

Drug policy workbook

France - 2016

2016 National report (2015 data) to the EMCDDA by the French Reitox National Focal Point

Supervision: François Beck

Coordination and editorial: Aurélie Lermenier-Jeannet and Anne de l'Eprevier

Contribution to the workbooks

- 1.1 *Drug Policy:* Cristina Díaz-Gómez
- 1.2 *Legal Framework:* Caroline Protais, Cristina Díaz-Gómez
- 2 *Drugs:* Olivier Le Nézet, Agnès Cadet-Taïrou, Magali Martinez, Eric Janssen
- 3.1 *Prevention:* Carine Mutatayi, Caroline Protais
- 3.2 *Treatment:* Christophe Palle, Anne-Claire Brisacier
- 3.3 *Best Practice:* Carine Mutatayi
- 3.4 *Harms and Harm Reduction:* Anne-Claire Brisacier, Cristina Díaz-Gómez, Maitena Milhet
- 4 *Drug Market and Crime:* Michel Gandilhon, Magali Martinez, Thomas Néfau, Caroline Protais, Cristina Díaz-Gómez
- 5.1 *Prison:* Caroline Protais
- 5.2 *Research:* Isabelle Michot, Maitena Milhet

Proofreading (French version)

Julie-Émilie Adès, François Beck, Aurélie Lermenier-Jeannet, Marie-Line Tovar (OFDT)
Danièle Jourdain Menninger, president of the Interministerial Mission for Combating Drugs and Addictive Behaviours, and the project managers of the MILDECA

Proofreading (English version)

Anne de l'Eprevier, François Beck

Documentation: Isabelle Michot

Legal references: Anne de l'Eprevier

The EMCDDA is investigating how the submission of the workbooks could be made easier through the use of technology. In the first instance, a pilot using templates in Word with defined fields to distinguish the answers to questions is being tried. The outcome of the pilot will be to evaluate the usefulness of this tool and establish the parameters of any future IT project.

Templates have been constructed for the workbooks being completed this year. The templates for the pre-filled workbooks were piloted in the EMCDDA.

1. The principle is that a template is produced for each workbook, and one version of this is provided to each country, in some instances pre-filled.
2. Answers to the questions should be entered into the "fields" in the template. The fields have been named with the question number (e.g. T.2.1). It will be possible to extract the contents of the fields using the field names.
3. Fields are usually displayed within a border, and indicated by "Click here to enter text". Fields have been set up so that they cannot be deleted (their contents can be deleted). They grow in size automatically.
4. The completed template/workbook represents the working document between the NFP and the EMCDDA. Comments can be used to enhance the dialogue between the EMCDDA and the NFP. Track changes are implemented to develop a commonly understood text and to avoid duplication of work.

Table of Contents

T1. National profile	6
T1.1 National drugs strategies	6
T1.2 Evaluation of national drugs strategies	7
T1.3 Drug policy coordination	9
T1.4 Drug related public expenditure	10
T2. Trends. Not applicable for this workbook	12
T3. New developments	12
T4. Additional information	13
T5. Notes and queries	13
T6. Sources and methodology	14

T0. Summary

- National profile

The current overarching general principles of French drug policy were stated in a mission letter on 17 October 2012. The Government stated its vision for the actions to be taken in this policy area as being of a global and integrated nature, entrusting responsibility for their implementation to the chairperson of the Interministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA). The MILDECA reports to the Prime Minister and is in charge of developing the national strategies and actions plans and coordinating their implementation. France's Government Plan for Combating Drugs and Addictive Behaviours 2013–17 was endorsed by the Interministerial Committee chaired by the Prime Minister on 19 September 2013. Its approach is a comprehensive and global one towards illicit and licit drugs (narcotics, alcohol, tobacco, psychotropic medicines and new synthetic products) and other forms of addictive behaviours (gambling, gaming, doping). The 2013–17 strategy is structured around three main priorities:

1. To base public action on observation, research and evaluation.
2. To take the most vulnerable populations into consideration to reduce risks and health and social harm.
3. To reinforce safety, tranquillity and public health, both locally and internationally, by fighting drug trafficking and all forms of criminality related to psychoactive substance use.

