Usagers de Drogues* (CAARUDs – Centres for the reception and management of risk reduction for drug users) and *Centres de Soins, d'Accompagnement et de Prévention en Addictologie* (CSAPAs – Centres for treatment, assistance and prevention of addiction) have been able to carry out TRODs for HVC and HIV. Remedial vaccination against hepatitis B is also recommended for drug users.

Needs with regard to research on treatment and risk reduction are covered in Focus 4 (Goal 16.3: Increasing knowledge for better risk reduction and treatment)

Risk reduction and prevention of harm is not only a health matter. There are also social consequences for individuals that must be taken into account, in order to avoid development of a spiral of exclusion – product consumption makes participation in social life difficult (finding and keeping a job and/or accommodation) and exclusion makes the individual more vulnerable to addictions.

Addictive behaviours are also frequently present in criminal acts, contributing once again to a spiral that is hard to break, given the high prevalence of addiction among prison inmates. Yet the current response is inadequately adapted to the assistance and/or treatment needs of psychoactive substance users who have come up against the law. This is partly due to the justice system's lack of knowledge of what might usefully be expected of health services and the complexity of various individual situations requiring transdisciplinary approaches. Research, innovation and assessment need to be mobilised in this field too (see Goal 16.4: Increasing knowledge in the field of judicial responses).

In addition to health pathways, consolidation of life pathways, through mobilisation of external partners and the sector specialising in addictology, is also at stake.

Finally, intervention on the part of the public authorities seeks to better prevent the consequences that addictions have on society, insofar as addictive behaviours are all too likely to give rise to public disorder and lead to infliction of bodily harm on third parties, in particular with regard to road safety and crime.

6

PRIORITY 6

Developing health pathways based on consolidated primary care and a better structured specialised treatment offer

Given the prevalence among the general population of risks and harm relating in particular to tobacco, alcohol and cannabis, the primary care system, which is largely based on general practitioners⁵², is still insufficiently involved in early detection procedures and, where required, provision of treatment to consumers of these products. This finding, which above all concerns pregnant women, is more generally true for the population as a whole.

More specifically, general practitioners are still not sufficiently aware of the issue or well-trained enough to be able to provide their patients with suitable responses in terms of detection of high-risk use, assessment of all types of consumption, motivation to change, risk reduction and systematic screening for infectious comorbidities (HIV, HVC and HVB), involvement in treatment or, if required, referral to specialists⁵³.

The Ministry of Health and the National Authority for Health promote early detection and brief intervention (EDBI)⁵⁴, however, in particular with regard to alcohol, as the effectiveness of brief interventions based on a motivational approach has been proven at international level⁵⁵. Nonetheless, this approach is yet to be implemented widely enough given the current state of play. The difficulties that health professionals have in tackling drinking problems have been highlighted by work carried out over recent years. They would appear to be partly connected with their perceptions and even with their own consumption⁵⁶, and may also be to do with their unwillingness to undertake lengthy consultations; in this respect, in addition to better use of the opportunity opened up by remuneration of prevention consultations, it would be of interest to increase dissemination of tools for self-assessment of consumption among patients, either prior to or following consultations⁵⁷.

52 The roles of midwives, gynaecologists/obstetricians and occupational physicians are covered in Focus 1.

53 HAS (2007) *Abus, dépendances et polyconsommations : stratégies de soins* (Abuse, dependence and polyconsumption: treatment strategies). Recommendations of the Hearings Committee. Saint-Denis, *Haute Autorité de Santé* (National Authority for Health).

54 https://www.has-sante.fr/portail/jcms/c_2011726/fr/alcool-cannabis-tabac-chez-l-adulte-outil-pour-aider-au-reperage-precoce and https://www.has-sante.fr/portail/jcms/c_1714809/fr/sevrage-tabagique-des-outils-pour-reperer-et-accompagner-les-patients.

55 Beich A., Thorsen T., Rollnick S. (2003) Screening in brief intervention trials targeting excessive drinkers in general practice: systematic review and meta-analysis. *British Medical Journal*, Vol. 327, no. 7414, p. 536-542.

56 Duroy D., Iglesias P., Perquier F., Brahim N., Lejoyeux M. (2017) *Alcoolisation à risque chez des étudiants en médecine parisiens* (High-risk drinking among Paris medical students). *L'Encéphale*, Vol. 43, no. 4, p. 334-339.

57 One example is Nantes UHC's experiment with the RICAON application, aiming to test out a primary-care professional's use of a digital tool for early detection of high-risk consumption; another is uploading of the "En patientant" (Being Patient) site by the PACA Regional Health Education Committee, consultable in waiting-rooms at three health centres (Tourves, Dignes-les-Bains and Nice) to raise patients' awareness on the importance of prevention, make them aware of any personal needs, and help them to talk about them with caregivers.

As regards patients dependent on opioids, a study shows that 80% of them are monitored by 5% of general practitioners whose average age is particularly high – a fact that suggests there will soon be a major problem with regard to provision of treatment⁵⁸. This finding is aggravated by increasing availability of heroin in a number of regions and the risk of a real crisis arising due to consumption of synthetic opioids, to counter which it is essential that such patients continue to be monitored and prescribed medicines replacing opioids.

Fostering multidisciplinary teamwork

The assessment of multiprofessional nursing homes, healthcare clusters and health centres carried out by the *Institut de recherche et documentation en économie de la santé* (IRDES – Institute for Research and Documentation in Health Economics) between 2009 and 2012⁵⁹ did not identify any new professional practices in the field of addictive behaviours.

However, by their drafting of health projects and, due to the specific ways in which they work (pooling of experience, complementarity of approaches and inclusion of partner health professionals in nursing homes to provide a health, medicosocial and social fabric), such facilities providing coordinated primary care (multiprofessional nursing homes and health centres) are more capable of detecting high-risk consumption and assisting their patients.

Microstructures also appear to foster the practice of detection of psychoactive substance consumption; 42 microstructures, organised into networks, are currently deployed across the territory. They consist of multiprofessional teams, each made up of a psychologist and a social worker, which intervene directly in general practitioners' surgeries. Microstructure professionals also work in partnership with hospitals and the medicosocial sector. Such local medico-psychosocial monitoring may be better adapted to the often complex situations of various ambulatory patients faced with precarity and whose addictions are combined with other pathologies (psychiatric disorders, hepatitis, etc.).

Between 2007 and 2014, several internal and external validation studies on the appropriateness and positive impact of microstructures were carried out at the initiative of the national network of microstructures⁶⁰. Action research on conditions for transferability of experiments carried out in Grand Est and other regions is underway; the reference framework set to be produced in this context should facilitate creation of microstructures in other territories, depending on needs identified by *Agences régionales de santé* (ARSs – Regional Health Agencies).

Developing health professionals' training

Upon completion of their training in general medicine, most physicians seem unable to identify or provide adequate treatment to smokers and/or patients with high-risk or problematic alcohol consumption. In addition, the risks connected with prescription of medicines generating addictive behaviours, such as psychotropics and including benzodiazepines and opioid analgesics, are not well enough known.

58 Augé-Caumont M.J. et al, *État des lieux de la prise en charge en ville des patients souffrant d'addiction aux opioïdes* (Assessment of ambulatory medical treatment of patients addicted to opioids).

59 Mousquès J., Bourgueil Y. (2014) *L'évaluation de la performance des maisons, pôles et centres de santé dans le cadre des Expérimentations des nouveaux modes de rémunération (ENMR) sur la période 2009-2012* (Assessment of the performance of nursing homes, healthcare clusters and health centres in the context of experiments with new remuneration methods over the 2009-2012 period). Paris, IRDES, Report no. 559.

60 Comparative measurement of the effectiveness of microstructures versus general practitioners' surgeries (OFDT-2008), Screening of and access to treatment by drug-user patients infected with the hepatitis C virus (2009), Characteristics of patients included in the Alsace Microstructure Network and coming from microstructures located in rural areas (2010), Patients' and physicians' behaviour with regard to antiviral B vaccination (BEH-2011), Survey on microstructure user satisfaction (2013), Image of all patients monitored by networks in 2010 and 2014 (2016), FibroScan procedures in microstructure networks and *Centres de soins de suite et de réadaptation en addictologie* (CSSRAs – Centres for Aftercare and Rehabilitation in Addictology) (2016).

General practitioners' competences in the field of addictology can be improved; initial training on the subject is clearly inadequate and it would seem that improved initial training leads to improved practices⁶¹. Universities' autonomy and disparities among training programmes require mobilisation with a view to ensuring a minimum training core and acquisition of competences on addictive behaviours.

The introduction of a health service for healthcare students in autumn 2018 aims to ensure that they appropriate the issues involved and the tools for prevention that they will be making daily use of in their professional lives throughout their careers.

In addition, in the context of the reform of postgraduate medical studies underway since the start of the 2017/2018 academic year, a formation *spécialisée transversale* (FST – transversal specialist training course) in addictology has been introduced that can be taken in the context of programmes for a variety of specialities (including general medicine); it is set to become the qualifying course for addictionologists and is gradually replacing older non-qualifying courses such as the *Diplôme d'études spécialisées complémentaires* (DESC – Diploma of Complementary Specialised Studies) and capacities. We need to ensure that the reform is effective with regard to general medicine.

Continuing professional development (CPD) of health professionals is now compulsory whatever branch of medicine they are in. Conditions for taking account of addictive behaviours in this ongoing process must be set in cooperation with each speciality's professional national college, and in collaboration with the National Agency for CPD and the National Health Authority.

In this context, e-learning training tools would appear to provide an opportunity well worth developing. There are, for example, such initiatives as "Addictutos" tutorials, "Understanding Addictions" MOOCs, the "E-learning University Degree in Addictology", e-learning addictology congresses, the *Université Numérique en Santé et Sport* (UNESS – Digital University of Health and Sport) and the "Intervenir Addictions" website.

Structuring and improving the visibility of the treatment offer in each territory

Despite significant efforts made over the course of the past few years, coordination between primary care and specialised care does not yet guarantee the fluidity and quality necessary to users' health paths. The specialised care offer and its various components (private practice, medicosocial and hospital care) are often still not visible enough in many areas, whether for partners, actors outside the health sector, or consumers and their circles.

Among other things, the 2014 IGAS report questioned the wisdom of maintaining a dual status within the medicosocial sector; it recommended operational alignment of CSAPAs and CAARUDs on a voluntary service basis, to be assessed before considering (if appropriate) a statutory merger. The concomitant existence of intra-hospital CSAPAs and addiction medical consultations might also be called into question.

Coordination with psychiatry is yet to be properly organised and individual pathways vary greatly depending on whether initial contact is with an addictology or a psychiatric department.

With a view to insuring coherence and greater clarity of pathways, regional health projects managed by ARSs should enable organisation of full coordination at local level:

61 Djengué A., Pham A.-D., Kowalski V., Burri C. (2017) *L'alcoologie et les futurs médecins généralistes français. Évaluation des connaissances, des pratiques et de la formation reçue en fin d'internat* (Alcoholology and France's future general practitioners. Assessment of knowledge, practices and training received at the end of their medical studies). *Psychotropes*, Vol. 23, no. 1, p. 89-109.

- with primary care professionals, addictology specialists and professionals in other disciplines involved in providing care to the individuals concerned (infectology, psychiatry, obstetrics, algology, traumatology, etc.). Such structuring could be based on development of local professional healthcare communities⁶² ;
- with social and medicosocial institutions and services not specialising in addictology and intervening among various sectors of the public (the disabled, the elderly, and people in social difficulty)⁶³.

Such organisation of the national and territorial addictology service offer will enable consolidation of the coherence and fluidity of patients' pathways, with appropriate high-quality personalised treatment (ambulatory or residential care, face-to-face or remote assistance, etc.). It should be accompanied by information on a "basket of services" giving concrete expression to the crosscutting nature of health pathways in addictology. Special attention should be paid to ensuring effective coordination with territorial mental health projects⁶⁴.

The consequent evolution should also integrate more general work to **consolidate the user's role**, seeking in particular to develop training of "expert patients", **uphold the rights of alcohol, tobacco and illegal drug users and improve effective exercise of health democracy**.

Revision of Circular no. DHOS/O2/2008/299 bearing on the addiction treatment sector, in order to make it less of a sector and more of a "pathway" including the medicosocial sector and aftercare services, would facilitate organisation of the addiction treatment offer, in coordination with primary care, the psychiatric sector and the social sector.

Finally, we must ensure that services and institutions specialising in addictology are taken into full account in the various reforms underway regarding development of shared medical files and secure messaging, testing out electronic prescriptions and mapping of health facilities.

Improving the specialist offer and consolidating appropriation of professional

best practices

Deployment of specialist services and systems throughout the territory and/or increasing their resources will not in itself enable full achievement of expected results without appropriation of recommended best practices. Hence, despite the significant advances made over recent years, multidimensional assessment of the characteristics and needs of the people concerned has not become a universal practice and ways in which patients are provided with assistance remain highly unequal depending on the facilities and services treating them. The same is true of development of partnerships between professionals.

62 Article 65 of the Law on modernisation of our health system, amending Articles L. 1434-12 and L. 1434-13 of the Public Health Code

63 ANESM, framework letter for the "Prevention of addictive behaviours and reduction of risks and damage connected with addictions" programme, its "Prevention in medical and medicosocial institutions and services" component - June 2016

64 Decree no.2017-1200 of 27 July 2017: "I- The territorial mental health project's priority is organisation of conditions for early detection of psychological disorders, drawing up diagnoses and ensuring access to care and social and medicosocial assistance, in compliance with the latest scientific data and best professional practices (...) II- The territorial mental health project takes this priority into account by providing responses to the problems of sectors of the population liable to specific risks, such as children, adolescents, the elderly, the disabled, prison inmates, people in situations of precarity, people displaying addictive behaviours, psychotrauma victims, families requiring assistance with parenting, and isolated individuals."

Among other things, this bears witness to inadequate development and availability of repositories of professional and clinical best practices.

However, a few changes that have come about recently testify to the sector's capacity for transformation. Hence, in the face of the evolution of psychoactive substance consumption observed among young people, and in compliance with the recommendations made in INSERM's collective expert assessment⁶⁵, early intervention in addiction, which is part of a continuum between prevention and treatment, has been incorporated into *Consultation jeunes consommateurs* (CJC –Young consumer consultation) practices. A CSAPA mission focusing on addictive behaviours among adolescents, CJsCs are now mechanisms for early intervention in addiction, acting as relays for all systems for provision of care to young people.

This initiative should be extended to the territory as a whole in order to improve detection of young users who have not identified the problems connected with their consumption themselves. The "Priority Prevention" plan measure aiming to provide CJsCs with further resources in order to reinforce their ability to work in liaison with schools should be of help in this respect.

CJC professionals will also be called upon to continue the initiatives underway to model and validate their practices, with a view to improving the quality of the service offer and its visibility to external medical and social actors concerned. The framework provided by the *Processus d'accompagnement et d'alliance pour le changement thérapeutique* (PAACT – Support and Alliance for Therapeutic Change) is therefore well suited to use by all CJsCs.

In addition, Multidimensional Family Therapy (MDFT) has been tested out in various facilities with encouraging results. According to available assessments, it has proved to be particularly effective in the most complex situations (minors under 15 y/o, young cannabis-dependent consumers, and young people also suffering from psychiatric or behaviour disorders). In order to influence such situations, assistance with application of the MDFT method should be provided in regions that do not have an addictology team trained in the approach.

Such professional practices might also be taken notice of in health and social sectors partner to the addictology sector – in particular in Youth Protection and Child Welfare facilities – as this type of family approach seems to have more general beneficial effects in the treatment of the young people concerned.

Finally, there might be further development of such treatment experiments as those made under the aegis of the *Fondation santé des Étudiants de France* (FSEF – Student Health Foundation of France). They take a comprehensive intersectoral approach, underscored by a close partnership with the National Education Authority that has enabled development of competences with regard to treatment and reintegration of pupils with major psychological and academic problems, and hence amalgamation of resumption of schooling and treatment. The treatment/study system enables development of pathways matching the capacities impaired by addictive behaviours and so avoids chronification and loss of opportunity. Treatment methods involve patients and their families, via early screening, initial ambulatory care and provision of assistance after hospitalisation.

⁶⁵ Inserm (2014) *Conduites addictives chez les adolescents : usages, prévention et accompagnement* (Addictive behaviours among adolescents. Uses, prevention and assistance). Paris, INSERM, coll. Collective expert assessment.

Fostering disabled users' access to prevention and treatment

Although there is not much data on the prevalence of consumption among the disabled, the many disability-related difficulties (isolation, stigmatisation, problems with social and professional integration, etc.) are all factors of vulnerability encouraging development of addictive behaviours. There is also a connection between neurodevelopmental disorders linked to exposure to alcohol during pregnancy and consequent disabilities and risks of later disorders with regard to use of psychoactive substances.

A report issued by the *Agence nationale de l'évaluation et de la qualité des établissements et services sociaux et médico-sociaux* (ANESM – National Agency for the Assessment and Quality of Social and Medico-social Establishments and Services)⁶⁶ shows that **doctors seldom inform their disabled patients of the risks associated with alcohol and tobacco consumption**. In addition, the 2011-2012 *Baromètre Santé Sourds et Malentendants* (BOSS – Health Barometer for the Deaf and Hearing-impaired) highlights the ineffectiveness of preventive messages and intervention targeting disabled people suffering from addictive behaviours, concerning alcohol abuse in particular.

Professionals in the field of disability, caregivers and families sometimes feel powerless to help disabled people with problematic use of psychoactive substances. Various projects have demonstrated that, for the disabled, whatever type of disability is involved, obstacles to access to routine and preventive care are still many and complex (National Authority for Health 2011 and IRDES no.560 – June 2015).

