Prevention 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

T0. Summary 4

T1. National profile 5

T1.1 Policy and organization 5

T1.2 Prevention interventions 7

T1.3 Quality assurance of prevention interventions 17

T2. Trends 17

T3. New developments 18

T4. Additional information 19

T5. Notes and queries 19

T6. Sources and methodology 20

T0. Summary

- National profile

Drug use prevention policy in France is coordinated at central level by the Interministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA). The Ministries of National Education, Agriculture (responsible for agricultural education), Health, Interior and Justice are the other main central stakeholders in this field. Since 1999, the French prevention policy embraces all psychoactive substances, both illicit and licit (alcohol, tobacco and psychotropic medicines), and other forms of addiction (gambling, gaming, doping). General goals are not only to prevent first use or delay it, but also to curb use or abuse of these products.

The use of existing guidelines on drug prevention in school settings is strongly encouraged, but is not compulsory. The main focus of the school-based prevention activities, within the area of health education, is to develop students' individual and social skills to resist drug use.

The MILDECA territorial representatives ("*chefs de projet*") coordinate the implementation of the national prevention priorities at the local level (regions, cities). These ones and the independent Regional Health Authorities (ARS) allocate decentralised credits for prevention activities, while the French national health insurance system also provides funding for prevention.

There is no prevention monitoring system in France and therefore information about the scope and coverage of prevention activities remains limited.

- Environmental strategies on alcohol and tobacco use are well developed and have substantial political support.
- At local level, prevention activities are implemented by a large number of professionals. They are mostly universal prevention activities carried out in secondary schools, with school communities involved in commissioning, planning and sometimes in implementing activities. In most cases, external interveners (NGO staff and/or specialised law enforcement officers) address pupils.
- Selective and indicated prevention is mainly the responsibility of specialised NGOs. About 260 Youth Addiction Outpatient Clinics (CJC) deliver 'early intervention' towards young users and their families throughout France in 550 consultation points.
- Community-based prevention is carried out in youth counselling centres. Prevention in the workplace covers both licit and illicit drug use and is primarily in the remit of occupational physicians. Implementation varies across companies/services, according to their sizes (scarcer in small/medium companies) and the lines of business.
- National media campaigns to prevent alcohol, tobacco or illicit drugs are regularly issued by the National Institute for Prevention and Health Education (INPES).

- Trends

Over the 2010's, there has been a growing concern among practitioners and decision makers to enhance quality in the delivered prevention programmes and services. The creation of the Interministerial Commission for the Prevention of Addictive Behaviours (CIPCA), in 2014, is a symbolic sign of this awareness-raising. The strengthening of quality in addictive behaviours prevention through the promotion of evidence-based methods and the professionalization of practitioners results from a quadruple juncture: (i) the evolution of both levels et patterns of use, especially among adolescents; (ii) the improvement of knowledge on harms related to early consumption; (iii) the easier access to substances and

synthetic drugs through Internet; (iv) the growing awareness of the gaps and ineffectiveness of a policy that is solely focused on the ban of any drug use so as to prevent addictive behaviours and the related risks.

If young people are definitely the core target public of prevention policies, the two last Government plans (2008-2011, 2013-2017) have clearly set forth priorities towards specific segments of this public, such as youth in deprived neighbourhoods or in contact with the judicial system, or female publics. The current governmental plan also confirms and enhances prevention in occupational settings in both private and public sectors.

Over the last ten years, the most salient engagement of French public authorities in drug prevention is the support provided for the development of the Outpatient Clinics for Young Users, so-called CJCs ("*Consultations jeunes consommateurs*"). These CJCs are the main indicated prevention system in France.

The institutional support for the development of prevention in the workplace is getting important.

- New developments

In the current Government strategy, priority has been given to drug prevention directed to: young people, especially those in contact with a juvenile court system; pregnant women and female drug-users; and people that are remote from the care system, whether geographically or socially. The new Government plan requires the reinforcement of the Outpatient Clinics for Young Users (CJCs), in particular through professional training.

The year 2015 has been a favourable context to the development of addictive behaviour prevention: (i) the issue of addictive behaviours and their prevention has been introduced for the first time in the 2016-2020 National Plan for Health at Work, as a priority; (ii) drug prevention is now officially assigned to the remit of drug treatment centres (CSAPA) by the 2016 law on health system reform.

Specific impetus is put on the promotion of quality in prevention, especially through budding governmental initiative to develop evaluation endeavour among practitioners as well as local funders. Monitoring and evaluation are clearly identified as priorities in the 2013–17 Government plan, at operational and public policy levels. An impetus is also given on training on prevention for people working in contact with young people.

New provisions to restrict tobacco use and packaging (neutral packaging and larger health warnings) and vaping were introduced by the 2016 law on health system reform while the same law has softened alcohol promotion.

T1. National profile

T1.1 Policy and organization

The purpose of this section is to:

- Provide an overview of how prevention is addressed in your national drug strategy or other relevant drug policy document
- Describe the organisation and structure responsible for developing and implementing prevention interventions in your country
- Provide contextual information useful to understand the data submitted through SQ25 and SQ26.

Please structure your answers around the following questions.

T1.1.1 Please summarise the main prevention-related objectives of your national drug strategy or other key drug policy document (Cross-reference with the Policy workbook).