This Government Plan also emphasises the need for developing "evaluative" research, preferably in connection with the academic world in order to obtain reliable, independent and useful results for the public authorities to improve the effectiveness of public action. An external evaluation of this Government Plan was entrusted to a *Sciences Po* research team and will be based on the qualitative analysis of four priority measures. Two actions were evaluated on the implementation period of the first Action plan (2013-2015). The evaluation of two other actions is underway. A final report will be delivered end of 2017.

Specifically concerning the evaluative research which has now been carried out to completion, the researchers examined the relevance of new experimental approaches (peer-led prevention on volunteer university campuses and community action to combat the local narcotics trafficking problem). As regards the peer-led prevention approach, success is less dependent on the training followed by student liaison officers than other factors, such as the involvement of university staff and their supervisory capacity, the chosen organisational procedures or the quality of partnerships with other professionals working in prevention in the area. Evaluation of the community programme in the southern districts of Marseille highlights several difficulties which the professionals and populations concerned come up against (coordination difficulties, communication problems, quality of partnerships, etc.).

In addition, the evaluation of the degree to which the objectives of the plan have been achieved was entrusted to the OFDT.

In 2014 total drug-related expenditure is estimated to be €1.83 billion. The contribution of the state and the health insurance represented 0.06% of gross domestic product (GDP), with 48% of the total for demand reduction initiatives, 51% for supply reduction activities and 1% allocated for crossed activities (research, training, observation, evaluation, coordination and international cooperation).

- New developments

The passing of the health law of 26 January 2016 is the most recent major development in terms of public policies in the field of addiction.

This new legislative text prioritises prevention in order to better protect young people from the consequences of substance use and proposes new prevention and harm reduction measures intended for drug users. In this context, it authorises the pharmacy sale of rapid diagnostic tests (RDT) with the aim of improving access to screening for hepatitis C, while trialling drug consumption rooms (DCR). Its provisions also increase legal protection for professionals to ensure that they can carry out their duties, particularly within the scope of trialling DCR. The health law has also made it possible to safeguard the SINTES (National detection system for drugs and toxic substances) monitoring system, French section of the "Early Warning System".

T1. National profile

T1.1 National drugs strategies

The purpose of this section is to:

- Summarise the main characteristics of your national drug strategy(ies). Where there is no national strategy, and regional strategies take the place of a national strategy, please summarise the characteristics of these.

T1.1.1 Please summarise your current national drugs strategy document.

Information relevant to this answer includes:

- time frame,
- responsible ministries,
- overview of its main principles, priorities, objectives and actions,
- its structure (i.e. pillars and cross-cutting themes),
- the main substances and addictions

The current overarching general principles of French drug policy were stated in a mission letter on 17 October 2012 [[Lettre de mission du 17 octobre 2012 du Premier ministre à Mme Jourdain-Menninger, présidente de la MILDT](#)]. The Government stated its vision for the actions to be taken in this policy area as being of a global and integrated nature, entrusting responsibility for their implementation to the chairperson of the Interministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA). The MILDECA reports to the Prime Minister and is in charge of developing the national strategies and actions plans and coordinating their implementation. France's Government Plan for Combating Drugs and Addictive Behaviours 2013-2017 (MILDT 2013) was endorsed by the Interministerial Committee chaired by the Prime Minister on 19 September 2013. It takes a comprehensive and global approach towards illicit and licit drugs (narcotics, alcohol, tobacco, psychotropic medicines and new synthetic products) and other forms of addictive behaviours (gambling, gaming, doping).

The current strategy is built on an understanding of addictions as multidimensional problems that emerge from the interaction of complex factors, including the biological, psychological, family, socio-economic and environmental status and contexts of individuals. The 2013–17 plan is based around three main priorities:

1. To base public action on observation, research and evaluation.
2. To take the most vulnerable populations into consideration to reduce risks and health and social harm.
3. To reinforce safety, tranquillity and public health, both locally and internationally, by fighting drug trafficking and all forms of criminality related to psychoactive substance use.