A recent publication⁶⁷ highlights the special issues involved in consumption of psychoactive substances by the mentally disabled and the difficulty of providing preventive action and treatment appropriate to their needs. This situation increases their social exclusion and may even result in commission of criminal acts, which accounts for their overrepresentation in the legal system.

66 ANESM, http://www.anesm.sante.gouv.fr/IMG/pdf/Analyse_Litterature_Juillet_2013.pdf

67 Kiewik M., et al. (2017) Intellectually disabled and addicted: a call for evidence based tailor-made interventions. *Addiction*, Vol. 112, no. 11, p. 2067-2068.

6.1

GOAL 6.1

SYSTEMATISING AND CONSOLIDATING DETECTION OF ADDICTIVE BEHAVIOURS

- 1 Training primary care professionals in early detection and brief intervention (EDBI); increasing dissemination of its use across the territory in liaison with Assurance Maladie, through vectors of information (including visits by Assurance Maladie delegates) and suitable incentive tools (in particular via Rémunération sur objectifs de santé publique (ROSP – Payment for public health objectives)⁶⁸.
- 2 Developing use of self-assessment tools, in digital form in particular, by patients before and after primary care consultations.
- 3 Ensuring systematic EDBI at Social Security medical examination centres during periodic health checkups, and developing local partnerships with addiction-treatment services in order to facilitate relays when necessary (for young people in particular).

6.2

GOAL 6.2

INCREASING PRIMARY CARE PROFESSIONALS' INVOLVEMENT IN ASSISTANCE OF PATIENTS WITH ADDICTIONS

- 1 Consolidating health professionals' initial and continuing training on addictive behaviours and motivational approaches. Supporting development of territorial multiprofessional training programmes in the context of CPD. Paying special attention to training on prescription of opioid analgesics and treatment of opioid-dependent patients.
- 2 Promoting screening for HIV, HVC and HVB by primary care professionals, repetition of HIV and HVC screening every year or every six months for syringe-users, and remedial vaccination against HVB.
- 3 Under ARSs' responsibility, promoting:
 - networking of professionals (general practitioners, pharmacists; nurses, etc.);
 - involvement in projects implemented by all primary care organisations (multidisciplinary nursing homes, etc.) bearing on addiction treatment, risk and harm reduction, and coordination of treatment with schemes and services specialising in addictology;
 - deployment of new microstructures across the territory.

⁶⁸ ROSP now includes two indicators on prevention of addictive behaviours, one for tobacco (percentage of treating physicians' patients who are smokers and have undergone a brief intervention as described by the HAS tool and recorded in the file; declarative: target >75%), the other for alcohol (percentage of treating physicians' patients who are heavy drinkers and have undergone a brief intervention as described by the HAS tool and recorded in the file; declarative: target >75%).

GOAL 6.3

DEVELOPING RECOMMENDATIONS ON BEST PRACTICES IN ADDICTOLOGY AND FOSTERING THEIR APPROPRIATION

6.3

- 1 In partnership with the HAS, programming continued updating and/or development of frames of reference for treatment of addictions⁶⁹. Adapting detection tools to new alcohol consumption markers.
- 2 Ensuring their dissemination among and appropriation by all professionals concerned, whether addictology specialists or professionals intervening directly among addicted individuals.
- 3 Fostering appropriation of the PAACT approach by all CJsCs.

GOAL 6.4

UPDATING PROFESSIONAL PRACTICES

6.4

- 1 Promoting professional approaches and practices that take systematic account of risk and harm reduction objectives in an integrated approach to risks (individual, family and legal), drawing on expertise, knowledge and users' experiences. Such initiatives should also involve social and medico-social sector professionals to ensure that appropriate account is taken of tobacco and alcohol.
- 2 Developing new "outreach" intervention methods for individuals who do not access services voluntarily, in view of the diversity of sectors of the public concerned and of consumption practices and environments (mobile teams from other services, outreach street teams, etc.).
- 3 Developing training of peer helpers and expert patients and their integration into addictology teams.
- 4 Developing the prevention offer by promotion of remote assistance (cannabis reduction support tools, helpline, alcoholmeter, etc.).

⁶⁹ HAS - *Abus, dépendances et polyconsommations : stratégies de soins* (Abuse, dependence and polyconsumption: treatment strategies) - Recommendations by the Hearings Committee, May 2007; HAS - *Prise en charge des consommateurs de cocaïne - Recommandations de bonnes pratiques professionnelles* (Treatment of cocaine users - Recommendations on professional best practices), February 2010; ANESM - *La réduction des risques et des dommages dans les Centres d'accueil et d'accompagnement à la réduction des risques pour usagers de drogues* (CAARUD) (Reduction of risks and harm in Centres for the reception and management of risk reduction for drug users), October 2017.

6.5

GOAL 6.5

STRUCTURING HEALTH PATHWAYS IN ADDICTOLOGY

- 1 Revising Circular no.DHOS/O2/2008/299 bearing on the addiction treatment sector, in order to make it less of a sector and more of a "pathway" including the medicosocial sector and primary care. On this basis, structuring the addiction treatment offer in each region (to include private practices and medicosocial and hospital care) and consolidating *Équipes de liaison et de soins en addictologie* (ELSAAs – Addictology liaison and care teams) (see "Priority Prevention" plan).
- 2 Fostering evolution of entities by including the necessary guidelines in multiyear contracts of objectives and means, in the medicosocial and health sectors alike.
- 3 Systematising integration of the problem of addictive behaviours into health pathways developed for patients suffering from chronic pathologies (cancers, hepatitis C, psychiatric disorders, etc.).

6.6

GOAL 6.6

MAKING HEALTH PATHWAYS ACCESSIBLE TO THE DISABLED

- 1 Developing "inclusive" (i.e. accessible to all) programmes for preventing, detecting and accompanying addictions.
- 2 Developing tools providing appropriate responses to special needs (sign language, braille, audio versions, etc.) and seeing that they are widely disseminated among the sectors of the public concerned, informal caregivers and professionals in contact with the disabled; drawing on documents connected with administrative procedures.
- 3 In partnership with *Maisons départementales pour les personnes handicapées* (MDPHs – Départemental homes for the disabled), improving people with disabilities', informal caregivers' and families' knowledge of entities and services active the field of addictology.
- 4 Adapting addictive behaviour prevention (see Priority 3: Ensuring our children grow up in a protective environment) to disabled children schooled in ordinary classes or in specialised facilities; including *auxiliaires de vie scolaire* (AVSs – Special needs assistants) in preventive actions.

- 5 In liaison with the HAS, the *Caisse nationale de solidarité pour l'autonomie* (CNSA – National Solidarity Fund for Autonomy) and supervisory authorities (ARSs and *départemental* councils), developing reference frameworks for disease prevention and promotion of health in all projects implemented by medicosocial institutions and services for people with disabilities, taking account of practices and risks connected with addictive behaviours.
- 6 Mobilising primary care professionals to tackle the question of consumption with their disabled patients and develop competences in addictology in order to provide appropriate assistance.
- 7 Adapting CJsCs' and MDAs' professional practices to reception of the disabled.

7

PRIORITY 7

Improving the offer with regard to risk and harm reduction

Problematic use of illegal drugs⁷⁰ (apart from cannabis) in France would seem to concern some 280,000 people (central value of the estimated range: 222,000-340,000), an average of 7.5 users per 1,000 inhabitants. There are an estimated 1,600 deaths a year linked to use of illegal drugs (overdoses, HIV / AIDS, accidents, and chronic pathologies connected with the hepatitis C virus)⁷¹. Some 105,000 people and year and 86,000 a month take drugs intravenously (respective prevalences of 2.6 and 2.1 per 1,000).

Since 2013, **deaths through overdoses** connected with heroin, amphetamines and new synthetic products (NSPs) and also partly due to misuse and diversion of medicines seem to be on the increase. However, there are still fewer deaths by overdose in France than in a number of other European countries⁷².

The 2016 DRAMES (*Décès en Relation avec l'Abus de Médicaments et de Substances* / Deaths related to drug and illegal substance abuse) survey reports an increase in deaths directly linked to abuse of psychoactive substances (medicines and illegal drugs) from 243 in 2014 to 343 in 2015 and 406 in 2016; cannabis is involved in 30 deaths, as the only product at the death's origin for 16 of them.

The international context suggests that **extreme vigilance is required with regard to the epidemic of deaths due to opioid overdose**, in particular in North America. The situation has much to do with widespread prescription of opioids (oxycodone in particular) for analgesic purposes, along with increased availability of synthetic opioids such as Fentanyl and fentanyloids, either diverted from their use or manufactured in clandestine laboratories and widely disseminated, especially via the Internet. Such substances are particularly dangerous due to their very powerful opiate effects. They constitute a very lucrative market for traffickers, which France and Europe have so far been partially spared but may soon have to deal with. **The risk is all the greater in that there now seems to be increased availability of heroin in a number of regions.**

70 The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) defines problem use of illegal drugs as intravenous consumption or regular use of opioids, cocaine or amphetamine consumption among 15-64 y/o.

71 Kopp P. (2015) *Le coût social des drogues en France* (The social cost of drugs in France). Saint-Denis, OFDT.

72 The number of overdose deaths is 6 to 8 times higher in the United Kingdom and 3 or 4 times higher in Germany

In addition, the ongoing evolution of the market for new synthetic products and use of the Dark Web require increased attention on the part of all actors concerned.

Crack consumption by highly desocialised users in Paris and its inner suburbs is already an old story. However, the practice of freebasing cocaine has gradually spread across France, beyond the users from the alternative electro dance culture initially concerned to socially better integrated cocaine users, mostly identifiable through their search for consumption accessories. The ongoing arrival of large quantities of cocaine on French soil since 2016 may also play a role in the availability of crack.

Nonetheless, since the 1980s, Île-de-France has been the only geographical area in Metropolitan France with an organised crack market, increasing the product's availability. Redistribution of Paris' crack sales areas, in particular their migration to the quays and then to metro trains as well as near places around Gare du Nord railway station where Skénan® (morphine sulphate) is sold, makes crack abuse more visible in public places.

Apart from the harm directly caused to users by the products they consume, studies highlight the fact that drug users are particularly prone to HVC infections. Data from the 2011-2013 *Agence nationale de recherche sur le sida* (ANRS – National Agency for Research on AIDS) / Coquelicot survey highlight a 44% prevalence of anti-HVC antibodies among drug users and close to 65% among injection drug users (IDUs) who have taken drugs intravenously at least once in their lives⁷³.

According to the 2015 Prévagay study (*Santé publique France*), among MSMs (men who have sex with men) who spend time in gay clubs and bars, there is significantly higher prevalence of HIV positivity among those stating that they had used a psychoactive product at least once in the course of the previous 12 months (35% as against 16%). Moreover, 1.6% of MSMs who took part in the study had "slammed" substances during the past year (injection of psychoactive products in a sexual context), with the percentage reaching 3.1% having done so at some point during their lives⁷⁴.

Location of CAARUDs in big cities is not enough to meet the demand in full⁷⁵ and does nothing to solve the problem of access to material and risk and harm reduction services for those living in periurban and rural areas. The techno and free-party scene, whose event venues are usually located in areas nowhere near CAARUDs, also requires a special approach.

The December 2017 IGAS report provides an accurate updated state of play on accessibility of risk-reduction tools and services, and also makes a number of useful recommendations on how the risk-reduction offer might be improved.

73 Weill-Barillet L., et al. (2016) Hepatitis C virus and HIV seroprevalences, sociodemographic characteristics, behaviors and access to syringes among drug users, a comparison of geographical areas in France, ANRS-Coquelicot 2011 survey. *Revue d'Epidémiologie et de Santé Publique*, Vol. 64, no. 4, p. 301-312.

74 Milhet M., Néfau T. (2017) Chemsex, slam. *Renouveau des usages de drogues en contextes sexuels parmi les HSH* (Renewal of drug use in sexual contexts among MSM). Saint-Denis, OFDT, coll. Théma TREND quotes an EMCDDA publication drawing attention to the practice of "slamming" as being particularly risky. More generally, "chem-sex" practices may as yet be poorly quantified but are very real given the observations of health services in France (Bordeaux, Lyon, Paris, Rennes and Marseilles) regarding increased need for treatment on the part of those concerned (repeated infections, emergency treatments for acute intoxication and/or somatic harm caused by sexual practices, psychiatric decompensation, etc.); these findings are corroborated by the arrival of new consultants in CAARUDs and CSAPAs reporting such practices. 12.6% of the 17,554 MSMs questioned in the context of the 2013 "Gay Net Barometer" survey stated that they had taken substances associated with chem-sex (cocaine, MDMA, GHB, ketamine and cathinones) at least once, and 1.2% had "slammed" such drugs. In 2015, the Paris Drugs Squad investigated 21 cases of fatal overdose, 3 of which were connected with "slamming" cathinones.

75 In the ANRS-Coquelicot survey, 30% of DUs stated that they had had problems obtaining sterile material over the previous 6 months, and 60% in Seine Saint-Denis.

Evolutions (often multiple) in consumption, dissemination of certain drugs outside traditional consumption circles, the particularly dynamic market for new psychoactive substances (NPSs) and the risk of an opioid crisis call for special vigilance in order to improve risk and harm reduction⁷⁶, which must become more responsive, flexible and agile. It must be integrated into other types of assistance, geared towards provision of services rather than simple existence of structures.

Finally, beyond the traditional acceptance of the notion of risk reduction centred on use of illegal drugs (intravenous use in particular), **risk and harm reduction is developing for other psychoactive substances, especially alcohol**. Local experiments are being carried out in this respect, and they should be assessed so that best practices arising from them can be disseminated.

7.1

GOAL 7.1

ADAPTING THE REFERENCE FRAMEWORK FOR RISK-REDUCTION ACTORS

- 1 Revising the national risk reduction framework for drug users (resulting from Decree no.2005-347 of 14 April 2005, currently Annex 31-2 of the Public Health Code) in order to:
 - extend the approach to all addictive behaviours and take account of the diversification observed in user profiles and products consumed, as well as the increase in accessibility, in particular of cocaine, crack and NPSs;
 - encourage evolution of "outreach" intervention methods, including development of a national service offer by post and on the internet.
- 2 Integrating methods of product analysis (preceded by an overview of existing data), assistance and education on risks connected with taking drugs intravenously, and ways of intervention specifically adapted to prison environments (see Priority 10: Decreasing risks for prison inmates).
- 3 Stepping up communication on risk and harm reduction services to the sectors of the public concerned (consumers and their circles).
- 4 Carrying out an assessment of experiments conducted with regard to alcohol risk and harm reduction.

⁷⁶ EMCDDA, *Fentanils and synthetic cannabinoids: driving greater complexity into the drug situation. An update from the EU Early Warning System*. June 2018.

GOAL 7.2

ADAPTING THE OFFER TO NEEDS

7.2

- 1 Improving territorial coverage by risk and harm reduction services on the basis of a status report on needs and existing offers. In Île-de-France, drawing on the work carried out by the "crack" group under the aegis of the MILDECA in the first quarter of 2018, in order to improve the risk and harm reduction offer.
- 2 Fostering a concerted local approach to reduction of risks and harm connected with alcohol and drug consumption at festive events in urban and rural settings alike.
- 3 Developing access to equipment and services by mobilising all types of offers (from exchange of equipment, involving pharmacists and the postal service, to low-risk consumption rooms).
- 4 Developing remote approaches (Internet, smartphone and phone support tools, etc., and various *Assurance Maladie* supports) and/or collective assistance offers (e.g. *Alcoochoix*).
- 5 Including injection drug users' (IDUs) equipment in the infectious clinical waste (ICW) disposal stream.
- 6 Developing strategies responding to problematic uses that are becoming more widespread, chem-sex in particular.
- 7 Developing content of (injection and crack) prevention toolboxes in order to adapt them to new issues at lower cost.

GOAL 7.3

CONTINUING WITH THE "LOW-RISK CONSUMPTION ROOM" EXPERIMENT

7.3

- 1 Continuing with adaptation of the low-risk consumption rooms already authorised, in order to improve their effectiveness and overcome any problems that might arise, and, if required, providing for changes in national specifications.
- 2 During the trial period, considering opening other facilities to meet needs not covered (including in Île-de France if necessary).

7.4

GOAL 7.4

PREVENTING OVERDOSES

- 1 Promoting proper use of opioid analgesic medicines in order to prevent their misuse and consequent poisoning.
- 2 Educating users and professionals in recognition of overdose symptoms and what to do if they occur.
- 3 Developing training of and assistance tools for health professionals, in particular with regard to availability of naloxone and prescription and delivery of opioid replacement medicines.
- 4 Ensuring that naloxone is physically available and affordable. In particular, facilitating delivery of "take-home" naloxone by CSAPAs and CAARUDs as well as by non-specialised entities, and developing training of professionals, intervenors, and users concerned and their circles.
- 5 Providing for protective measures for personnel who may unintentionally get to handle such products as fentanyl (customs and police officers in particular).

PRIORITY 8

8

Direct contact with vulnerable individuals

The *Stratégie nationale de santé* (SNS – National Health Strategy) emphasises the extent of social health inequalities in France, expressed by significant disparities in life expectancy between social categories (at 35 y/o, male blue-collar workers have a life expectancy on average 6.4 years lower than that of male senior executives, with a gap of 3.2 years for their female counterparts). Certain categories make less use of health and social systems due to ignorance of their rights, mistrust of institutions or practical obstacles such as lack of mobility or domiciliation.

There are unequal prevalences of addictive behaviours from one social group to another. According to data from the Health Barometer, between 2010 and 2016, frequency of daily smoking increased from 35.2% to 37.5% among citizens in the lowest-income bracket, while there was a 23.5 to 20.9% decrease among those in the highest income bracket. Experimenting with and occasional use of cannabis seems more often associated with social integration contexts, while regular use is connected with situations of social vulnerability. The situation with regard to alcohol abuse is more contrasted, as it concerns various advantaged groups such as women executives alongside other less affluent categories, such as men in low-income households and people who have suffered episodes of precarity. There is a 52% employment rate for men and 50% for women among people treated for alcohol problems in CSAPAs, as against 82% and 74% respectively in the general population: a situation that has been accentuated over recent years due to problems with access to employment.

Accumulated difficulties, which may be social, educational, health or connected with discrimination, require implementation of several forms of intervention, focusing on health, accommodation, mobility, financial resources, training / employment, family environment, etc. Under these circumstances, preventing and treating addictive behaviours involves taking a comprehensive approach targeting vulnerable sectors of the public, without waiting for them to present themselves at a treatment facility. In addition to health pathways, life pathways must also be taken into account.

Several priority sectors of the public may be identified in this respect:

Young people with no fixed home and sometimes taking up alternative lifestyles. In their most recent observations⁷⁷, the TREND sites reported increased convergence between nomadic consumers of products emblematic of the alternative party scene, who flirt temporarily with street life – especially during the summer – and young people in more long-term situations of precarity in or on the peripheries of cities. In other words, larger numbers of seasonal wanderers than were previously apparent seem to be turning to lifestyles as squatters or lone vagrants. Such groups living in precarious situations also sometimes attract new members affiliated to antiauthoritarian movements, living in squats and seldom or never using drugs apart from alcohol and cannabis.

⁷⁷ Cadet-Tairou A., et al. (2017) *Substances psychoactives, usagers et marchés : les tendances récentes (2016-2017)* (Psychoactive substances, users and markets: recent trends (2016-2017)). *Tendances*, OFDT, no. 121.

Migrants, above all with the special problem of unaccompanied minors with addictions. Over the last two years, we have seen the public spaces of a number of cities (Paris and Rennes in particular) taken over by often very young children and teenagers, unaccompanied minors that social, child welfare and youth protection services have not succeeded in bringing into their care. Most such young people have already experienced homelessness and life on the streets in their countries of origin, usually Morocco or Algeria. Their living conditions on the street are extremely precarious. Exposed to street violence (prostitution, sexual assault, exploitation, etc.), they may themselves be threatening to others and suffer from very poor states of health on all levels. Group consumption of psychotropic substances would seem to be very common, with particularly marked abuse among the youngest members (use of neoprene glue and equivalent solvents, inhaled "head in the bag" throughout the day until stocks run out). Alcohol and cannabis are also in common use. The effects of such consumption (disorientation, aggressive behaviour, etc.) further limit already very difficult communication with social workers. Products are funded by criminal offences (bag-snatching, assault, dealing, etc.) and probably, at least in Paris, by prostitution.

Homeless people generally living in conditions of extreme precarity. In its study published in December 2017, the OFDT highlighted the extreme vulnerability of users living on the streets, described by ethnographic observers and professionals working with such people. There continue to be large numbers of users frequenting CAARUDs who evidence very high levels of social precarity. Description of profiles of individuals making use of low-risk consumption rooms in Paris and Strasbourg corroborates this data⁷⁸. In addition to such users' lack of resources and difficulties finding employment and accessing social rights, the alarming nature of their state of health is reported throughout the territory, including serious somatic and psychiatric pathologies alike. The emergency accommodation crisis is described as generating a "competition between woes" in which homeless drug users are not on the priority list for obtainment of accommodation or housing.

People suffering from serious psychiatric disorders. Addictive comorbidity among psychotic patients concerns 19% of schizophrenic patient cohorts under treatment in Lyon, Lille and Marseille (data from monitoring of the European Schizophrenia Cohort) with 14% alcoholism and 7% drug addiction. Hence, for patients with psychotic disorders, as for those with addiction problems and evidencing psychiatric comorbidity, more complex treatment methods must sometime call for specialised clinical care. In addition, as articulation between addictology and psychiatry is not always as harmonious as it might be, health pathways vary depending on patients' first point of contact, with a risk of loss of opportunities if the two disorders are not treated in integrated fashion or at least in parallel.

Although considerable, the epidemiological data cited above does not take account of tobacco consumption, which mental health teams spend relatively little time on even though their patients' consumption is higher than in the general population and has major consequences in terms of avoidable premature mortality and quality of life.

Finally, there is no lack of scientific literature on interactions between psychoactive substances and antipsychotic medicines that make it necessary to take full account of them in order to ensure therapeutic effectiveness and a better quality of life for the people concerned.

⁷⁸ As an example, among individuals using Strasbourg's SCMR at 31 July 2017, 21% were without resources, 35% in precarious housing or NFA; 16% had no previous medical monitoring and 23% tested positive to hepatitis C.

Providing preventive programmes accessible to everyone

Vulnerable sectors of the public, distanced from administrative and healthcare systems and/or faced with language, cultural or mobility barriers, have difficulties in accessing prevention schemes, as is underscored in the National Health Strategy.

These findings require **systematic provision for inclusive prevention, detection and assistance programmes** – in other words, programmes accessible to all corners straightaway.

Including the fight against addictive behaviours in social and medicosocial institutions' projects

Professionals in the reception, accommodation and integration sector have not yet taken sufficient account of addictive behaviours among the people they assist, tobacco dependence in particular.

Fostering direct social and/or professional integration of individuals who are in situations of precarity and also dependent on psychoactive substances (without requiring prior cessation)

When people living in disadvantaged environments are long-term problematic users of psychoactive substances, their living conditions deteriorate rapidly, with possible loss of employment or housing. Similarly, among people who are already homeless, polyconsumption combining alcohol and other psychoactive substances further aggravates their vulnerability⁷⁹.

In these circumstances, the European Observatory for Drugs and Drug Addiction highlights the fact that **social and professional integration is an essential component of comprehensive strategies combating addictive behaviours**⁸⁰. Effective public policies in this regard are those that aim to ensure users' social and professional integration and which facilitate access to employment and housing. They involve better training of and awareness-raising among reception and healthcare professionals on social, professional and health problems connected with situations of precarity, and facilitating individual pathways between the various professionals and services.

The past few years have seen efforts to encourage programmes specially designed for drug users' situations:

- The "*Un chez soi d'abord*" (A Home First) programme⁸¹ enables homeless people suffering from serious psychological disorders and addictions to access ordinary accommodation immediately (i.e. directly from the street), where they will receive ongoing assistance from a multidisciplinary medicosocial team; 80% of the people benefiting from the programme have an addiction of some kind;

79 De la Rochere B. (2003) *La santé des sans-domiciles usagers des services d'aide* (Health among homeless support-service users). *Insee Première*, no. 893; HCSP (2009) *Les inégalités sociales de santé : sortir de la fatalité* (Social health inequalities: escaping the inevitable); MRIE (2011) Annual dossier 2011, *Pauvretés, précarités, exclusions* (Poverty, precarity, exclusion), p. 71.

80 EMCDDA (2012) Social reintegration and employment: evidence and interventions for drug users in treatment. Luxembourg, Publications Office of the European Union, coll. EMCDDA Insights, no. 13.

81 Universalisation of the experiment carried out by the *Délégation Interministérielle à l'Hébergement et à l'Accès au Logement* (DIHAL – Interministerial Delegation for Accommodation and Access to Housing) in four conurbations (Paris, Lille, Marseille and Toulouse) by Decree no.2016-1940 of 28 December 2016 bearing on "*un chez soi d'abord*" therapeutic coordination apartments (TCA) schemes.

- The “*Travail alternatif payé à la journée*” (TAPAJ – Alternative work paid by the day) scheme provides direct access to employment for young drug users who are either without fixed abode or from Urban Policy Priority Neighbourhoods, with no prior severance conditions; it is a transitory measure adapted to such young people’s special situation, enabling them to integrate the classical labour market later on and develop a life plan.

Drawing on such schemes and other experiments that have proved to be effective and which should be disseminated, we need to design programmes based on comprehensive health, social and professional assistance to users. At territorial level, such programmes require development of synergies and partnerships between addiction-treatment facilities, companies, local authorities, actors in the fields of employment and training (public employment service, “integration by economic activity” companies, training bodies, etc.) and housing and accommodation partners

The lives of people suffering from combinations of vulnerabilities are more often marked with brushes with the law, imprisonment in some cases, than those of the more fortunate. The goals set out below are also valid for *personnes placées sous main de justice* (PPMJs – people placed by law under the control of the justice system) and individuals newly released from prison.

8.1

GOAL 8.1

PROVIDING FOR ACCESSIBLE RESPONSES

- 1 Developing “inclusive” (i.e. accessible to all) programmes for preventing, detecting and accompanying addictions.
- 2 Developing intervention tools and methods (such as social mediation with interpreters on hand if required) designed to meet the special needs of sectors of the public experiencing the greatest difficulties; drawing in particular on documents connected with administrative procedures.

GOAL 8.2

8.2

FOSTERING INDIVIDUAL REINTEGRATION IN THE CONTEXT OF A LIFE PATHWAY

- 1 Facilitating decompartmentalisation and links between medical and medicosocial actors and actors in reception, accommodation and integration. **(SNS measure)**
- 2 Detecting non-take-up situations and avoiding breaks in treatment paths through health mediation, by developing facilities modelled on *Permanences d'accès aux soins de santé* (PASSs – Healthcare service access points), drawing on *Caisse primaire d'assurance maladie* (CPAM – Primary Health Insurance Fund) healthcare access platforms, and organising continuity of treatment following release from hospital. **(SNS measure)**
- 3 Bringing complementary solutions to the most vulnerable sectors of the public, including access to domiciliation and interpreting services (prior to access to rights), access to information on treatment facilities, and development of innovative solutions combining social and healthcare approaches (*Lits halte soins santé* (LHSSs – healthcare stayover centres) and *Lits d'accueil médicalisés* (LAMs – Medical respite centres). **(SNS measure)**
- 4 For the sector specialising in addictology, developing new “outreach” intervention methods in order to cover as many sectors of the public, practices and consumption environments as possible (mobile teams from other services, outreach street teams, etc., drawing on expertise, knowledge and users’ experiences) (see Goal 6.4: Updating professional practices).
- 5 Promoting and developing the TAPAJ programme for young people with no fixed home, in situations of major precarity or in Urban Policy Priority Neighbourhoods, in partnership with the *Comité inter-ministériel de prévention de la délinquance et de la radicalisation* (CIPDR – Interministerial Committee for the Prevention of Crime and Radicalisation).
- 6 Developing a partnership between actors promoting a “*emploi d’abord*” (job first) approach and a “*logement d’abord*” approach, in particular between the TAPAJ and “un chez soi d’abord” programmes.
- 7 Testing out special schemes for assisting unaccompanied minors suffering from addictions.

9

PRIORITY 9

Improving the effectiveness of the legal response to crime connected with addictions

Psychoactive substances, whether legal or illegal, play a major role in crime in France. Cases involving drugs (use, trafficking and driving after consumption) account for 10% of proceedings with known perpetrators dealt with by Public Prosecutors' offices⁸². In addition, there were 93,515 convictions for driving under the influence of alcohol in 2015, making it one of the most common penal offences to come before France's criminal courts⁸³.

Improving the judicial response to illegal drug use

It is generally agreed that **the current penal response to drug use no longer seems to be effective**, while activity on the part of the law enforcement authorities in this area has escalated since enactment of the 1970 law. It increased fiftyfold between 1970 and 2013 (almost doubling since 2000) to involve some 180,000 people in 2016.

- Citizens see it as lacking clarity and credibility;
- The procedures for dealing with such offences are unwieldy and time-consuming; they take up some 1.2 million hours of police time a year;
- The pertinence of courts referring drug takers to the health system as an alternative to legal proceedings and penalties deserves to be fully assessed.

As part of an overall policy combining prevention, detection, assistance, and combating trafficking, reform of the Law of 1970 provided for by the Justice Programming Law should: 1) help reduce drug use by reasserting that consumption of such products is prohibited in order to keep people in good health, 2) restore the law's credibility by imposing sanctions seen as effective, 3) largely refocus police activity on drug trafficking and other forms of criminal behaviour (in particular when they cause harm to third parties).

82 Viard-Guillot L. (2017) *Le traitement judiciaire des infractions liées aux stupéfiants en 2015* (Judicial treatment of offences connected with drugs in 2015). *Infostat Justice*, no. 150.

83 93,515, i.e. 17% of the 534,241 sentences passed in 2015, including criminal fines, source: "*Les chiffres-clefs de la justice 2016*" (2016 Justice figures at a glance), Ministry of Justice.

Developing more effective open-custody sentences

Common law crimes appear closely correlated with consumption of psychoactive substances, alcohol in particular, consumed before commission of the most common crimes and offences by a great majority of their perpetrators: an estimated 72% of robberies and 57% of sexual assaults⁸⁴.

Every year, the courts pass a great many sentences aimed at preventing recidivism by acting on the individual factors of delinquency. They seek above all to act on uncontrolled consumption of psychoactive substances by including an obligation to undergo treatment in the sentence option as alternatives to proceedings, by therapeutic injunctions and health referrals on the part of Public Prosecutors' offices or pre-sentence in the context of legal restraints pending trial. 165,269 individuals were being treated in open custody by the *Service pénitentiaire d'insertion et de probation* (SPIP – Penitentiary Service for Integration and Probation) at 1 July 2017 for a measure not including imprisonment. A significant percentage of CSAPAs' active files is made up of individuals sent by the courts: in 2015, 40.8% of consultations concerning cannabis, 13.3% alcohol, and 7.9% other drugs⁸⁵.

In this context, **it would seem of key importance to facilitate relations between the health sector and the justice system, through making clear reference frameworks on dependence assessment available and sharing information; fostering exchange of knowledge; improving justice system professionals' training on addictive behaviours and health professionals' training on legal and prison issues.** Such measures aim to overcome current difficulties, such as a number of professionals' refusal to provide treatment in the context of a legal obligation and inappropriate legal requirements (immediate abstinence) due to ignorance of the mechanisms of addiction.

A special effort is also required to improve the legal response's effectiveness as regards the minority of offenders highly likely to reoffend: 10% of convicted offenders account for a third of all sentences passed in 10 years⁸⁶.

For defendants with a combination of problems (addictions, social precarity, cognitive disorders, etc.), compulsory treatment alone is not enough to reverse pathways marked by a succession of offences and prison sentences. The response must necessarily be multidisciplinary and therefore interministerial.

Credible alternatives to imprisonment, in the form of intensive, comprehensive and individualised monitoring with tangible concrete content, must be developed, whatever the procedural context (alternatives to criminal proceedings, pre-sentence or post-sentence). Various experiments have been carried out at local level on the initiative of justice professionals and/or the medicosocial community.

The challenge for the future is to work closely with justice professionals and actors in the medicosocial and integration sectors in order to provide local initiatives with shared methodological approaches, so that intensive monitoring of offenders is in line with a criminal law policy that provides incentives to abandonment of criminal behaviour throughout the justice chain. In this respect, the IGSJ/IGAS/IGF joint report published in July 2016, assessing interministerial policies on integration of individuals entrusted to the prison administration by the judicial authority, recommended increasing numbers of programmes providing alternatives to imprisonment for addiction-related offences.

84 Bègue L. (2014) *Drogues, alcool et agression. L'équation chimique et sociale de la violence* (Drugs, alcohol and aggression, the chemical and social equation of violence). Paris, Dunod.

85 Source: OFDT- RECAP 2015

86 Cretin L., Timbart O. (2017) *Une approche individualisée de la multi condamnation* (An individualised approach to multi-conviction). Infostat Justice, no. 151.

Provision of an interministerial framework must be based on validated scientific data (assessment of the impacts of American “Drug Courts” and Risk-Need-Responsivity (RNR) tools), as well as on the principles of effective monitoring set out in European rules on probation drawn up by the Council of Europe in 2010, and work carried out by the Consensus Conference.

It will be able to draw on the progress made in the post-sentence field, the result of the proactive policy implemented by the Prison Administration to update its integration and probation staff’s intervention methods (training in the principles of assessment and in motivational interview techniques, dissemination of a handbook on implementation of probation orders, and an upcoming repository of SPIP operational practices).

Work on the part of the actors concerned with regard to prevention of recidivism must finally be based on objective data, which calls for **better documentation of the connection between consumption of psychoactive substances and crime and better assessment of the impact of judicial responses provided** (see Focus 4, Goal 16.4: Increasing knowledge in the field of judicial responses).

9.1

GOAL 9.1

RESTORING CREDIBILITY AND CLARITY TO THE PROHIBITION ON DRUG USE

- 1 Improving the penal response to use of illegal products: adopting the principle of flat-rate fines for offences. Assigning revenue from such fines to the Addiction Fund in order to finance preventive actions (see Measure 1.2.1).

9.2

GOAL 9.2

DEVELOPING EFFICIENT MONITORING MEASURES, IN PARTICULAR FOR OFFENDERS HIGHLY LIKELY TO REOFFEND

- 1 In the context of the PPMJ health strategy, setting up an interministerial workgroup tasked with developing a clear institutional framework for interfaces between the justice and health system, drawing on existing work in order to do so.
- 2 In compliance with the PPMJ health strategy, organising overlapping training programmes for justice and health professionals on addictive behaviours and judicial and prison issues. Developing training of judges in motivational interviewing.
- 3 Improving multidisciplinary monitoring of delinquents who are highly likely to reoffend, by:
 - setting up an interministerial workgroup to draw up recommendations on best practices;
 - providing methodological assistance to and assessing intensive multidisciplinary monitoring experiments carried out under the banner of “problem-solving justice”.