These priorities are addressed across five areas of action, or pillars, that structure the Actions Plan: (i) prevention, care and risk reduction; (ii) stepping up the fight against trafficking; (iii) improving the application of the law; (iv) basing policies for combating drugs and addictive behaviours on research and training; (v) reinforcing coordination at national and international levels

The 2013-2017 plan is presented as two successive action plans, each scheduled over a two-year period. The 2013-2015 action plan (MILDT 2014) covers the first period for implementing the national strategy. It sets out concrete measures supporting the governmental strategy: it defines specific objectives for the period concerned, marks out the allotted budget, identifies the key partners, describes the schedule in detail, and specifies the expected effects. The second 2016-2017 action plan (MILDECA 2016) continues the long-term actions already set in progress over the previous two years and boosts new initiatives. It brings together 73 actions divided into ten major fields of intervention

(prevention and communication, health care, harm reduction measures, trafficking, application of the law, research and observation, training, territorial management of the strategy, overseas territories and international action).

T1.1.3 Optional. Please provide any additional information you feel is important to understand the governance of drug issues within your country.

T1.2 Evaluation of national drugs strategies

The purpose of this section is to:

- Summarise any formal evaluation carried out of your most recent national drug strategy.

Where no formal evaluation exists, please summarise any available progress or final reviews.

T1.2.1 List the titles of the most recent evaluations of national drugs strategies and supporting action plans.

The external evaluation of the 2013-2017 Government Plan for Combating Drugs and Addictive Behaviours is based on the qualitative analysis of four key measures of both the 2013-2015 and 2016-2017 Action Plans (see T1.2.2):

- Action "Student liaison officers on health" (ERS)
- Action "Easy money"
- Action "Roll-out of the CJC campaign"
- Action "FAS programme trial"

In addition, the evaluation of the degree to which the objectives of the government plan have been achieved (internal evaluation of effectiveness) was entrusted to the OFDT.

T1.2.2 Please summarise the results of the latest evaluation.

Information relevant to this answer includes:

- who carried out the evaluation,
- the objectives,
- methods,
- main findings
- recommendations

The 2013-2017 Government Plan for Combating Drugs and Addictive Behaviours notably emphasises the need for developing "evaluative" research, preferably in connection with the academic world in order to obtain reliable, independent and useful results for the public authorities to improve the effectiveness of public action. This government plan recommends evaluation, by a research team specialising in public policy evaluation, of several schemes or key actions in different areas of public action in terms of combating drugs and addictive behaviours.

In this context, the MILDECA entrusted the evaluation of four of the priority measures concerning both licit (tobacco and alcohol) and illicit drugs, to the Laboratory for Interdisciplinary Evaluation of Public Policies (LIEPP, Sciences Po). The objective of this research is to contribute to evaluating the role of the MILDECA as a protagonist in

coordinating and acting as an impetus for implementing these actions. This evaluation should allow the contributors to make adjustments during implementation of the schemes.

The four leading actions chosen and the methodology for the evaluation are described in detail below:

"Student liaison officers on health" (ERS) action: the evaluation focuses on intervention by student liaison officers on health during recreational events and in universal prevention actions on campus or in student halls of residence. The evaluation compared the place and role of addictive behaviour prevention between five universities having set up this system (Bordeaux, Auvergne, Lorraine, Rouen and Tours) and two universities not yet having trialled it (Paris-Descartes and Versailles-Saint Quentin en Yvelines). Semi-structured interviews with the directors of preventive medicine departments and ERS were conducted. This qualitative phase was supplemented by a questionnaire survey alongside employed ERS having previously undergone dedicated training on the university curriculum. The initial results show that the success of peer-led prevention schemes is dependent on a combination of the following factors:

- duration of the scheme;
- extent of involvement of the director of the preventive medicine department (motivation, personal commitment to addiction prevention issues);
- the university's general policy in terms of prevention;
- availability of the department director and personnel supervising the ERS;
- cooperation between the various protagonists;
- extent to which the intervention protocol is defined (initial definition of ERS duties, autonomy conferred to the latter, "innovative" aspect of peer-led prevention or ERS working in "conventional" prevention, etc.).

"Easy money" action: the evaluation focuses on action creating exchanges on the problem of narcotic trafficking with a view to developing representations and reducing the appeal of trafficking. Four categories of inhabitants of the southern districts of Marseille (mothers, professionals, young people seeking integration and pre-teens) were mobilised. These exchanges were organised and led by a prevention association in Marseille (AMPTA). The evaluation aimed to analyse the procedures for implementing this trial, particularly the links between the bodies involved, and also coordination: how are the roles of these protagonists (secondary schools, sixth-form colleges, young offender establishments) presented? Does the programme meet the expectations both of its sponsors and beneficiaries? On a wider scale, the evaluation focused on the way in which this programme could be integrated into the local policy on combating drugs and addictive behaviours. Approximately fifteen interviews were held in Marseille with local participants (AMPTA, police force, Réseau 13 association, criminality prevention department and Marseille council AIDS and drug addiction task force, offices of the general administrator of the "département"). These bring out a number of practical difficulties related to the recent nature of the scheme and the complexity of the trafficking prevention task, together with the cultural differences between the populations involved.

Action "Roll-out of the CJC campaign": this action plan recommends strengthening communication on Youth Addiction Outpatient Clinics (CJC) notably aimed at parents and family members of the populations targeted by these schemes. As regards the CJC campaign, the MILDECA thus finances its roll-out on the Web and also endeavours to broadly mobilise institutional stakeholders liable to act as effective liaisons with families, the target of the campaign. For this purpose, a partnership will be created with the National Family Allowance Fund (CNAF). Evaluation of this action should make it possible to analyse the conditions for implementing the chosen communication strategy for this campaign. The evaluation will endeavour to analyse the respective roles of national and local stakeholders in implementing this communication strategy.

Action "FAS programme trial": the proposed action is to trial a programme integrated on a regional scale aiming to consolidate the prevention and management of disorders related to foetal alcohol syndrome (FAS). This evaluation aims to describe and analyse the changes in project content over the same period, the conditions for implementing this trial and, in particular, the links between the stakeholders mobilised by different aspects of the programme. This evaluation will analyse the implementation of the programme in view of its different components: prevention, screening and management among adults and children, training of front-line professionals and school and judicial stakeholders, creation of a management process for women and children.

The field of study for the first phase of the evaluation (actions relating to the "student liaison officers on health" and "easy money" was initiated in March 2015. The results and conclusions of this research are expected to be presented in a summary report which will be submitted to the MILDECA in autumn 2016 for each action evaluated. The evaluation of the second phase (two remaining actions) began in summer 2016. The final report on the external evaluation will be released after this second phase (December 2017).

The evaluation process entrusted to the OFDT involves monitoring performance indicators which endeavour to translate the progress made along the lines of the government objectives during the course of the 2013-2017 plan. This monitoring of performance indicators comprises comparable, relevant indicators. It is associated with a summary report to give the MILDECA and authorities useful lines of reflection with a view to monitoring the operational targets of the governmental strategy. Periodic reports are drawn up as new data are released (surveys in the general population or alongside drug users who are part of specific schemes, police and judicial statistics, activity reports, etc.).