PRIORITY 10

10

Decreasing risks for prison inmates

The prison population evidences higher prevalence of addictive behaviours than the general population, in particular in view of the many interactions between alcohol abuse and criminal acts, the large number of prison sentences passed for use of illegal drugs by individuals also suffering from addictive behaviours, and a very high prevalence of smoking. **Recent studies carried out at the initiative of the Direction de l'Administration Pénitentiaire (DAP – Directorate of Prison Administration) indicate that cannabis consumption is particularly high in prisons⁸⁷.**

The National Health Strategy identifies PPMJs, those in prison in particular, as vulnerable, faced with social health inequalities. They may be homeless, migrants, and / or suffering from serious psychiatric disorders, which are highly prevalent among prison inmates (see Priority 8: Direct contact with vulnerable individuals).

Detention conditions and overcrowded prisons do little to help account being taken of addictions or the fight against passive smoking (provision of tobacco-free cells for non-smokers is not always possible).

Available data⁸⁸ highlights high-risk practices among prison inmates: snorting, injection and sharing needles. The prison environment is characterised by significantly higher prevalence of HIV and HVC infection than that observed in the general population.

There is still insufficient detection of addictive behaviours by health professionals working in prison health units, and when it is carried out it does not always result in provision of assistance and treatment adapted to the realities of individual needs. Action research projects are currently underway to analyse obstacles to and levers for implementation of best practices and fostering their deployment.

Special attention must be paid to institutions taking in minors, in view of their greater vulnerability to psychoactive substances.

⁸⁷ The high consumption of cannabis among prison inmates is confirmed by work underway on estimation of drug consumption through analysis of wastewater from three prisons in Metropolitan France. University Paris Sud, UMR 8079 – “Écologie Systématique et Évolution” laboratory, Public Health-Environment Group, Châtenay-Malabry; see OFDT Note 2017-01.

⁸⁸ Prévacar / DGS / INVS study and Coquelicot / ANRS study.

The first assessment tools resulting from the PRIDE research work carried out by the INSERM in 2011, on application of measures for reduction of risks and harm among prisons inmates, testified to a disparity between international recommendations thereon and the reality of practices in French prisons⁸⁹. A reality that led the Prison Administration to sign a convention with the PRIDE research team for complementary work on assessment of the acceptability and feasibility of implementing these recommendations in order to reduce risks of infection in French prisons. The resulting research has been cofinanced by the ANRS, Sidaction and the PACA Regional Health Agency.

Article 41 of the Law of 26 January 2016 on modernisation of our health system defines what is covered by the risk and harm reduction policy and provides for it also being applied to prison inmates, in accordance with methods adapted to the prison environment. Methods for application of this Chapter of the Public Health Code are specified by Council of State Decree.

The aim will be to make detection of addictive behaviours systematic in prisons and provide a wider range of treatment responses, including risk and harm reduction actions such as maintenance of abstinence and continuity of treatment (before and after imprisonment). Implementation of new measures must be in the context of the PPMJ health strategy managed by the Ministry of Health in close coordination with the Ministry of Justice.

10.1

GOAL 10.1

IMPLEMENTING EFFECTIVE PRIMARY PREVENTION ACTIONS TARGETING PPMJS (*PERSONNES PLACÉES SOUS MAIN DE JUSTICE* - PEOPLE PLACED BY LAW UNDER THE CONTROL OF THE JUSTICE SYSTEM)

- 1 Implementing a determined policy facilitating application of the Evin Law and prevention of exposure to passive smoking in an approach focusing on promotion of health in prisons and PJJ institutions and services alike.
- 2 Implementing a tobacco and cannabis consumption prevention programme targeting PPMJs and applied in open custody facilities and PJJ services and in prison environments (professionals and inmates alike).
- 3 Seeing the inauguration of new closed educational *centres and quartiers de préparation à la sortie* (QPSs – wings for inmates preparing to leave prison) as an opportunity to study – from the architectural design phase and/or drafting of the mission statement onwards – factors facilitating compliance with the Evin Law and life in a “tobacco-free” institution.

⁸⁹ HIV Reference Framework, UNODC, 2012 “Prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions” - WHO/UNODC/UNAIDS 2007 “effectiveness of interventions to address HIV in prison”

GOAL 10.2

REINFORCING ASSISTANCE PROVIDED TO PPMJS AND RISK REDUCTION

10.2

- 1 Better knowing the consumption pathways and practices of young people in the care of the PJJ, by conducting a new survey on their health and its determinants.
- 2 Making detection of addictive behaviours systematic in prisons.
- 3 Ensuring that addiction treatment equivalent to that available in the outside world is provided in prisons, through extending the competences of health unit professionals and greater involvement on the part of CSAPAs and CAARUDs in supporting prison health teams and/or intervening directly with prison inmates. Fostering access to addiction treatment in open custody facilities.
- 4 Implementing a risk and harm reduction and prevention programme, above all for alcohol, in particular targeting inmates who are about to leave prison and young people monitored by the PJJ, in order to reduce the risk of returning to harmful consumption practices.
- 5 Implementing a determined policy aimed at reducing consumption and trafficking of cannabis in prisons (actions targeting determinants connected with supply, demand and ways of consumption).
- 6 Taking action on the specific problem of diversion and misuse of medicines in prisons.
- 7 Supporting intervention by peer helpers in provision of assistance to PPMJs displaying addictive behaviours.
- 8 Fostering inmates' access to telephone helplines and digital content with regard to addiction prevention.
- 9 Removing the obstacles (legal obstacles in particular) to carrying out PRIDE research on the acceptability and feasibility of risk and harm reduction actions in prisons. Finalising the Decree on adaptation of risk and harm reduction actions to meet the needs of prison inmates.
- 10 Increasing provision of HIV, HVC and HVB screening and remedial vaccination against hepatitis B, depending on risk criteria; fostering care and access to treatment during imprisonment.

11

PRIORITY 11

Decreasing numbers of road accidents connected with high-risk practices

According to the provisional death toll for 2017, 3,693 were killed on Metropolitan French roads, 45 fewer than in 2016 (-1.2%). These results show a slight improvement following three consecutive years of rising fatality rates. As in 2016, alcohol was the second most frequent cause of road deaths, while drugs were as much in evidence as in 2016⁹⁰.

The Actusam study carried out by the IFSTTAR (road accident figures for 2016, supplied by the *Observatoire National Interministériel de la Sécurité Routière* (ONISR – National Interministerial Observatory for Road Safety) assesses the added risk of causing a fatal accident for a driver testing positive at 1.65 for cannabis and 2.21 for opioids. For alcohol, the risk is 17.8 times greater. A driver testing positive to both cannabis and alcohol is 29 times more likely to cause a fatal accident. Finally, it should be borne in mind that work-related road accidents are the leading cause of fatal occupational accidents (20%)⁹¹. On working days, there is a peak in accidents connected with alcohol between 5 p.m. and 9 p.m.; although it may not be directly connected with the journey home from work, it corresponds to a period of end-of-the-day “relaxation”. There is another peak after 11 p.m., when people are coming home from evenings out. This data only concerns blood alcohol levels over the 0.5g/l legal limit, and does not take account of the added risk connected with blood alcohol levels between zero and the legal limit. It is worth noting that, since 2015, the legal blood alcohol limit for novice drivers has been 0.2 g/l.

Compared with speeding, these offences seem to get off rather lightly, as the Court of Auditors emphasised in 2016: “with regard to road safety, for which conclusive results with regard to decreasing fatalities have been obtained over the last forty years, current attempts to stop people driving under the influence of alcohol are not as effective as those combating speeding, due to lack of an effective control and penalty system”. The same is true for driving under the influence of drugs: although the facilitation of controls brought about by the legislative and regulatory changes made in 2016–2017 is certainly a step in the right direction, financial resources currently mobilised are not enough to provide a determined, more systematic and frequent response.

⁹⁰ According to road safety figures for 2016, although driving at excessive or inappropriate speeds is still the leading cause of road deaths, alcohol is a factor in 29% of fatal accidents; the percentage is higher among 18–44 y/o. As regards drugs, 22% of road deaths involve drivers who have taken drugs, the age bracket most concerned being 16–34 y/o. 3 or 4% of accidents are directly attributable to medicines, benzodiazepines being the leading cause (CESIR study). Finally, according to the IFSTTAR-INSERM collective expert assessment (April 2011), almost 10% of road accidents resulting in injury are connected with use of telephones while driving.

⁹¹ *Caisse nationale d'assurance maladie des travailleurs salariés* (CNAMTS – National Health Insurance Fund for Employees) figures for 2012, for the employees it covers, include 74,194 accidents declared in this context (at least 1 day off work), 7,080 permanent disabilities and 386 fatal accidents.

Promoting road safety also requires an education and prevention policy implemented in schools and the world of work alike. However, this does not seem enough, in particular as regards 16-24 y/o and the elderly (see the joint report by the General Inspectorates of the National Gendarmerie, the National Police and the Administration (IGGN-IGPN-IGA) on "Assessment of the Road Safety Policy" – July 2014). The Court of Auditors also stressed the need to maintain budgets allocated to preventive actions in the field of road safety (down by 24% between 2009 and 2014)⁹².

Road risks are particularly high among a number of professional sectors (sales representatives, craftspeople, lorry drivers, maintenance professions, couriers and BPW employees) and require specially targeted prevention campaigns to be carried out. Nonetheless, as the Court of Auditors points out, "it is still difficult to provide motorists with an accurate common perception of quantities of alcohol at issue".

Screening devices are of major interest in this respect and should be in more widespread use in all nightspots (compulsory availability in bars closing between 2 a.m. and 7 a.m. since the law of 14 March 2011); they should also be available in establishments with other closing times.

Finally, despite the recommendations made by the European Commission in 2001⁹³, there is still no harmonisation of maximum blood alcohol levels for drivers in Europe.

In line with the goals set by the European Commission in 2012, the Minister of the Interior's goal is to get below 2,000 deaths by 2020.

The goals and measures below are mainly the result of decisions made by the *Comité interministériel à la sécurité routière* (CISR – Interministerial Committee on Road Safety) on 9 January 2018.

⁹² *Cour des comptes* (Court of Auditors, 2016) *Les politiques de lutte contre les consommations nocives d'alcool* (Policies combating alcohol abuse). Thematic public report – Assessment of a public policy.

⁹³ Commission Recommendation of 17 January 2001 on the maximum permitted blood alcohol content (BAC) for drivers of motorised vehicles (2001/115/EC)

11.1

GOAL 11.1

IMPROVING DRIVING INSTRUCTION AND RAISING DRIVERS' AWARENESS THROUGHOUT THEIR LIVES ON RISKS GENERATED BY HIGH-RISK PRACTICES

- 1 Reinforcing road safety education on risks connected with consumption of psychoactive products and medicines:
 - among school-age children, via consolidation of national and local partnerships, updating the Attestation Scolaire de Sécurité Routière (ASSR – School Certificate of Road Safety) question bank, and increasing the number of questions on addictions;
 - among young people, in particular through training delivered to student association managers at all higher education institutions (**CISR measure**);
 - among employees, in particular for SMEs and VSEs, in liaison with complementary protection bodies.
- 2 Assessing the impact of such training courses on drivers' later consumption.
- 3 Raising awareness among novice drivers of the extent of their responsibilities, by making delivery of a driving licence conditional on signature of a digital charter committing them to behave, whenever they are at the wheel, in such a way as to respect and protect all road users (**CISR measure**).
- 4 Fostering awareness-raising among physicians via implementation of a programme in selected *départements* and then across the whole country, in order to get them to bring up the issue of road risk connected with addictions during medical consultations (**CISR measure**).

GOAL 11.2

COMBATING DRIVING UNDER THE INFLUENCE OF ALCOHOL

11.2

- 1 Encouraging road-users to self-assess their blood alcohol levels by:
 - developing partnerships with bars in order to universalise availability of breathalysers on their premises and carry out joint preventive actions (**CISR measure**);
 - generalising sale of breathalysers near alcoholic drink shelves in all "takeout" sales outlets (**CISR measure**).
- 2 Fostering use of alcolocks (ignition interlock devices) by:
 - enabling drivers whose licences have been suspended by prefectural decision after their blood alcohol levels tested over the legal 0.8g/l limit to drive during the suspension period provided they only drive vehicles equipped with alcolocks at their own expense (**CISR measure**);
 - making alcolocks and medico-psychological monitoring compulsory in cases of repeated offences of driving under the influence of alcohol (**CISR measure**).

GOAL 11.3

INCREASING AND OPTIMISING CONTROLS

11.3

- 1 Increasing probability of controls and immediate sanctions: improving provision and availability of equipment for recording offences of driving under the influence of drugs or alcohol; ensuring funding of expert appraisal.
- 2 Studying implementation of a new-generation mobile device combining the functions of the alcohol screening devices and evidential breath-test devices currently in use, in order to reduce time taken during controls and increase their numbers (**CISR measure**).
- 3 Supporting research and development work on simplification of the technical procedure for detection and confirmation of driving under the influence of drugs, in particular the development of a mobile device, modelled on the breathalyser for alcohol, able to carry out reliable analyses in real time.

GOAL 11.4

ADAPTING THE SANCTION TO THE RISKS

11.4

- 1 Immediately depriving perpetrators of serious violations of the highway code – including driving under the influence of drugs or with a blood alcohol level over the limit – of free use of their vehicles. Upon prefectural decision, vehicles may be immediately taken to the car pound for a period of 7 days at offenders' expense (**CISR measure**).

FOCUS 3

**STRONG
COMMITMENT
AGAINST
TRAFFICKING**

Illegal trading in legal products (alcohol and tobacco) and trafficking in illegal products (drugs) are still firmly established in our country. The illegal product offer covers our entire territory; guaranteeing consumers very easy access to a wide range of drugs at affordable prices. Such excessive availability is one of the determinants of the commoditisation of cannabis, as well as of the increasing dissemination of products previously limited to confidential circles: cocaine and its by-products, heroin, synthetic opioids, and ecstasy. Tobacco smuggling, which provides access to products at a lower cost and may well increase with the prospect of the upcoming rise in prices, undermines the anti-smoking policy.

Trafficking generates a real parallel economy. According to the latest OCRTIS data, the illegal drugs market is estimated to be worth some 3.2 billion euros. According to the *Institut National des Hautes Études de la Sécurité et de la Justice* (INHESJ – National Institute for Advanced Security and Justice Studies), quantities consumed and therefore imported into our country include 285 tonnes of cannabis, 15 tonnes of cocaine and 6.7 tonnes of heroin.

At local level; it is expressed by the hold that criminal organisations have over entire territories and their populations, and the sometimes forced recruitment of many inhabitants into trafficking rings: children and teenagers used as lookouts, vulnerable individuals and isolated women used as "drugs minders", strong competition, violence and murders between traffickers. In the *département* of Seine-Saint-Denis alone, the sale of drugs provides a living for over 100,000 people.

Trafficking constitutes a continuum, from production in foreign countries to wholesale importation by organised criminal rings to resale in our neighbourhoods. It is inextricably bound up with organised crime as a whole: criminal networks, whether specialised or otherwise (smuggling, human trafficking, etc.), money laundering networks and entities (in liaison with all organised financial crime: embezzlement, tax and customs fraud, etc.), permeability into the legal economy and exposure to risks of corruption. The considerable cash sums resulting from drug trafficking provision undeclared labour and remunerate defrauders via complex cash compensation channels versus transfers between companies and banks often based in tax havens. Cash smuggling is the most widespread laundering technique, assessed at some 1,600 billion dollars a year worldwide (2009 figures, source: UNODC).

Our system for combating this criminal reality is currently based on a wide range of services with recognised competences in the fight against trafficking, organised crime and money laundering, and seizure of assets: central offices, customs services, gendarmerie, public security police and judicial police services, *Plate-forme d'identification des avoirs criminels* (PIAC – Platform for the identification of criminal assets), *Cellule nationale des avoirs criminels* (CeNAC – National unit for criminal assets), the *Agence de gestion et de recouvrement des avoirs saisis et confisqués* (AGRASC – Agency for the recovery and management of seized and confiscated assets), *Groupes d'intervention régionaux* (GIRs – Regional intervention groups), *Juridictions interrégionales spécialisées* (JIRSs – specialised interregional courts) and high courts.

Resulting action is based on intervention by a whole range of actors not yet sufficiently coordinated in analysis of data, collection and sharing of intelligence, seizure of products and dismantlement of criminal networks. Operation of the justice system, based on locally competent courts and JIRSs, could also be improved by more integrated action on combating organised crime (including drug trafficking and organised money laundering) and greater clarity, for investigation services, legal strategies, the respective roles of the preliminary investigation and pre-trial investigation, and choices of ways of going about criminal prosecution.

Organisation of the public response should be based on less fragmented understanding of the phenomenon.

A real coordinated national strategy on combating trafficking is needed in view of the growing hold that it has on our country.

As regards the judiciary, the DACG disseminated a circular on 30 September 2014 seeking to improve sharing and processing of information on organised crime and closer coordination between JIRSs and non-JIRS public prosecutors' offices. In addition, a circular of 24 April 2017 provided for creation of entities dedicated to the sharing of judicial information, judicial coordination bodies and liaison offices.

Goals and priorities could be better elucidated at interministerial level. Is the aim to limit the spread of drugs by seizure of products, target a few network bosses, dismantle entire networks by prosecuting all their members, or increasing the number of traffickers detained? In terms of priority and allocation of resources, what is the respective place of the fight against the various types of trafficking, importation, storage, intermediate trafficking and resale to users on the street?

Similarly, **the goals of cooperation with countries producing, exporting and transiting products or accommodating money laundering rings require a coordinated national approach by their very nature.**

Combating laundering of revenue from drug trafficking should also become a major action focus and an integral part of investigation strategies.

Money laundering is a form of organised crime in its own right, with networks made up of criminals specialising in conversion and concealment of illegal funds without worrying about where they came from. Hybridisation – i.e. use of the same laundering channels whatever the offense that produced such funds – has become a known phenomenon. It has to do with the fact that some structures (collection, compensation and transfers) are specifically dedicated to money laundering as others are to logistics. Our legal system, which sees money laundering as a serious offence, may turn out to be difficult to put into operational action, and it is therefore essential to better mobilise existing judicial resources and provide better support to investigators and judges with regard to effective use of existing mechanisms (Article 324-1-1 of the Criminal Code; having regard to the laundering of tax fraud proceeds in the face of resources of undetermined origin).

Greater effectiveness may also be obtained by adaptation of the judicial system insofar as the policy for recruiting specialised assistants is concerned.

Finally, there is room for improvement in definition and assessment of public responses regarding the fight against trafficking (see Goal 16.5: Increasing knowledge on reducing supplies and combating trafficking).

These findings and recommendations should be put into perspective given the continuing very high levels of consumption of psychoactive substances in France. **Stepping up the fight against trafficking is essential if we are to reduce supply in order to protect consumers, restore the State's credibility, reduce the feeling of abandonment in certain territories, and limit the attractiveness of trafficking to young people in difficulty.**

12

PRIORITY 12

Facilitating the fight against trafficking and consolidating dedicated resources and competences

Trafficking legal and illegal products is a criminal activity that generates huge profits and destabilises numerous territories. Cannabis is available everywhere. Cocaine is easily accessible and heroin trafficking is on the increase. Development of cannabiculture, habitual use of instant or encrypted messaging, major availability of drugs on the dark web, use of all possible means of transport (land, air, sea, express freight and postal) and habitual use of minors all testify to traffickers' ability to adapt and increase the complexity of investigations, which now require **very close coordination between services, high levels of competence and effective resources.**

Diversifying strategies for combating trafficking and consolidating their management

In the face of a multifaceted and continuously evolving threat, differentiated strategies need to be implemented: consolidating control capacities in ports and airports as well as on road traffic routes and the internet, with rapid detection of suspect flows and continuing development of effective analysis and targeting tools while fostering international cooperation and feedback, and centralising and processing operational intelligence in order to eradicate the largest criminal entities.

The impact of repressive action on availability of illegal and legal products in France could be strengthened by improvement of the coherence of public prosecutors' strategies and better coordination between services and units carrying out investigations.

Finally, the evolutions in traffickers' operating methods require consolidation of investigative capacities and action to be taken on new threats.

Combating circumvention of regulations on illegal products

The recent arrival on the market of products containing cannabidiol intended for human consumption (cannabis containing very low doses of THC, e-liquids, wines, oils, and cosmetic products with CBD) calls for concerted action on the part of the various competent authorities to ensure economic operators' compliance with the legal framework, which prohibits all products containing THC in whatever quantity.

GOAL 12.1

BETTER COORDINATING INVESTIGATION STRATEGIES

12.1

- 1 In the context of interministerial consultation, defining the national strategy against drug trafficking; setting the international, national and territorial goals assigned to the various institutional actors and offices concerned. Developing reinforced management systems at territorial level to ensure better coordination of investigation services, in particular in the context of the experiments carried out with the recently formed *police de sécurité au quotidien* (PSQ – daily security police).
- 2 At *départemental* level, in liaison with courts (JIRSs and of common law), universalising public prosecutors' and prefects' organisation of meetings bringing together all services involved in the fight against the trafficking of legal and illegal products and seizure of criminal assets.

GOAL 12.2

REINFORCING INVESTIGATIVE CAPACITIES

12.2

- 1 Reinforcing the criminal analysis capacities (operational and judicial intelligence) of judicial police services (national police, gendarmerie and customs), as well as customs expertise with regard to risk analysis and targeting.
- 2 Continuing with modernisation of investigatory tools to the benefit of all forces and facilitating gathering of legal digital evidence.
- 3 Reinforcing capacities for detection and monitoring of flows of goods, and individuals' means of land, air and sea transport: active implementation of the *Service Central de Traitement des Lecteurs Automatisés de Plaques d'Immatriculation* (Central service for processing by automated licence-plate readers), improving the policy on port and airport control equipment and strategies, including at secondary facilities, making use of the Passenger Name Record (PNR) for other means of transport besides by air, etc. Reinforcing surveillance of pleasure boating and general aviation.
- 4 Developing a strategy and special capacities with regard to investigation on the Internet.
- 5 Continuing with work carried out by the interministerial workgroup on controlled deliveries (legislative field).

12.3

GOAL 12.3

ADAPTING THE FIGHT TO EVOLUTIONS IN TRAFFICKING

- 1 In parallel to dismantling trafficking networks, developing a strategy designed to inhibit dealers and dissuade their customers, as a measure for cracking down on drug-use by imposition of flat-rate fines.
- 2 Increasing crackdowns on domestic and industrial cultivation of cannabis (cannabiculture) via intelligence gathering and digital watch involving services, administrations and partners concerned. Stepping up the fight against illegal activities on the part of growshop-type sales outlets and dedicated online sales sites, which facilitate cannabis production and trafficking, by basing action on interministerial definition of investigation strategies.
- 3 Increasing checks on new consumer products likely to contain components coming under legislation on drugs and presented as having therapeutic properties, or whose presentation might be seen as encouragement to take drugs.
- 4 Continuing actions undertaken in sales outlets by stepping up the fight against sale of items dedicated to promotion of drug use (clothing, and various accessories) and their consumption (various materials for packaging or preparing cannabis, "bongs", pipes, etc.) on websites.
- 5 Stepping up the fight against trafficking in narcotic and psychotropic medicines, with special vigilance on opioids, as well as medicines diverted from their proper use (for doping purposes, for example); if required, updating the list of narcotic and psychotropic medicines. With regard to organised trafficking in medical products, introducing into Articles 706-2 ff. of the Criminal Procedure Code the possibility of making use of various special investigation techniques provided for in Title XXV of the same Code, bearing on organised crime and delinquency.
- 6 Stepping up the fight against all forms of trafficking and purchases on the parallel tobacco and alcohol market – in particular, carrying out reinforced crossborder monitoring actions in the context of the plan promoted by the *Direction générale des douanes et des droits indirects* (DGDDI – Directorate General of Customs and Indirect Taxes) for stepping up the fight against illegal trading in tobacco and the national plan to combat tobacco.
- 7 Supporting the interministerial coordination set in motion by the *SG Mer* (Secretariat-General for Maritime Affairs) with regard to drug trafficking by sea and based on concerted analysis of types of trafficking involved.

PRIORITY 13

13

Stepping up international cooperation on combating trafficking

Internationally, drug trafficking is often accompanied by a rise in the general level of violence, urban violence in particular, and generates financial manna enabling various criminal organisations to have resources at their disposal comparable with and sometimes greater than those available to certain States. The entry of dirty money into national economies and the corruption it leads to aggravate problems confronting countries and even entire regions where the rule of law is often called into question. Routes and means of transport are constantly diversifying. In addition, consumption is developing rapidly in production and transit regions, West Africa being the latest example of the trend.

Efforts must continue to remain focused on five geographical areas: the Balkans, countries along the Mediterranean's southern shores, West Africa, Latin America and the Caribbean Islands, and Afghanistan/Pakistan.

France will continue to work towards ensuring that the fight against drug trafficking, organised crime, money laundering and corruption constitutes a policy priority for all countries and that bilateral and multilateral cooperation is further consolidated.

The Internet and information and communication technologies (ICTs), including encrypted messaging and the Dark Net, play a major role in developing the drug offer and so require special attention. Combating this type of trafficking requires specialised officers able to carry out complex investigations in order to identify managers of online sales sites. It involves sharing knowledge on online investigation techniques, dedicated training programmes and acquisition of specific technological tools (software for monitoring virtual currencies, tools for big data capture, etc.).

The ongoing appearance of new synthetic drugs and their increasing availability on the web pose a major challenge to health as well as to monitoring services. The rise of synthetic opioids, in particular fentanyl derivatives in the United States and Canada, is a source of concern for France and its partners alike (see Goal 7.4: Preventing overdoses).

Finally, a number of chemical precursors – such as sulphuric acid and acetone – are diverted and used for illegal manufacture of drugs.

13.1

GOAL 13.1

CONSOLIDATING POLICE, CUSTOMS AND LEGAL COOPERATION WITH PRIORITY COUNTRIES, PRODUCTION AND TRANSIT COUNTRIES IN PARTICULAR

- 1 Encouraging all countries to sign, ratify and actively apply United Nations Conventions against Transnational Organised Crime (Palermo Convention) and against Corruption (Merida).
- 2 Drawing on the framework provided by Europol, Interpol (including the new 2018-2021 Policy Cycle) and Eurojust.
- 3 Defining a differentiated strategy for border areas and French Overseas Territories; developing the framework for cooperation in combating illegal sea and air trafficking in the Caribbean region, established by the San José agreement; drawing on the resources of the *Centre interministériel de formation anti-drogue* (CIFAD – Interministerial Centre for Anti-Drug Training) to develop training programmes with partner countries in the area.
- 4 Drawing on regional initiatives and programmes implemented by the European Union and the United Nations Office on Drugs and Crime (UNODC), including the action plan developed by the Economic Community of West African States (ECOWAS) for combating illegal drug trafficking, organised crime and drug abuse in West Africa, the UNODC's regional programme for West Africa, and the Paris Pact Initiative.
- 5 Developing regional cooperation, in target countries in particular, in order to reinforce (air, sea and virtual) border control. The increasing powers allocated to the civil component of the G5 Sahel Joint Force, which has a far-reaching mandate including drug trafficking, are very much in line with this goal.
- 6 Incorporating action against narcotrafficking in the work programme of the Mediterranean Coast-guard Forum, co-chaired by France (2017-2019).

13.2

GOAL 13.2

RENFORCER LA COOPÉRATION EN MATIÈRE D'ENQUÊTE

- 1 Promoting development of dedicated and permanent transnational intelligence units.
- 2 Contributing to the work carried out in the European Union on the question of data encryption, in particular under the aegis of the Commission.
- 3 Taking part in negotiation of the draft legislative instrument on access to digital evidence that the Commission will be putting forward in early 2018.

GOAL 13.3

MAKING SEIZURE AND CONFISCATION OF ILLEGAL WEALTH A MAJOR COOPERATION FOCUS

13.3

- 1 Encouraging producing and transit countries to join the international Camden Assets Recovery Inter-Agency Network (CARIN) in order to reinforce identification of wealth and freezing, seizure and confiscation of assets.
- 2 Following on from Directive 2014/42 of 3 April 2014 bearing on the freezing and confiscation of instrumentalities and proceeds of crime in the European Union, completing negotiation of the draft regulations aimed at fostering mutual recognition of decisions on freezing and confiscation of assets between Member States.

GOAL 13.4

CONSOLIDATING DETECTION AND ALERT MECHANISMS FOR NEW PSYCHOACTIVE SUBSTANCES, SYNTHETIC OPIOIDS IN PARTICULAR

13.4

- 1 Encouraging systematic sharing of information on these substances at international level, fentanyl in particular.
- 2 Reinforcing the capacities of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and Europol early-warning system.
- 3 Promoting a European-level initiative on improving exchange of information and best practices with regard to opioids; in particular, upon France's proposal, setup of a workgroup on this subject within the European Medicines Agency (EMA).
- 4 Promoting sharing of information among European analysis laboratories.

13.5

GOAL 13.5

PREVENTING AND STEPPING UP THE FIGHT AGAINST DIVERSION OF CHEMICAL PRECURSORS

- 1 Reinforcing surveillance of drug precursors at international level.
- 2 Promoting international cooperation and partnerships with economic operators and professional organisations connected with such chemical products.

13.6

GOAL 13.6

INCREASING INFORMATION SHARING IN ORDER TO COUNTER DRUG SALES ON THE INTERNET

- 1 Taking better account of drug trafficking over the Internet.
- 2 Promoting international cooperation between police and customs services, in full respect of their respective powers, with a view to taking action when transactions and deliveries are being made.
- 3 Raising awareness among and developing protocols with express freight and postal freight operators with regard to detection of sensitive flows; and selection and availability of suspect packages.

PRIORITY 14

14

Limiting the attractiveness of trafficking

The illegal market – in particular as regards drug trafficking – is highly segmented and marked by the precarious nature of “ant-trade” trafficking and the amassing of wealth by a few large-scale traffickers. Lookouts, who are usually teenagers, earn an average of 100 euros a day and “drugs minders” a few hundred euros a month to store products. Such earnings are often uncertain while exposure to violence, pressure from criminal groups, and dropping out of school are all constants. This reality is often unrecognised and sometimes even denied; nonetheless, it illustrates the fact that **drug trafficking is no way to achieve upward social mobility, despite the major increase in numbers of people involved and the image created in the collective imagination.**

Between 1975 and 2015, the number of user-dealers brought in for questioning rose from 804 to 17,506 (source: OCRTIS – OFDT). Such activities are largely carried out by young men, sometimes even minors, the great majority of whom are from working-class backgrounds. Young girls also take part in street trafficking, most often acting as “banks” (storing money) or “drug minders” (storing products). They are also more to be seen at festive event venues, dealing in cocaine and synthetic drugs.

The OFDT notes that most local trafficking goes on in the outer suburbs of France’s major metropolises, districts often classified as *zones de sécurité prioritaire* (ZSPs – Priority Security Zones). With no real economic or social alternatives, these young people may be attracted by lucrative illegal activities providing immediate financial gain. Disadvantaged sectors of the population are not the only ones involved in trafficking, however. On the contrary, a number of studies (including ESCAPAD) show that trafficking goes on among the middle and upper middle classes, less visible as it generates fewer problems and disturbances of public order.

In order to combat the attractiveness of this criminal economy, we need to deconstruct its positive image and prevent young people from becoming involved in it by coordinating professional action and facilitating the integration of young traffickers.

Identification, seizure and confiscation of criminal assets also send strong coherent messages vis-à-vis the citizens who are traffickers’ direct or indirect victims, and the judicial, customs and police authorities involved in the daily struggle to dismantle networks. Confiscation benefits law enforcement and judicial services directly via the Narcotics Support Fund, while significantly weakening criminals’ capacity to resume their activities.

PREVENTING ENTRY INTO AND ASSISTING EXIT FROM STREET

ECONOMY NETWORKS

- 1 Getting through to young people by explaining the realities of the street economy to them as well as to the adult communities in contact with them: National Education professionals; specialised prevention educators and other Child Welfare (ASE) professionals; Juvenile Protection service educators; local mission integration officers and psychologists; staff at Youth Reception and Listening Points (PAEJs); social service assistants; local development officers; social centre directors and facilitators; sports instructors, cultural and social mediators, etc.

- 2 Developing action based on primary prevention for young people likely to get caught up in trafficking as well as on risk reduction, taking account of their different ages and levels of involvement in street trafficking⁹⁴:
 - Providing financial and methodological support to development and dissemination of local prevention initiatives, such as the programme run by the *Mission métropolitaine de prévention des conduites à risque* (MMPCR – Metropolitan Mission for the Prevention of Risky Behaviours) in Paris and Seine-Saint-Denis;
 - If required, mobilising *policiers formateurs anti-drogue* (PFADs – Anti-drug police trainers) and *formateurs relais anti-drogue* (FRADs – Anti-drug liaison trainers), along with relays such as youth leisure centres run by the national police and *brigades de prévention de la délinquance juvénile* (BPDJs – Juvenile Delinquency Prevention Brigades).

- 3 Consolidating the partnership initiated with the *Comité interministériel de prévention de la délinquance et de la radicalisation* (CIPDR – Interministerial Committee for the Prevention of Crime and Radicalisation):
 - integrating the problem into local crime prevention plans;
 - developing recidivism prevention actions in open and closed environments for 13-25 y/o (health and socioprofessional reintegration);
 - developing actions targeting young people exposed to trafficking (16-25 y/o): educational, integration and gateway projects, and paid-by-the-day jobs along the lines of the *Travail Alternatif Payé À la Journée* (TAPAJ – Alternative Work Paid by the Day) scheme.

⁹⁴ Jamouille P., Roche P. (2012) *Engagement des jeunes dans le trafic : Quelle prévention ?* (Young people's involvement in trafficking: What prevention?) Marseilles, Céreq.

GOAL 14.2

INCREASING PENALTIES ON ASSETS

14.2

- 1 Systematising the asset seizure approach in all proceedings involving drug trafficking and tobacco and alcohol smuggling. Improving tradability of seizures in order to facilitate confiscations.
- 2 Fostering posting of specialised "seizure and confiscation" assistants to judicial bodies dealing with organised crime (public prosecutors' offices, examining magistrate's courts and criminal courts), including trafficking of drugs and contraband tobacco and alcohol.
- 3 Extending and consolidating the training of judges and investigation services on seizure and confiscation of assets, in particular with regard to so-called "confiscations in value" and "general confiscations".
- 4 Making sure that illegally obtained social benefits (family allowances, housing benefits, earned income supplements (RSA), etc.) are reimbursed.

FOCUS 4

RESEARCH AND OBSERVATION AT THE SERVICE OF ACTION

Development of this plan draws on the best knowledge available in order to improve the effectiveness of public action.