T1.3 Drug policy coordination

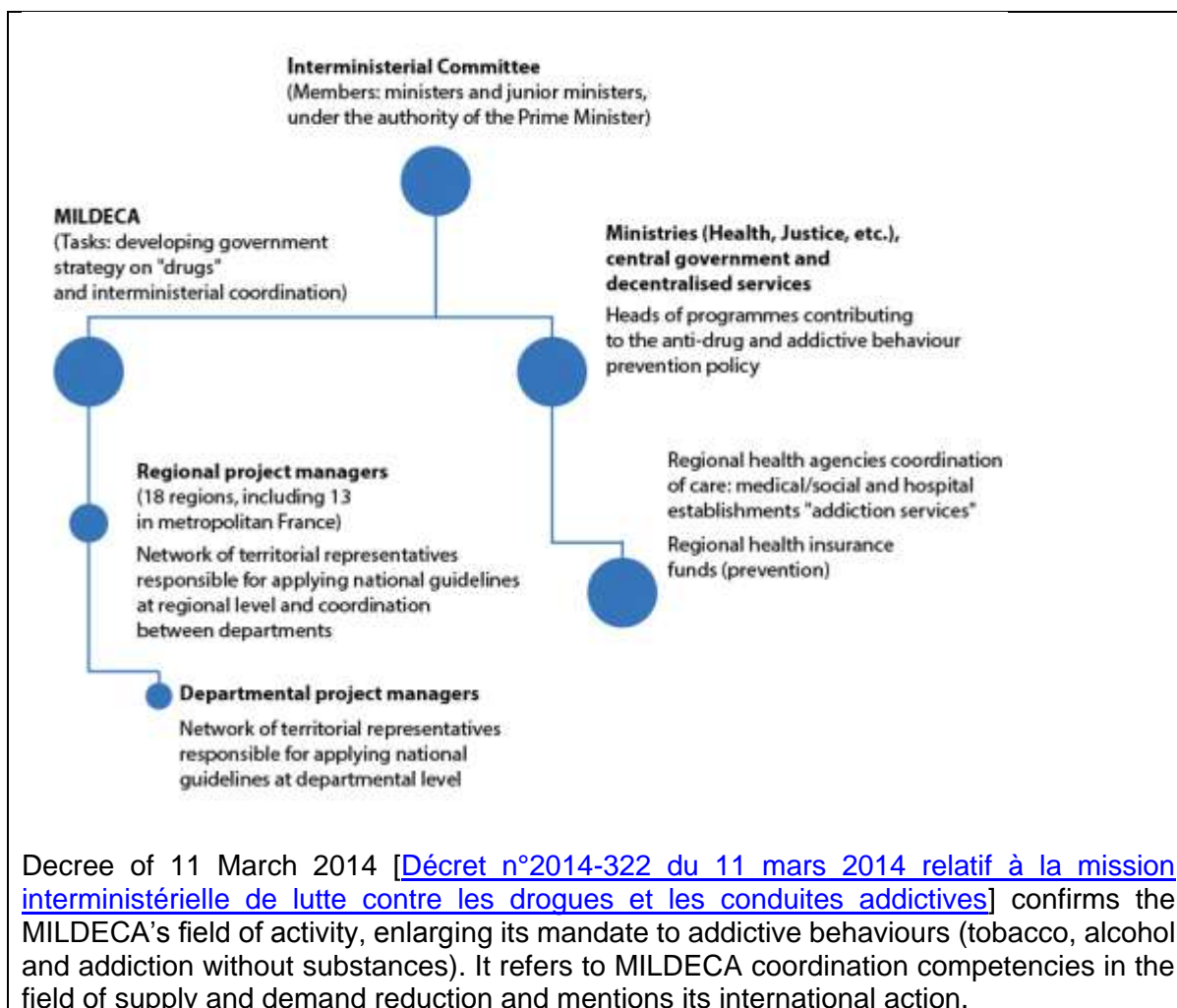
The purpose of this section is to:

- Provide a brief summary of the coordination structure involved in drug policy in your country
- Describe the main characteristics of each coordination body

T1.3.1 Please describe the different coordination bodies involved in drug policy in your country indicating their role, hierarchical relationships, and the ministries they are attached to. If available, please include a summary table or graphic.

An Interministerial Committee on Drugs prepares government decisions in all domains related to the drug problem. It is also responsible for approving the national strategies and actions plans on drugs and addictions. The Committee is under the authority of the Prime Minister and is composed of ministers and state secretaries.

The MILDECA is tasked with the organisation and coordination of France's policies against drugs and addictive behaviours. Reporting to the Prime Minister, it focuses on a range of areas, including prevention, treatment, harm reduction, reintegration, traffic, law enforcement and research, monitoring and training for those involved in demand or supply reduction activities. The MILDECA also prepares, coordinates and partly implements the decisions of the Interministerial Committee, and developed the Government Plan for Combating Drugs and Addictive Behaviours 2013–17 at the Prime Minister's request. Throughout France and its territories there is also a network of one hundred MILDECA territorial representatives (chefs de projet) who are responsible for providing leadership and implementing the drug policy. Eighteen of them (thirteen in mainland France) are responsible for coordinating the MILDECA drug-policy at regional level.



T1.4 Drug related public expenditure

The purpose of this section is to:

- Outline what is known about the main areas of drug related public expenditure in your country.

T1.4.1 Please comment on the availability of data on drug-related expenditure and if possible provide a brief summary of recent estimates.