But as addictive behaviours result from complex, constantly evolving interactions between individuals, their environment and society, there are still important questions to be answered and which justify a dynamic, ambitious research policy that mobilises a wide range of disciplines. Research in this particular field focuses not only on the basic mechanisms of addiction (animal models, genetics, brain imaging and neurobiology) but also on psychological and societal aspects of addictive behaviours, and on the effectiveness of responses provided.

Research on drugs and addictive behaviours is playing an increasingly major role in France's scientific landscape. Between 2010 and 2016, numbers of publications on drugs and addictions rose by 30%. Over the same period, investment in public research on addictive behaviours increased regularly (from 13.5 to 17 million euros: +26%). There is now a community of research teams that is recognised nationally (INSERM Grand Prix 2015 and INSERM Prize 2016) and internationally for its work on the behavioural and neurobiological mechanisms of drug addiction.

Scientific cooperation on addictions between "Neurosciences" and "Public Health" *instituts thématiques multi organismes* (ITMOs – Multi-body thematic institutes) and research institutes focusing on addiction (NIDA – National Institute on Drug Abuse) and alcohol (NIAAA – National Institute on Alcohol Abuse and Alcoholism) has led to exchanges between (postdoctoral) researchers as well as research projects and joint events.

These teams also participate in reinforcing scientific culture in neurosciences of addictions via events (Science Fair, Brain Week, etc.) and innovative projects (Apprentice Researcher programmes and MAAD Digital media) aimed at young people, families and teachers (supported by the National Education Authority and MILDECA) (see Focus 1).

The potential of clinical and therapeutic research on psychoactive substances and addictive behaviours is yet to be fully exploited, in particular on alcohol, and should benefit from better strategic coordination and dedicated resources.

In this context, support provided to research in human, economic and social sciences over the past few years (including via MILDECA/School for Advanced Studies in the Social Sciences (EHESS) doctoral contracts, the EHESS's D3S Drugs, Social Sciences and Society network, and the European Research Area Network on Illicit Drugs (ERANID)) will be continued in order to meet the needs expressed by public actors and sector professionals: comparative analyses of legislations; assessment of preventive actions and treatments; requests for medico-economic assessments, etc. The impetus that has gathered force over recent years will continue to be drawn on to promote the theme of addictions in the national research agenda and provide researchers with adequate resources.

Research is a major crosscutting focus of the Plan for Mobilisation against Addictions, with suggested orientations directly in line with the Plan's priority goals and which may also be followed in the OFDT's programming.

Dissemination and appropriation of scientific knowledge in these areas are essential if we are to foster a common culture and combat prejudices, relativism and other received ideas. To this end, Goal 3.4, seeking to make scientific knowledge on addictions accessible to young people; will also be extended to encompass adults and the public at large, in partnership with national and regional actors in scientific culture.

These provisions contribute to development of clear public discourse shared on the web (see Priority 1: Elucidating in order to empower) **and to the present and future effectiveness of public action.**

PRIORITY 15

15

Bringing science, political decisions and citizens closer together

he MILDECA and the OFDT both enjoy ideal positioning for speeding up transfer of knowledge and its appropriation by decision-makers, professionals and citizens. Since 2013, the MILDECA has made a priority of supporting expert assessments (INSERM collective expert assessments on adolescents and alcohol, assessment of low-risk consumption rooms, and the “drug money” study), evaluation and research of direct use to improvement of public action with regard to prevention, treatment, legal responses and the fight against trafficking.

Following on from these initiatives, **the MILDECA, the OFDT and the Ministry of Higher Education and Research will be facilitating regular interministerial meetings designed to improve programming and dissemination of knowledge. The “science/decision-makers” interministerial interface will be divided up into key areas of public action**, in response to the priorities established in this Plan (science and judicial response, science and the fight against trafficking, and science and prevention at school).

The measure’s main components are as follows:

- disseminating scientific knowledge and sharing it with the ministries concerned;
- in collaboration with the ministries concerned, drafting “interministerial orders” for expert assessments and impact evaluations responding to deficiencies and needs with regard to knowledge in the various fields of public action;
- collaborating with the ministries concerned to foster joint organisation of events enabling sharing and transfer of knowledge (colloquia, public consultations, debates and consensus conferences).

15.1

GOAL 15.1

ENSURING CLOSER CONNECTIONS BETWEEN RESEARCHERS, DECISION-MAKERS, PROFESSIONALS AND CITIZENS

- 1 Setting up a "science/decision-makers" interface.
- 2 Improving the scientific culture and mediation offer on addictions at national and local level in order to disseminate scientific knowledge and make it accessible to the public at large (Jouer à Débattre (Play at Debating), and MAAD Digital).
- 3 Including the subject of addictions in national scientific events (such as the Science Fair and Brain Week) and in programming by Centres de culture scientifique, technique et industrielle (CCSTIs – Centres for scientific, technical and industrial culture).

15.2

GOAL 15.2

CONSOLIDATING MANAGEMENT OF AND INVESTMENT IN RESEARCH ON ADDICTIONS

- 1 Mandating the Ministry of Higher Education and Research (MESR) as strategic manager of research on drugs and addictive behaviours (bilateral MILDECA/MESR convention).
- 2 Putting the subject of addictions on operators' strategy agendas.
- 3 Increasing inclusion of "addiction" as a subject of national calls for projects: ANR, ANRS, ANSM, *Institut de Recherche en Santé Publique* (IRESP – Institute for Public Health Research), INCa, and the *Programme hospitalier de recherche clinique* (PHRC – Hospital Clinical Research Programme).
- 4 Fostering concentration of demand by redirecting calls for projects regarding research on addictions to the *Agence Nationale pour la Recherche* (ANR – National Research Agency) and studying the possibility of highlighting the subject in the context of dedicated ANR's programming (see "SAMENTA", the ANR's Mental Health and Addictions programme, 2012 and 2013).
- 5 Encouraging the structuring of research on alcohol as part of the National Health Strategy and the national public health research programme (drawing on recommendations on research in the INSERM "Alcohol" expert assessment to be published in 2019).

PRIORITY 16

16

Extending knowledge in all areas of public action

In order to improve the quality of public responses in all interministerial fields involved in mobilisation against consumption and addictions, we need to provide for acquisition of new knowledge in a range of key areas.

Increasing knowledge on consumption practices and trajectories and highlighting the impact of environmental factors and available treatment on dependence and treatment trajectories.

Work on epidemiology is essential in order to measure prevalence of consumption, understand the ways in which products are consumed, and measure their social and health consequences. In general, surveys should take account of specific sectors of the population, such as the disabled, people in situations of precarity, prison inmates and migrants.

Data, surveys and research providing better understanding of the influence of (social, cultural, economic and employment) environmental factors, the impact of preventive actions, provision of care and legal regulation on the evolution of consumption trajectories will be encouraged.

It will also be necessary to better identify profiles at risk, by supporting fundamental research on individual vulnerability factors (whether biological, psychological or psychiatric) in particular and the cognitive and emotional aspects involved from initiation to dependence. Results of research in this field should help improve early detection of individuals at risk.

All surveys and studies should develop a gendered approach so as to better identify risk factors and dependence trajectories among men and women.

Research for better prevention

There is still room for development in research on prevention. We need to increase our knowledge on the evolution of preventive action, on modes of disseminating preventive practices on the ground and on the effectiveness of strategies implemented, in coordination with the national public health research programme. We will need to continue the work underway in order to develop "interventional" research in the field of addictive behaviours (IRESP call for "Prevention" projects focusing on addictions since 2014), seeking to assist in deployment of effective programmes/interventions in specific contexts (schools, workplaces, etc.). Support will be provided to schemes designed to make best use of conclusive or promising results in this field (such as the Inspire ID portal and the "toolbox" designed for decision-makers and promoters of territorial projects).

In parallel, it would also be useful to have regularly updated research results available on social perceptions and marketing and influence strategies, so as to be able to optimise public action on prevention. Surveys on perception of risks associated with alcohol and cannabis consumption will be essential in order to adapt messages, those targeting young people in particular. Studies demonstrate that perception of risks is inversely proportional to prevalence of consumption among young people⁹⁵.

Research on consumption practices connected with work, the reasons for them (use as a response to performance issues, for example), representations and perceptions of occupational medicine and the management on the question of drugs in the workplace will also be of use in order to adapt preventive action to the specificities of the work environment (see Priority 5: Making the fight against addictive behaviours an occupational health priority).

Research for better reduction of risks, provision of and improving access to treatment

Efforts to increase clinical and therapeutic research on addictive behaviours, in cooperation with clinical research and investigation centres, teaching hospital addictology networks and medicosocial bodies will be continued.

Clinical research (therapeutic research on new molecules and old molecules in new indications; pharmacogenetics) in the field of addictions contribute to better understanding of these pathologies and provision of effective treatment. In this field, it is essential to encourage translational research (i.e. involving close collaboration between clinicians, fundamental researchers, behaviourists and psychologists) in a context where few clinical research teams focus exclusively on addictions, clinical research on alcohol, tobacco and cannabis in particular.

In this respect, creation of a research network on alcohol (the REUNIRA network overseen by the INSERM), following a recommendation from the Court of Auditors, should have a significant leverage effect in the years to come for development of clinical research on alcohol.

In parallel, research enabling improvement of coordination between the medicosocial offer, provision of treatment and demand for treatment among users will be encouraged. Assessments of the impact of various risk-reduction schemes and treatment methods are essential if we are to better match the healthcare and medicosocial offer to patients' needs.

Research for adapting the judicial response

Reinforcement of knowledge is of particular importance in the current context of debate on the effectiveness of judicial responses: disastrous social impact of trafficking in a number of neighbourhoods, rising prevalence of consumption of certain products, evolution in modes of consumptions and of perceptions, and changes in forms of trafficking.

A study by the *Observatoire national de la délinquance et des réponses pénales* (ONDRP – National Observatory on Crime and Criminal Justice) published in 2013 shows that, for 38% of people aged 14 y/o and over, drug-related behaviour is a form of criminality that needs to be given priority attention, after acts of violence (43%) and robberies (38%). The priority France accords to combating drug trafficking and consumption requires an updated judicial response.

95 Johnston L.D., O'Malley P.M. et al. (2015) Monitoring the Future: Overview of Key Findings on Adolescent Drug Use, University of Michigan.

Such surveys among the general population should be continued and improved in order to objectivise the feeling of insecurity that prevails in some neighbourhoods and the social consequences of drug-related crime.

Assessments of the impact of judicial measures will provide a specific focus for thought and scientific activity in the context of the "Science/Decision-makers" interface with the Ministry of Justice, the Law and Justice Research Mission (*GIP Justice*) and the OFDT in order to encourage development of appropriate methods and, more generally, adaption of a culture of assessing impacts of judicial responses drawing inspiration from methods implemented in English-speaking countries.

Research for reducing supply and stepping up the fight against trafficking

Research in this field should enable better understanding of the structure of the illegal drug offer (cultivation, production markets and distribution), trafficking and diversion, crime (organised crime, money laundering and questions of security) and enforcement of the law.

Improving surveillance of new psychoactive products

We need to keep a closer watch on the appearance of new psychoactive substances. There is a wide range of such products, whether medicines, plants or new synthetic products (NSPs). In January 2017, 284 NSPs that had made at least one appearance in France were listed and over 600 in the European Union as a whole. Their consumption is still minimal but seems to be on the rise. Obtainment of data on NSPs from the SINTES substance identification system and health reports from the addictovigilance network (CEIP-A) will have to be improved.

We also need to keep a watch on and supervise legal trade in chemical precursors in order to prevent their diversion by criminal organisations for underground manufacture of synthetic drugs (ecstasy, MDMA, LSD etc.) and such new psychoactive substances as synthetic cannabinoids and cathinones.

16.1

GOAL 16.1

INCREASING KNOWLEDGE ON USE AND CONSUMPTION TRAJECTORIES

- 1 Extending existing observation and survey schemes to include behavioural addictions (video games and screens).
- 2 Promoting research on cannabis users' trajectories: determinants of risks of psychiatric disorders (genetic factors, age, early exposure, etc.).
- 3 Understanding mechanisms of spontaneous stoppage of consumption.
- 4 Increasing knowledge on misuse of opioid analgesics.
- 5 Better documenting of use of performance-enhancing drugs in France: consumption, milieus and perspectives.

16.2

GOAL 16.2

INCREASING KNOWLEDGE FOR BETTER PREVENTIVE ACTION

- 1 Increasing resources allocated to interventional research in the context of the Tobacco Fund's calls for projects, in particular to assess the quality of preventive action in schools and the workplace.
- 2 Increasing resources allocated to assistance and knowledge transfer in order to ensure better quality interventions (support to setup of "CERRESP (Regional Public Health Research & Evaluation Centre)-INSERM" reference centres, for example).
- 3 Increasing the pool of researchers in human, economic and social sciences, behavioural sciences in particular, in order to optimise public health strategies on prevention of addictive behaviours (EHESP calls for doctoral contracts) and the support programme for managed by the French School of Public Health Students (EHESP).

GOAL 16.3

INCREASING KNOWLEDGE FOR BETTER RISK REDUCTION AND TREATMENT

16.3

- 1 Better documenting the cost-effectiveness of policies and interventions.
- 2 Assessing treatment and risk-reduction offers (cost-effectiveness of systems) as well as determinants for maintenance and failure of maintenance in certain systems.
- 3 Deepening knowledge on the consequences of use on health (mental health, infectious diseases, misuse-related morbidities and other somatic consequences).
- 4 Studying the perception of risks associated with alcohol and cannabis
- 5 Structuring research on cannabinoids for therapeutic use, through setup of a multidisciplinary research network⁹⁶.
- 6 Improving robustness and comparability of data on mortality (numbers of overdoses in particular)

GOAL 16.4

INCREASING KNOWLEDGE IN THE FIELD OF JUDICIAL RESPONSES

16.4

- 1 Stimulating thought on the methodology of impact assessments in the judicial field (data collection, replicability in order to enable international comparisons, etc.).
- 2 Assessing modifications to the legal framework in foreign countries.
- 3 Studying the connection between consumption of psychoactive products and crime more closely.
- 4 Assessing the impact that judicial responses have on crime connected with addictive behaviours.

⁹⁶ By bringing complementary scientific skills together (epidemiology, fundamental, clinical, public health, and economic, human and social sciences), a network of this kind would contribute to advances in fundamental, translational and clinical research on therapeutic applications of cannabinoids. As a structuring tool for the research community, it should also foster dissemination of knowledge among health professionals, decision-makers and the public at large.

16.5

GOAL 16.5

INCREASING KNOWLEDGE ON REDUCING SUPPLIES AND COMBATING TRAFFICKING

- 1 Setting up a system for transmission of samples of new synthetic products between laboratories shared by the General Directorate for Competition Policy, Consumer Affairs and Fraud Control (DGCCRF) and the Customs, and those used by the police and gendarmerie, in order to enrich a common NPS database or access to the *Système de Traitement Uniformisé des Produits Stupéfiants* (STUPS – Harmonised Narcotics Processing System) national database, and improve related data collection and analysis capacities.
- 2 Providing for an addiction component in the “living environment and security” survey carried out by the INSEE / National Observatory on Crime and Criminal Justice (ONDRP).
- 3 Developing research on relations between international organised crime and illegal products (narcotics, contraband tobacco/alcohol, the “mule” phenomenon in French Guiana, knock-offs, etc.).
- 4 Developing research on connections between drug trafficking and terrorism; production and supply of cannabis in Europe and France; heroin consumption in France (changes in supply, new types of users, new transport routes); trafficking in coca products, narcotrafficking and new technologies; and the sense of insecurity connected with drugs.

FOCUS 5

**AN IMPERATIVE:
ALSO OBSERVING
AND TAKING
ACTION BEYOND
OUR BORDERS**

In its most recent global report, the United Nations Office on Drugs and Crime (UNODC) estimated that 29.5 million people – i.e. 0.6% of the world's adult population – had consumption problems and suffered from disorders related to drug consumption, including dependence.

Modes of consumption are evolving rapidly: polyconsumption (combinations of illegal drugs, alcohol and medicines in particular) has become the leading mode of consumption in Europe, while the ongoing emergence of new synthetic drugs and their increasing availability on the Internet pose a major challenge both to health and inspection services. New phenomena, such as the recent overdose epidemics in North America linked to such synthetic opioids as fentanyl, call for the highest levels of vigilance.

Illegal drug cultivation, trafficking and consumption also have their roots in poverty, underdevelopment and vulnerability. Production of coca or opium poppies is sometimes the only possible source of income for local populations. In regions where economic markets are often in decline and infrastructures required for trade non-existent, drugs can seem the only possible economic opportunity. Economic development and individual security and wellbeing are inextricably connected.

Legislative changes that have taken place in a number of countries, including the United States, bear witness to the way our societies are torn between the search for a measure of individual freedom, the need to ensure that young people are properly protected and the desire to reduce the load that weighs on every link of our penal chain. Such legislative experiments on recreational use of cannabis also bear witness to the global debate on the legal framework most likely to reduce the harm done to health and society, aware that a policy enacted by one country has repercussions on others.

France promotes a comprehensive positioning that covers all forms of addictive behaviours, aiming at a balance between preventive measures, treatment and reduction of risks for users, and combating trafficking and crime. It advocates this multidisciplinary approach, whose cornerstone is respect for human rights, at meetings of all international bodies and in its bilateral relations.

It stresses the need for an approach based on evidence and transfer of scientific knowledge. Exchange of best practices and experiences remains of key importance.

Development of new psychoactive substances (NPSs) and increasing availability of drugs on the Internet are two examples that illustrate the importance of "doing together".

No country can deal with these issues on its own: it is only through exchange and cooperation that we will be able to make progress collectively.

This is why France must continue its commitment with its European partners at global level, in order to support evidence-based policies adapted to their contexts, as regards prevention, treatment and risk reduction alike. The fight against drug trafficking must also be stepped up, with international cooperation that is both multifaceted and effective.

Goals and measures relating to stepping up international cooperation on combating trafficking are detailed in Focus 3 (see Priority 13: Stepping up international cooperation on combating trafficking).

PRIORITY 17

17

Promoting a balanced anti-drug policy on the international scene

Implementing the operational recommendation made by United Nations General Assembly Special Session

The final document issued by the United Nations General Assembly Special Session (UNGASS) on the global problem of drugs, which was held in April 2016, advocates a comprehensive, integrated and balanced approach: the international community henceforth recommends a response centred on protection of health and respect for human rights, while reasserting its commitment to combating production and trafficking of drugs. The declaration also stresses the importance of developing public policies based on scientific results and pertinent data that is both reliable and objective.

A ministerial debate will be held alongside the 62nd session of the Commission on Narcotic Drugs in 2019, in order to take stock of how far common commitments on tackling and combating the global problem of drugs are being applied. The European Union has already undertaken work in the context of the Horizontal Drug Group, with a view to reaching a common position on the future global strategy's goals.

17.1

GOAL 17.1

PROMOTING A BALANCED COMPREHENSIVE POLICY, RESPECTFUL OF HUMAN RIGHTS, IN BILATERAL RELATIONS AND IN ALL MULTILATERAL BODIES

- 1 Reasserting the importance of implementing balanced policies that respect human rights and include effective measures for prevention, treatment and risk and harm reduction, and are firmly committed to combating trafficking and organised crime.
- 2 Stressing the unwavering and determined opposition to the death penalty, everywhere and in all circumstances, and urging all States that still apply this inhuman punishment to establish a moratorium with a view to its final abolition. Condemning extrajudicial execution for offences connected with legislation on drugs.
- 3 Encouraging cooperation between the competent UN bodies on questions of drugs and addictions, in particular between the UNODC, the WHO, UNAIDS and the UNDP. Also consolidating synergies with the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM).

17.2

GOAL 17.2

MAINTAINING THE INTERNATIONAL FRAMEWORK FOR COOPERATION

- 1 Promoting implementation of the three International Drug-Control Conventions (1961, 1971 and 1988).
- 2 Encouraging the International Narcotics Control Board (INCB) to provide further explanation of the possibilities provided by the three conventions, in particular with regard to non-criminalisation of use, alternatives to imprisonment for drug use, and policies on risk reduction.

17.3

OBJECTIF 17.3

FOSTERING COOPERATION WITH CIVIL SOCIETY

- 1 Encouraging countries and international institutions to hold constructive dialogue with NGOs. Promoting common work on the part of institutions and associations on the ground. Fostering open debate and involvement of the press.

GOAL 17.4

FURTHER INTEGRATING THE QUESTION OF DRUGS INTO DEVELOPMENT AID

17.4

- 1 In close collaboration with beneficiary countries, promoting and implementing projects designed to shore up farmers' economic resilience in countries where opium poppies and coca are grown, in particular in the context of alternative development programmes.
- 2 Supporting prevention campaigns similar to the UNODC's Listen First campaign launched by France, Sweden, the UNODC and the WHO in 2016, which reached over 60 million people.
- 3 Fostering access to care and treatment for drug users in priority regions. Developing and facilitating access to risk-reduction programmes.

GOAL 17.5

PROMOTING COLLECTION OF OBJECTIVE, RELIABLE COMPARABLE DATA

17.5

- 1 Encouraging countries to develop or consolidate national observatories on addictive behaviours in order to have a clear picture of the situation available.

18

PRIORITY 18

Promoting a comprehensive approach to addictive behaviours at european level

Current policies, at European and international level alike, make a clear distinction between illegal drugs on the one hand and tobacco and alcohol on the other. France and a number of other countries (including Germany, Portugal and the Czech Republic) have nonetheless developed integrated national approaches to prevention and treatment encompassing all forms of addictive behaviours.

Individual, social and environmental determinants fostering development of addictive behaviours are the same, whether for tobacco, alcohol, drugs, or excessive use of video games and screens.

Therefore, in order to prevent addictions, it is essential to create an environment favourable to health, which latter is defined by the WHO as "a state of complete physical, mental and social wellbeing". A broader, scientific conception of prevention is required, from the earliest possible age and including consolidation of psychosocial skills (see Focus 1: Lifelong prevention for all).

Our action is very much in line with the 2030 Agenda for Sustainable Development, adopted by Heads of State and Government in September 2015, and, in particular, in keeping with its third goal, which seeks to "ensure healthy lives and promote wellbeing for all at all ages". Two of the goal's targets specifically concern addictive behaviours: "Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol" and "Strengthen the implementation of the World Health Organisation Framework Convention on Tobacco Control (FCTC) in all countries as appropriate".

GOAL 18.1

PROMOTING THE COMPREHENSIVE APPROACH TO ADDICTIVE BEHAVIOURS IN THE EYES OF EUROPEAN BODIES

18.1

- 1 Encouraging the EU's future Drug Strategy to take account of an approach bearing on addictive behaviours, as implementation of the 2013-2020 strategy will soon be coming to an end.
- 2 Promoting an extension of the EMCDDA's field of competences to all addictive behaviours, in order to obtain a comprehensive overview of the epidemiological situation in the EU.
- 3 Encouraging the European Union to include the issue of addictive behaviours in implementation of Sustainable Development Goals (SDGs), the goal on health and wellbeing in particular.

GOAL 18.2

STEPPING UP EUROPEAN COOPERATION ON ALCOHOL AND TOBACCO

18.2

- 1 Promoting an initiative seeking to harmonise and increase tax on tobacco at European level, with a view to limiting distortions of competition on the domestic market. Reducing the quantity of tobacco that can be purchased by a private individual in another Member State.
- 2 Encouraging the Commission to propose a new European strategy on alcohol in order to combat problematic use (the European Union has an Alcohol Strategy which came to an end in 2013 and was not renewed).

GOAL 18.3

SUPPORTING DISSEMINATION OF SCIENTIFIC INFORMATION ON PREVENTION, INCLUDING ON THE WEB

18.3

- 1 On the basis of the "Listen First" initiative launched by France, Sweden, the UNODC and the WHO, increasing the EU's support to prevention based on science and projects centring on adults' sympathetic attentiveness to what younger citizens have to say.
- 2 Promoting innovative initiatives on scientific education at European level (such as apprentice researchers, digital scientific information media and MAAD Digital), with the goal of fostering dissemination of recent scientific knowledge on addiction mechanisms to young people and their parents and teachers.

FOCUS 6

MOBILISING IN FRENCH OVERSEAS TERRITORIES

19

PRIORITY 19

Adapting the plan's priorities to overseas specificities

Easily available legal substances but lower consumption than in Metropolitan France

With regard to legal substances, Overseas *départements* have their own tax system applicable to tobacco products (Article 268 of the Customs Code). As concerns alcohol, although taxes on imported alcoholic drinks (wines and champagnes in particular) are higher in French Overseas Territories due to the existence of "dock dues", rum, which is historically and economically based on major local production, is a popular drink that is taxed at a lower rate than alcoholic beverages in Metropolitan France (see Measure 4.3.4).

Even so, despite higher risk factors with regard to addiction – easy availability of products, high proportion of young people, in particular in French Guiana and Reunion Island, and socioeconomic difficulties – there appear to be fewer daily smokers among teenagers and adults in French Overseas Territories than in Metropolitan France, with the exception of Reunion Island. The same goes for alcohol, for which use levels measured in French Overseas Territories are all lower than in Metropolitan France, among teenagers and adults alike. However, this does not take account of infra-regional realities or of various sectors of the population with special difficulties.

Easily available illegal substances that destabilise Overseas society

Due to their geographical location between production areas (South and Central America) and major trafficking destinations (North America and Europe), France's American *départements* are strategic transit, trading and storage points for such products as cannabis and cocaine. These territories, which also have international airports, act as springboards to European markets. Finally, the major inter-island trafficking of cannabis herb should by no means be forgotten.

Reunion Island and Mayotte are faced with growing consumption of psychotropic substances (medicines and cannabis on Reunion Island, and cannabis and synthetic cannabinoids in Mayotte), whose impact is nonetheless hard to measure. The same is true in the Pacific area, where regular consumption of cannabis herb is now under competition from dissemination of methamphetamine (ICE) while international flows of cocaine are developing, transiting via the exclusive economic zone of Polynesia.

Even so, experimentation levels measured in French Overseas Territories show that, overall, cannabis is less disseminated than in Metropolitan France; this is especially true of Guadeloupe, where there is only half as much experimental use of cannabis among the adult population. The *départements* of Reunion Island and Martinique stand out from other Overseas Territories insofar as regular use of cannabis among their inhabitants is comparable to percentages in Metropolitan France. Professionals involved in the various schemes for intervention among adolescents, such as young consumer consultations (CJCs), describe particularly marked abuse and dependence situations among their target sectors of the population, in particular with regard to crack. Addictovigilance and user reception schemes are too fragile to enable exhaustive collection of data on consumption and abuse.

Despite contrasting consumption levels, determined commitment to countering addictions would appear necessary, due to:

- a young population exposed to the harmful consequences of consumption: acts of violence⁹⁷, intra-family in particular⁹⁸, and more road deaths than in Metropolitan France⁹⁹,
- trafficking of narcotics that has an ever increasing attraction for young people lured by quick easy profits, who are central to cooperation actions with other States in the area.

Although there have been several plans and directives specifically targeting French Overseas Territories¹⁰⁰, national mobilisation is largely implemented via the *Assises des Outre-mer* (Overseas Conference). While taking account of each territory's realities, it will seek to consolidate treatment and prevention schemes (see Priority 6: Developing health pathways based on consolidated primary care and a better structured specialised treatment offer), including in schools, professionals' skills, with special attention paid to support to parenthood (see Priority 3: Ensuring our children grow up in a protective environment) and early diagnosis of foetal alcohol syndrome (see Priority 2: Protecting unborn children from exposure to psychoactive substances during pregnancy and improving treatment).

97 In 2017, in Mayotte and France's three *départements* in the Americas, the number of violent robberies per 1,000 inhabitants is significantly higher than in Metropolitan France. With 7.7 robberies per 1,000 inhabitants in 2017, French Guiana has the highest rate, followed by Mayotte (3.3), Guadeloupe (3.3) and Martinique (2.1). The number of victims on Reunion Island is the same as the Metropolitan average (1.4) – Source: Security Service of the Ministry of the Interior (SSMI), "*Insécurité et délinquance en 2017 : premier bilan statistique*" (Insecurity and crime in 2017: initial statistical review).

98 Rivière D., Ronai E. (2017) *Combattre les violences faites aux femmes dans les outre-mer* (Tackling violence against women overseas). Economic, Social and Environmental Council (ESEC).

99 Whereas numbers of deaths rose by +0.5% between 2015 and 2016 in Metropolitan France, they rose by +15% in Overseas *départements*. The rise is connected with deaths recorded in Guadeloupe (from 40 in 2015 to 57 in 2016) and French Guiana (from 28 in 2015 to 37 in 2016). Since 2010, there has only been a 1.7% drop in numbers of deaths in French Overseas Territories, as against 12.9% in Metropolitan France. Between 2012 and 2016, 34% of people killed in French Overseas Territories died in accidents where drivers had blood alcohol rates of 0.5 g/l or above, and 36% where drivers tested positive to drugs (as against 30% and 22% respectively in Metropolitan France). Rates in Martinique are 43% and 39%.

100 Plan for reinforced mobilisation against crime in June 2016, with a special version for Mayotte; Criminal Circulars for French Guiana and Guadeloupe, identifying the fight against drug trafficking as a priority; the National Health Strategy, which contains an Overseas component; the Overseas Youth Plan, etc. The plan for French Guiana of 21 April 2017, the 2025 strategy for Mayotte and the *Assises de l'Outre-mer* (Overseas Conference) currently underway make it clear how much attention is paid to French Overseas Territories.

19.1

GOAL 19.1

COMBATING ALL FORMS OF CRIME CONNECTED WITH CONSUMPTION AND TRAFFICKING OF PSYCHOTROPIC PRODUCTS

- 1 Taking ambitious action against driving under the influence of alcohol or drugs.
- 2 In liaison with the CIFAD, which is a MILDECA operator, fostering partnerial work with target countries' authorities (financing actions by the International Cooperation Directorate, the Customs and the Central Office for the Repression of Narcotics Trafficking (OCRTIS), in particular in Colombia, the Dominican Republic and the West Indies.
- 3 Stepping up the fight against inter-island trafficking in the Antilles and encouraging development of an ALCORCA-type project for the Lesser Antilles.
- 4 Diminishing the impact of trafficking originating in South America and adopting a national strategy against the "mule" phenomenon in liaison with regional partners.
- 5 Finding a solution to treatment of ships intercepted and abandoned following police operations at sea.

19.2

GOAL 19.2

BETTER MEASURING CONSUMPTION LEVELS AND IMPACTS

- 1 Improving knowledge on consumption of psychoactive substances in Overseas *départements*, by the OFDT setting up data collection schemes in French Guiana, Reunion Island and Mayotte, development of qualitative studies in French Overseas Territories, in particular by deployment of the HBSC (Health Behaviour in School-aged Children) and ESPAD surveys, surveys specific to New Caledonia and Polynesia, and inclusion of an Overseas component in the INSEE's "living environment and security" survey.

FROM DEFINITION OF PRIORITIES TO INTERMINISTERIAL AND TERRITORIAL ACTION

The National Plan for Mobilisation against Addictions: 6 Focuses, 19 Priorities and over 200 Measures. An expression of determination to meet major challenges, including health and life expectancy, scholastic and academic success, social and professional integration, social justice, day-to-day security, living better together in society, and limiting the social cost.

Its implementation requires major mobilisation on the part of almost all ministerial departments, at national and territorial level alike, and their operators (health agencies and social protection bodies in particular). Wider involvement is also required, in particular on the part of local authorities.

First and foremost, successful implementation of the National Plan's measures requires continued dialogue and partnership between ministries throughout its duration. Ad-hoc steering committees will be set up to manage complex reforms.

In addition, local State representatives – Prefects, Chief Education Officers, Directors-General of Regional Health Agencies and Public Prosecutors – will receive an Instruction from the Prime Minister committing them to taking part in national mobilisation against addictions. Ministerial circulars will specify how they will take over from one another, territory by territory, in order to transform the Plan's guidelines into local priorities and measures, in close cooperation with local authorities. Every year, ministries will be asked to put the question of addictions on the agendas of national assemblies of territorial networks.

Subjects requiring the strongest possible interministerial commitment, such as the effectiveness on the ban on sale of alcohol, tobacco and gambling games to minors, overseeing party venues in rural and urban areas, and crime prevention and public safety, will be under local management by Prefects, following regional roadmaps drawn up in 2018.

The system resulting from this new governance will enable one and all to play their parts to the full. The policy's key orientations are defined at national level, at which measures to be applied throughout the territory will be specified. The Government has a role to play in pooling and transfer of resources as well as in implementation of and support for regional/local policies promoted by the State and local authorities.

For its part, the MILDECA will devote more resources to facilitating project leaders' actions. First off all with regard to the appropriations it is allocated, by securing the share devoted to such actions, and, in 2018, by organising a call for projects targeting local authorities, to support comprehensive innovative territorial action on combating addictive behaviours.

Then, in order to provide the MILDECA's territorial network with fresh impetus, each mission officer will become an advisor for two or three regions, in order to:

- Promote public discourse and policy on the Plan's central issues, and provide and then reassert priority orientations in order to ensure that a few initial successes are recorded over the course of 2018, in accordance with a "quick win" rationale, while leaving choice of actions to local authorities;
- Contribute to identification of local best practices (organisation, actions, etc.) and see that they are disseminated at national level.

With a view to assisting with implementation of actions, the MILDECA and ministries concerned will also make an evolutive "toolbox" available to local institutional and community actors, bringing together all resources (epidemiological, bearing on effective professional practices, interventions and programmes, etc.) useful to territorial development of measures and mobilisation against addictive behaviours.

The Plan's implementation will be closely monitored. The Standing Committee provided for by Article D.3411-15 of the Public Health Code will meet each year to assess implementation by the appointed managers of the Plan's measures. The OFDT will be responsible for provision of information on evolution of the Plan's indicators and targets.

There will be assessment of achievement of results from the inauguration of the Plan onwards. It will be entrusted to an external service provider, for measurement of the policy's effectiveness at midterm (in order to modify the Plan if necessary) and upon its expiration.