The total drug-related social costs were estimated on two occasions, for 1996 and 2003 (Kopp and Fenoglio 2004; Kopp and Fenoglio 2006). A new estimate of the social costs of drugs in France was released by OFDT in September 2015 (Kopp 2015) : for the year 2010, this cost would amount to €8.7 billion for illicit drugs. Two other studies have focused on drug-related public expenditure (Ben Lakhdar 2007; Díaz Gómez 2012; Díaz Gómez 2013). Since 2008 the total expenditure of the central government is presented annually in a budgetary document submitted to the Parliament (Service du Premier ministre 2016). The French social security system funds also treatment for drug users. Information gathered from these sources shows that estimate of drug related public expenditure accounted for €1.50 billion in 2010 (Díaz Gómez 2013). This estimate amounts for €1.83 billion in 2014. The contribution of the state and the health insurance represented 0.06% of gross domestic product (GDP), with 48% of the total for demand reduction initiatives, 51% for supply reduction activities and 1% allocated for crossed activities (research, training, observation, evaluation, coordination and international cooperation).

The 2013–15 Actions Plan had an associated budget. It provided an extra budget of €59 million for the period 2013-2015. The allocation by type of action shows that most of the planned spending is allocated to treatment (62% over the period 2013–2015), followed by prevention and communication (15%), international cooperation (9%), research, training and observation (9%) and anti-trafficking and law enforcement actions (5% of the total). The second action plan, which continues the efforts already undertaken and promotes new initiatives over the period 2016-2017, also has additional funding. However, it does not provide budgetary information related to the implementation of its actions.

T1.4.2 Optional. Please provide a breakdown of estimates of drug related public expenditure. If possible, please use table IV to break the information down according to COFOG classification (or Reuters classification) of expenditure by Labelled, Unlabelled and Total expenditures. Where not possible please enter the classifications relevant in your country, with an explanation.

Drug related expenditure is estimated at €1.83 billion for 2014. This estimate relies on total funds spent in 2014 by the French Government and the social security system for providing public services and implementing drug-related activities to deal with the drug problem. The bulk of drug-related expenditure is not identified as such in the public accountability documents ('unlabelled') and must be estimated. Since 2008, each Ministry provides an estimate indicating the budget to be allocated to the prevention of and fight against drugs. Much of the public health expenditure is covered by the social security system. Because of the methodological difficulties, only the labelled expenditure of the social security system is included in the estimate below. It includes expenditure for funding the specialized agencies providing treatment and harm reduction services and implementing prevention, recovery and social reintegration's activities (CAARUD, CSAPA and TC). This estimate also covers the figures for reimbursement of substitution treatments to drug users and the budget allocated to public hospitals to fund addiction medicine liaison teams (ELSA) and hospital outpatient addiction medicine appointments. Additional funding allocated by the Health Insurance Fund, instigated by the various plans (2009-2012 "hepatitis plan" and 2010-2014 "health/prison plan") or according to the implementation of specific public health measures, is also included.

Table IV. Breakdown of drug related public expenditure.

Expenditure	Year	COFOG classification	National accounting classification	Trace (Labelled, Unlabelled)	Comments
16,228,169	2014	01.3 - General services	129	Labelled	In €
5,539,000	2014	01.3 - General services	209	Unlabelled	In €
613,897	2014	01.3 - General services	105	Unlabelled	In €
692,738	2014	01.3 - General services	307	Unlabelled	In €
37,000	2014	09.4 - Tertiary Education	231	Labelled	In €
75,400	2014	09.4 - Tertiary Education	163	Labelled	In €
4,528,450	2014	09.1 - Pre-primary and primary education	140	Unlabelled	In €
111,186,569	2014	09.2 - Secondary Education	141	Unlabelled	In €
10,917,049	2014	09.2 - Secondary Education	143	Unlabelled	In €
153,511,875	2014	09.2 - Secondary Education	230	Unlabelled	In €