LIST OF ACRONYMS AND ABBREVIATIONS

AGRASC	<i>Agence de Gestion et de Recouvrement des Avoirs Saisis et Confisqués</i> (Agency for the Recovery and Management of Seized and Confiscated Assets)
ARJEL	<i>Agence de Régulation des Jeux En Ligne</i> (Online Gaming Regulatory Authority)
ANACT	<i>Agence Nationale pour l'Amélioration des Conditions de Travail</i> (National Agency for the Improvement of Working Conditions)
ANSM	<i>Agence Nationale de Sécurité du Médicament et des Produits de Santé</i> (National Agency for Medicines and Health Products Safety)
ASE	<i>Aide Sociale à l'Enfance</i> (Child Welfare Service)
ALCORCA	<i>Appui à la Lutte Contre la Criminalité Organisée en Région Caraïbes</i> (Support Project for Fighting Organised Crime in the Caribbean)
ANDRH	<i>Association Nationale des Directeurs de Ressources Humaines</i> (National Association of Human Resources Directors)
ARAMIS	<i>Attitudes, Représentations, Aspirations et Motivations lors de l'Initiation aux Substances Psychoactives</i> (Attitudes, Perceptions, Aspirations and Motivations Associated with Experimentation with Psychoactive Substances)
CARSAT	<i>Caisse d'Assurance Retraite et de la Santé au Travail</i> (Pension and Occupational Health Insurance Fund)
CNAM	<i>Caisse Nationale d'Assurance Maladie</i> (National Health Insurance Fund)
CNSA	<i>Caisse Nationale de Solidarité pour l'Autonomie</i> (National Solidarity Fund for Autonomy)
CNAF	<i>Caisse Nationale des Allocations Familiales</i> (National Family Allowances Fund)
CAARUD	<i>Centre d'Accueil et d'Accompagnement à la Réduction des risques des Usagers de Drogues</i> (Centre for the Reception and Management of Risk Reduction for Drug Users)
CSAPA	<i>Centre de Soins, d'Accompagnement et de Prévention en Addictologie</i> (Centre for Treatment, Assistance and Prevention of Addiction)
CIPDR	<i>Comité Interministériel de Prévention de la Délinquance et de la Radicalisation</i> (Interministerial Committee for the Prevention of Crime and Radicalisation)
CAESC	<i>Comité Académique d'Éducation à la Santé et à la Citoyenneté</i> (Local Educational Authority Health and Citizenship Education Committee)
CDESC	<i>Comité Départemental d'Éducation à la Santé et à la Citoyenneté</i> (Départemental Health and Citizenship Education Committee)
CépiDc	<i>Centre d'épidémiologie sur les causes médicales de décès</i> (Epidemiological Centre for Medical Causes of Death)
CJC	<i>Consultation Jeunes Consommateurs</i> (Young Consumer Consultation)
CPD	Continuing Professional Development
CPOM	<i>Contrat Pluriannuel d'Objectifs et de Moyens</i> (Multiyear Contract of Objectives and Means)

DRAMES	<i>Décès en Relation avec l'Abus de Médicaments Et de Substances</i> (Deaths Related to Drug and Illegal Substance Abuse)
DIHAL	<i>Délégation Interministérielle à l'Hébergement et à l'Accès au Logement</i> (Interministerial Delegation for Accommodation and Access to Housing)
DOM	<i>Départements d'Outre-Mer</i> (Overseas Départements)
DREES	<i>Direction de la Recherche, des Études, de l'Évaluation et des Statistiques</i> (Directorate for Research, Studies, Assessment and Statistics)
DARES	<i>Direction de l'Animation de la Recherche, des Études et des Statistiques</i> (Directorate for Research, Studies, and Statistics)
DACG	<i>Direction des Affaires Criminelles et des Grâces</i> (Directorate of Criminal Affairs and Pardons)
DLPAJ	<i>Direction des Libertés Publiques et des Affaires Juridiques</i> (Directorate of Public Freedoms and Legal Affairs)
DGCCRF	<i>Direction Générale de la Concurrence, de la Consommation et de la Répression des Fraudes</i> (General Directorate for Competition Policy, Consumer Affairs and Fraud Control)
DGGN	<i>Direction Générale de la Gendarmerie Nationale</i> (Directorate-General of the National Gendarmerie)
DGPN	<i>Direction Générale de la Police Nationale</i> (Directorate-General of the National Police)
DGRI	<i>Direction Générale de la Recherche et de l'Innovation</i> (Directorate-General for Research and Innovation)
DGAFP	<i>Direction Générale de l'Administration et de la Fonction Publique</i> (General Directorate for Administration and the Civil Service)
DGDDI	<i>Direction générale des Douanes et Droits Indirects</i> (Directorate-General of Customs and Indirect Taxes)
DIRECCTE	<i>Direction Régionale des Entreprises, de la Concurrence, de la Consommation, du Travail et de l'Emploi</i> (Regional Directorate for Enterprises, Competition Policy, Consumer Affairs, Labour and Employment)
DNO	Directive Nationale d'Orientation
ECOWAS	Economic Community of West African States
EGB	<i>Échantillon Généraliste Bénéficiaires</i> (Representative Sample of Beneficiaries database)
EHESP	<i>École des Hautes Études en Santé Publique</i> (French School of Public Health Students)
ESCAPAD	<i>Enquête sur la Santé et les Consommations lors de l'Appel de Préparation à la Défense</i> (Survey on Health and Use on Call-Up and Preparation for Defence Day)
ELSA	<i>Équipe de Liaison et de Soins en Addictologie</i> (Addictology Liaison and Care Team)
ENCLASS	<i>Enquête nationale en Collège et en Lycée chez les Adolescents sur la Santé et les Substances</i> (National Survey among Adolescents in Lower and Upper Secondary Schools on Health and Substances)
EPIDE	<i>Établissement Pour l'Insertion Dans l'Emploi</i> (Employment Integration Establishment)
EICCF	<i>Établissement d'Information sur le Conseil Conjugal et Familial</i> (Institution for Provision of Marital and Family Information and Counselling)
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ERASM	<i>Estimation par Recoupement et Appariement des Surdoses Mortelles</i> (Estimation of Fatal Overdoses by Matching and Cross-Matching)
ERROP	<i>Enquête sur les Représentations, Opinions et Perceptions sur les Psychotropes</i> (Survey on Representations, Opinions and Perceptions of Psychotropic Drugs)
ESPAD	European School Project on Alcohol and other Drugs

FAS	Foetal Alcohol Syndrome
GERs	<i>Groupement pour l'Élaboration et Réalisation de Statistiques</i> (Group for the Development and Production of Statistics)
HED	Heavy Episodic Drinking
HPST	<i>Hôpital, Patients, Santé et Territoire</i> (Hospitals, Patients, Health and Territories)
HVB	Hepatitis B Virus
HVC	Hepatitis C Virus
ICW	Infectious Clinical Waste
IGAS	<i>Inspection Générale de l'Action Sociale</i> (General Inspectorate of Social Affairs)
IGF	<i>Inspection Générale des Finances</i> (General Inspectorate of Finances)
IGSJ	<i>Inspection Générale des Services Judiciaires</i> (General Inspectorate of Judicial Services)
IFSTTAR	<i>Institut Français des Sciences et Technologies des Transports, de l'Aménagement et des Réseaux</i> (French Institute of Science and Technologies for Transport, Development and Networks)
INSERM	<i>Institut National de la Santé et de la Recherche Médicale</i> (National Institute of Health and Medical Research)
INSEE	<i>Institut National de la Statistique et des Études Économiques</i> (National Institute of Statistics and Economic Studies)
INHESJ	<i>Institut National des Hautes Études de la Sécurité et de la Justice</i> (National Institute for Advanced Security and Justice Studies)
INCa	<i>Institut National du Cancer</i> (National Cancer Institute)
ITMO	<i>Institut Thématique Multi Organismes</i> (Multi-body Thematic Institute)
MDPH	<i>Maison Départementale des Personnes Handicapées</i> (Départemental Home for the Disabled)
MILDECA	<i>Mission Interministérielle de Lutte contre les Drogues et les Conduites Addictives</i> (Interministerial Mission for Combating Drugs and Addictive Behaviours)
MDA	<i>Maison Des Adolescents</i> (Adolescent Centre)
MOOC	Massive Open Online Course
MSA	<i>Mutualité Sociale Agricole</i> (Agricultural Social Mutual Fund)
MSM	Men who have Sex with Men
MDFT	Multidimensional Family Therapy
NGO	Non-Government Organisation
ODJ	<i>Observatoire Des Jeux</i> (Observatory of Games)
OFDT	<i>Observatoire Français des Drogues et des Toxicomanies</i> (French Observatory for Drugs and Drug Addiction)
ONDRP	<i>Observatoire National de la Délinquance et des Réponses Pénales</i> (National Observatory on Crime and Criminal Justice)
ONISR	<i>Observatoire National Interministériel de la Sécurité Routière</i> (National Interministerial Observatory for Road Safety)

OCRTIS	<i>Office Central de Répression des Trafics Illicites de Stupéfiants</i> (Central Office for the Repression of Narcotics Trafficking)
OECD	Organisation for Economic Cooperation and Development
PMU	<i>Pari Mutuel Urbain</i> (Horseracing betting provider)
PASS	<i>Permanence d'Accès aux Soins de Santé</i> (Healthcare Service Access Point)
PIAC	<i>Plate-forme d'Identification des Avoirs Criminels</i> (Platform for the Identification of Criminal Assets)
PAEJ	<i>Point Accueil Écoute Jeunes</i> (Youth Reception and Listening Point)
PAACT	<i>Processus d'Accompagnement et d'Alliance pour le Changement Thérapeutique</i> (Support and Alliance for Therapeutic Change)
PJJ	<i>Protection Judiciaire de la Jeunesse</i> (Judicial Youth Protection Service)
PP	<i>Police de Proximité</i> (Community Police)
RECAP	<i>Recueil Commun sur les Addictions et les Prises en Charge</i> (RECAP – Common Data Collection on Addictions and Treatments)
RSI	<i>Régime Sociale des Indépendants</i> (Social Security Scheme for the Self-employed)
SCMR	<i>Salle de Consommation à Moindre Risque</i> (Low-risk Drug Consumption Room)
SSMSI	<i>Service Statistique Ministériel de la Sécurité Intérieure</i> (Ministerial Statistical Department for Internal Security)
SUMPPS	<i>Service Universitaire de Médecine Préventive et de Promotion de la Santé</i> (University Department for Preventive Medicine and Promotion of Health)
SNCSTI	<i>Stratégie Nationale de Culture Scientifique, Technique et Industrielle</i> (National Strategy for Scientific, Technical and Industrial Culture)
SINTES	<i>Système d'Identification National des Toxiques Et Substances</i> (National Poison/Substance Identification System)
TROD	<i>Test Rapide d'Orientation Diagnostique</i> (Rapid Diagnostic Orientation Test)
TAPAJ	<i>Travail Alternatif Payé À la Journée</i> (Alternative Work Paid by the Day)
UNDP	United Nations Development Programme
UNESS	<i>Université Numérique En Santé et Sport</i> (Digital University of Health and Sport)
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organisation

APPENDIX: DASHBOARD FOR THE NATIONAL PLAN FOR MOBILISATION AGAINST ADDICTIONS

What we have to change

	THEME	INDICATOR	BENCHMARK LEVEL	DATA SOURCE	PERIODICITY
1	Perception of health risks of consumption	<ul style="list-style-type: none"> Percentage of French citizens who consider that daily use of alcohol is dangerous Percentage of French citizens who consider that daily use of tobacco is dangerous Percentage of 15-24 y/o who consider that experimenting with cannabis is dangerous 	<ul style="list-style-type: none"> Alcohol: 74% in 2013 Tobacco: 47% in 2013 Cannabis: 49% in 2013 	EROPP (OFDT)	Five-yearly (2018, 2023, 2028)
2	Consumption levels in the general population	<ul style="list-style-type: none"> Regular alcohol use in the general population (15-64 y/o) Regular tobacco use in the general population (15-64 y/o) Regular cannabis use in the general population (15-64 y/o) Number of problematic users of illegal drugs in the general population (15-64 y/o) 	<ul style="list-style-type: none"> 5 million daily drinkers 13 million daily smokers 700.000 daily users of cannabis 280.000 problematic users of illegal drugs 	Health Barometer (National Public Health Agency) OFDT estimation based on RECAP data	Four-yearly (2017, 2021, 2025, 2029) Annual
3	Initiation age	<ul style="list-style-type: none"> Percentage of 17 y/o who have not experimented with alcoholic drinks Average age at which 17 y/o first experimented with tobacco Average age at which 17 y/o first experimented with cannabis 	<ul style="list-style-type: none"> 14% in 2017 14.4% in 2017 15.3% in 2017 	ESCAPAD (OFDT)	Three-yearly (2017, 2020, 2023)

	THEME	INDICATOR	BENCHMARK LEVEL	DATA SOURCE	PERIODICITY
4	Consumption levels among lower and upper secondary-school students	<ul style="list-style-type: none"> Regular alcohol use at 17 y/o Regular tobacco use at 17 y/o Regular cannabis use at 17 y/o Heavy Episodic Drinking (HED) during the month at 17 y/o 	<p>In 2017:</p> <ul style="list-style-type: none"> 8% (> 10 times a month); 12% boys, 5% girls 25% smoke tobacco every day 7% consume cannabis > 10 times a month 44% experience a heavy drinking episode during the course of a month 	<p>ESCAPAD (OFDT)</p> <p>EnCLASS (OFDT)</p>	<p>Three-yearly (2017, 2020, 2023)</p> <p>Four-yearly (2018, 2022, 2026, 2030)</p>
5	Perceived accessibility of products	<ul style="list-style-type: none"> Percentage of 15-16 y/o who did not consume alcohol during the month preceding the survey, stating that it would be easy or very easy for them to obtain alcoholic drinks Percentage of 15-16 y/o who did not smoke during the month preceding the survey, stating that it would be easy or very easy for them to obtain tobacco Percentage of 15-16 y/o who find it easy to obtain cannabis 	<ul style="list-style-type: none"> In 2015, 76% for alcohol In 2015, 59% In 2015, 41% 	EnCLASS (OFDT)	Four-yearly (2018, 2022, 2026, 2030)
6	Attention paid to consumption during pregnancy	<ul style="list-style-type: none"> Percentage of women who were recommended not to consume alcohol and stop smoking during their pregnancy Percentage of women who did not consume alcohol during their pregnancy Percentage of women who did not consume tobacco or cannabis during their pregnancy 	<ul style="list-style-type: none"> In 2016, 29.3% In 2010, 77% In 2016, 83.4% for tobacco and 97.9% for cannabis 	<p>National Perinatal survey</p> <p>INSERM /DREES</p>	Six-yearly (2016, 2022, 2028)

	THEME	INDICATOR	BENCHMARK LEVEL	DATA SOURCE	PERIODICITY
7	Consumption in the workplace	Prevalence of consumption among employed workers in activity sectors identified as being particularly connected with use of psychoactive substances	<ul style="list-style-type: none"> Catering sector: 44.7% daily smokers in 2010 Water and sanitation sector: 17.4% daily users of alcohol 	Health Barometer (National Public Health Agency)	Four-yearly (2017, 2021, 2025, 2029)
8	Assistance and treatment	<ul style="list-style-type: none"> Number of patients receiving smoking-cessation treatment, based on data on sales of such treatments Percentage of recipients of medicines replacing opioids. Percentages of smoker patients subject to a brief intervention as described by the National Health Authority (HAS) tool and recorded in their medical files Percentage of patients who were heavy drinkers subject to a brief intervention as described by the National Health Authority tool and recorded in their medical files Profiles and practices of users taken in by CAARUDs. 		<p>GERS</p> <p>CNAM, RSI, MSA data from the EGB, ANSM extraction, OFDT exploitation</p> <p>CNAM Report on ROSP</p> <p>National Survey on CAARUD users</p>	Annual
9	Number of overdoses	Estimation of the number of fatal overdoses connected with addictions	370 in 2016	CépiDC Register, INSERM ERASM (OFDT)	Annual
10	Infectious complications connected with drug use	Prevalence and incidence of infectious diseases (HIV and HVC) among intravenous drug users		<p>Coquelicot (Cermes 3/ INSERM U988 - Santé publique France)</p> <p>National Survey on CAARUD users (OFDT)</p>	<p>2004, 2011, 2019 (in preparation)</p> <p>2015, 2019, 2023</p>

	THEME	INDICATOR	BENCHMARK LEVEL	DATA SOURCE	PERIODICITY
11	Diminished road safety	<ul style="list-style-type: none"> • Estimation of number of road deaths linked to alcohol. • Estimation of number of road deaths linked to drugs. 	In 2016, 819 people were killed in accidents involving alcohol	ONISR	Annual
12	Violence and psychoactive substances	<ul style="list-style-type: none"> • Convictions for acts of violence connected with alcohol (intrafamily, rapes and assaults) • Percentage of victims stating that at least one of the perpetrators seemed to be under the influence of drugs or alcohol (physical and sexual violence) 	For acts of physical violence, more than 1/3 of victims (an average of 34% between 2012 and 2016) stated that one or both perpetrators were under the influence of alcohol, as against 59% in cases of sexual violence.	National Criminal Record "Living Environment and Security" Surveys 2015 to 2017, INSEE-ONDRP-SSMSI	Annual
13	Effectiveness in combating trafficking	<ul style="list-style-type: none"> • Number of trafficking operations dismantled • Number of criminal organisations dismantled by the Judicial Customs Department • Value of criminal assets seized and confiscated connected with drug trafficking offences (apart from Customs) 	<ul style="list-style-type: none"> • 10,000 drug-trafficking operations dismantled by the National Police (9000) and National Gendarmerie (1,600) • 62.6 million euros seized from traffickers 	SSMSI (DGPN, PP, DGGN) and PIAC as regards criminal assets National Customs Service fundraiser	Annual
14	Research efforts	<ul style="list-style-type: none"> • Funds allocated to research on addictions • Number of publications by researchers (on drugs and addictions) 	<ul style="list-style-type: none"> • €17M in 2015 • In 2015, 489 publications 	DGRI, Department for Assessment and Monitoring of INSERM Programmes	Annual

Alcohol, Tobacco, Drugs, Screens

NATIONAL PLAN FOR MOBILISATION AGAINST ADDICTIONS 2018-2022

MILDECA

69 rue de Varenne

75007 Paris

01 42 75 80 00

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et les conduites addictives

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