6,480,000	2014	09.8 - Education n.e.c.	207	Unlabelled	In €
616,864	2014	09.8 - Education n.e.c.	147	Unlabelled	In €
250,000	2014	09.4 - Tertiary Education	142	Unlabelled	In €
19,762,989	2014	07.5 - R&D Health	172	Unlabelled	In €
19,110,306	2014	07.4 - Public Health services	204	Unlabelled	In €
8,250,000	2014	07.4 - Public Health services	219	Unlabelled	In €
29,000	2014	07.4 - Public Health services	123	Labelled	In €
385,628,000	2014	07.4 - Public Health services	Security social Budget	Labelled	In €
100,247,889	2014	0.7.1 - Medical products, appliances and equipment	Security social Budget	Labelled	In €
109,450,000	2014	07.3 - Hospital services	Security social Budget	Labelled	In €
7,110,000	2014	10.4 - Family and Children	304	Unlabelled	In €
245,387,265	2014	03.1 - Police services	176	Unlabelled	In €
1,884,950	2014	03.3 - Law courts	182	Unlabelled	In €
130,172,361	2014	03.3 - Law courts	166	Unlabelled	In €
18,908,193	2014	03.4 - Prisons	107	Unlabelled	In €
252,000,000	2014	03.6 - Public order and safety n.e.c.	302	Unlabelled	In €
215,009,598	2014	02.2 - Civil defence	152	Unlabelled	In €
11,788,000	2014	02.2 - Civil defence	178	Unlabelled	In €

T2. Trends. Not applicable for this workbook

T3. New developments

The purpose of this section is to provide information on any notable or topical developments observed in drug policy in your country **since your last report**.

T1 is used to establish the baseline of the topic in your country. Please focus on any new developments here.

If information on recent notable developments have been included as part of the baseline information for your country, please make reference to that section here. It is not necessary to repeat the information.

T3.1 Please report on any notable new or topical developments observed in drug policy in your country since your last report.

The passing of the health law of 26 January 2016 is the most recent major development in terms of public policies in the field of addiction [[Loi n° 2016-41 du 26 janvier 2016 de modernisation de notre système de santé](#)].

This new legislative text prioritises prevention in order to better protect young people from the consequences of substance use and proposes new prevention and harm reduction measures intended for drug users. In this context, it authorises the pharmacy sale of rapid diagnostic tests (RDT) with the aim of improving access to screening for hepatitis C, while trialling drug consumption rooms (DCR). Its provisions also increase legal protection for professionals to ensure that they can carry out their duties, particularly within the scope of trialling DCR (see workbooks Legal Framework and Harms and Harm Reduction). The health law has also made it possible to safeguard the SINTES (National detection system for drugs and toxic substances) monitoring system, French section of the "Early Warning System".

T4. Additional information

The purpose of this section is to provide additional information important to drug policy in your country that has not been provided elsewhere.

T4.1 Optional. Please describe any additional important sources of information, specific studies or data on drug policy. Where possible, please provide references and/or links.

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T4.2 Optional. Please describe any other important aspect of drug policy or public expenditure that has not been covered in the specific questions above. This may be additional information or new areas of specific importance for your country

No specific strategies or plans to combat drugs and addiction have been initiated at local level; these are, in fact, regional extensions of national policies, predominantly run by the regional health agencies (ARS) as part of their regional health plans, according to local issues (legal or illegal substances). Nevertheless, it should be noted that the Metropolitan Mission for the Prevention of Risk Behaviour (MMPCR) is coordinating the implementation of measures taken by the Paris and Seine-Saint-Denis departments in the prevention of addictive behaviour and associated harms. Its missions are diverse: it manages research (in which the OFDT is jointly involved), coordinates programmes (social support, mediation, harm reduction measures, etc.) and serves as a resource centre (information, expertise, training and logistical support) for all participants. As an example, in 2016, it supported the trialling of a drug consumption room (DCR – see "Health consequences" workbook) notably through awareness-raising sessions aimed at professionals working in public areas in the vicinity of the room (representatives from Paris city council and the SNCF, police, etc.) and organised knowledge feedback meetings and debates open to all.

T5. Notes and queries

The purpose of this section is to highlight areas of specific interest for possible future elaboration. Detailed answers are not required.

Yes/No answers required. If yes please provide brief additional information.

T5.1 Are there any evaluations planned, e.g. annual progress reviews, mid-term, or final evaluations of current national strategy? If yes, please specify the type of evaluation is planned.

YES	1/ External evaluation of four key actions of the current national strategy (see T1.2.2). 2/ Regular progress reviews.
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T5.2 Have you provided EUROSTAT with an estimate of the contribution of the illicit drug market to the National Accounts?

NO

T6. Sources and methodology

The purpose of this section is to collect sources for the information provided above, including brief descriptions of studies and their methodology where appropriate.

T6.1 Please list notable sources for the information provided above.

Sources

Ben Lakhdar, C. (2007). Les dépenses publiques attribuables aux drogues illicites en France en 2005 (thème spécifique 1) [Public expenditures related to illicit drugs in France in 2005 (Selected issue 1)]. In: Costes, J.M. (Ed.) 2007 National report (2006 data) to the EMCDDA by the Reitox National Focal Point France. New development, trends and in-depth information on selected issues. OFDT, Saint-Denis.

Díaz Gómez, C. (2012). Tendances récentes des dépenses publiques relatives aux réponses apportées aux drogues (thème spécifique 2) [Recent trends in drug-related public expenditure and drug-related services in France (Selected issue 2)]. In: Pousset, M. (Ed.) 2012 National report (2011 data) to the EMCDDA by the Reitox National Focal Point France. New development, trends and in-depth information on selected issues. OFDT, Saint-Denis.

Díaz Gómez, C. (2013). Estimation des dépenses publiques en matière de lutte contre les drogues. In: OFDT (Ed.) Drogues et addictions, données essentielles. OFDT, Saint-Denis.

Kopp, P. and Fenoglio, P. (2004). Coût et bénéfices économiques des drogues. OFDT, Saint-Denis.

Kopp, P. and Fenoglio, P. (2006). Le coût des traitements et de la mise en œuvre de la loi dans le domaine des drogues. OFDT, Saint-Denis.

Kopp, P. (2015) Le coût social des drogues en France. Saint-Denis, OFDT.

MILDECA (2016). Plan gouvernemental de lutte contre les drogues et les conduites addictives. Plan d'actions 2016-2017. Mission interministérielle de lutte contre les drogues et les conduites addictives, Paris.

MILDT (2013). Government plan for combating drugs and addictive behaviours 2013-2017. MILDT, Paris.

MILDT (2014). Plan gouvernemental de lutte contre les drogues et les conduites addictives. Plan d'actions 2013-2015. MILDT, Paris.

Service du Premier ministre (2016). Document de Politique Transversale "Politique de lutte contre les drogues et les toxicomanies", Projet de loi de finances pour 2016. Paris.

To report on the breakdown of drug-related public expenditure, the following budgetary documents were needed:

- Ministère des finances et des comptes publics et Ministère des affaires sociales, de la santé et des droits des femmes. Instruction DGCS/SD1/SD5C/DGS/DSS/DB n°2014-313 du 12 novembre 2014 relative à la campagne budgétaire pour l'année 2014 des établissements et services médico-sociaux accueillant des personnes confrontées à des difficultés spécifiques : appartements de coordination thérapeutique (ACT), lits halte soins santé (LHSS), centres d'accueil et d'accompagnement à la réduction des risques pour les usagers de drogues (CAARUD), communautés thérapeutiques (CT), centres de soins, d'accompagnement et de prévention en addictologie (CSAPA), lits d'accueil médicalisé (LAM) et l'expérimentation « Un chez soi d'abord » (NOR AFSA1426828J). http://bdoc.ofdt.fr/index.php?lvl=notice_display&id=75118
- Ministère des Affaires sociales et de la Santé. Circulaire DGOS/R1 n°2014-99 du 31 mars 2014 relative à la campagne tarifaire 2014 des établissements de santé. Annexe III. Plans et mesures de santé publique (AFSH1408038C). http://bdoc.ofdt.fr/index.php?lvl=notice_display&id=75730

T6.2 Where studies or surveys have been used please list them and where appropriate describe the methodology?

Methodology

Médec'AM: National Health Insurance Fund medication reimbursement database

National public health insurance centre-Employed workers (CNAM-TS)

The National Health Insurance Fund centralises detailed data on community care reimbursements within its Médec'AM database (general health insurance scheme, excluding local complementary schemes, on a metropolitan scale). This database provides the amount of reimbursements for opioid substitution medications (MSO).