The main principles of the prevention policy are to prevent people from experimenting with drugs in the first place, or at least to delay first use, and to prevent or limit misuse or addictive behaviours whether they are related to drugs or not (Internet, video games, gambling, etc.). The school-based universal prevention remains the preponderant field of development for drug prevention.
In school settings, the general intervention framework focuses on preventing addictive behaviour, which more generally falls within the province of health education.

T1.1.2 Please describe the organisational structure responsible for the development and implementation of prevention interventions. Information relevant to this answer includes:
- responsible institutional bodies
- organizations delivering different types of interventions
- coordination between the different actors involved (education, health, youth, criminal justice)

Responsible institutional bodies engaged in coordination and funding
The policies for preventing legal and illegal drug use are established by long-term Government plans, coordinated by the Interministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA), and then adapted locally by its territorial representatives (the so-called "*chefs de projet*", see Drug policy workbook, part T1.3.1). The later allocate decentralised credits for local drug prevention actions. These governmental priorities can be mirrored by or enhanced with national programmes from various ministries (of National education or Health in particular) or regional plans (e.g. from Regional Health Authorities - ARS).

The National Institute for Prevention and Health Education (INPES) assesses and develops preventive measures, especially national media campaigns. On its website, drug use prevention tools are provided, the quality of which has been validated (http://www.inpes.sante.fr/CFESBases/catalogue/rech_doc.asp [accessed 27/06/2016]).

Regional health authorities define regional public health programmes which generally provide for lines of actions to curb health issues whether related to licit (alcohol, tobacco) or illicit drugs. The ARSs can be additional sources of drug prevention granting.

In secondary schools, including those of agricultural education, headmasters are relatively free to determine their level of commitment to prevention, even though they are strongly encouraged by their supervisory administrations (at regional and/or central levels) to invest in such efforts. Local administrative authorities provide head teachers with recommendations based on ministerial guidelines.

Organisations delivering interventions
Public services have the remit of implementing drug use prevention initiatives, but prevention programmes are often implemented by associations.

Since 2006, preventing addictive behaviour may also rely on in the basic missions of the French education system through the "common base of knowledge and skills" (*"socle commun de connaissances et de compétences"*) which encompasses all of the knowledge, skills, values and attitudes that every pupil must master by the end of mandatory schooling. Consequently, the educational, social and health school staffs are quite involved in coordinating prevention or even implementing prevention towards pupils, although external practitioners from prevention or health education NGOs and specially-trained law

enforcement officers (FRAD and PFAD, respectively from *gendarmerie* or police) are most often entrusted to implement prevention actions.

Actions intended for students in higher education are organised by (Inter) University Preventive Medicine and Health Promotion Services, S(I)UMPPS. Student associations and complementary student health insurance companies also participate in this area.

T1.1.3 ***Optional****. Please provide a commentary on the funding system underlying prevention interventions.*
Information relevant to this answer includes:
- alcohol and gambling taxes, confiscated assets
- quality criteria linked to funding

Since 1995, sales of assets seized through drug-trafficking repression have been turned over to the Narcotics support fund, under the MILDECA management. Most of the amount (90%) is used for anti-trafficking purposes, while the remaining 10% are earmarked for prevention actions and endow the grants delegated to the MILDECA territorial representatives to fund local prevention activities.

In addition to these local MILDECA allotments, local financial grants for drug prevention can also be allocated according to regional or sub-regional priorities by the independent Regional Health Authorities (ARS). Various cross-territorial local programmes (concerning health, social exclusion, public safety and/or urban policy) also make it possible to redistribute public credits for drug use prevention. Furthermore, the identification of priority areas for education and urban planning (based on socioeconomic, housing quality and educational indicators) makes it possible to channel additional resources into underprivileged populations.

The French National Health Insurance Fund system (*Assurance maladie*) also subsidises prevention actions through the French National Fund for Prevention, Education and Health Information (FNPEIS) and so do -although more sporadically- Mutual health insurance organisations.

Some calls for tenders – co-organised by public health institutions (French Institute for Public Health Research (IReSP), French National Cancer Institute (INCa)…) and central administrations (MILDECA, Health ministry …) – allow financing prevention experimentations, translational or interventional studies (see Research workbook).

T1.2 Prevention interventions

The purpose of this section is to provide an overview of prevention interventions in your country.

Please structure your answers around the following questions.

T1.2.1 Please provide an overview of Environmental prevention interventions and policies. Information relevant to this answer includes:
- alcohol and tobacco policies/initiatives
- delinquency and crime prevention strategies
- environmental restructuring, e.g. of neighbourhoods

Environmental prevention interventions and policies

Alcohol and tobacco policies/initiatives

Alcohol and tobacco public use, manufacture, trading / sale and promotion are historically extensively regulated. Main provisions lie in the 1991-1992 regulations (by the so-called "Loi Évin" [Loi n°91-32 du 10 janvier 1991 relative à la lutte contre le tabagisme et l'alcoolisme] and its related Decree of 1992 [Décret n°92-478 du 29 mai 1992 fixant les conditions d'application de l'interdiction de fumer dans les lieux affectés à un usage collectif et modifiant le code de la santé publique]), in a 2009 Law (the so-called "Loi HPST" [Loi n°2009-879 du 21 juillet 2009 portant réforme de l'hôpital et relative aux patients, à la santé et aux territoires]) and in the 2016 law on health system reform [Loi n° 2016-41 du 26 janvier 2016 de modernisation de notre système de santé]. All are integrated into the French Public Health Code.

Today, French law referring to tobacco or alcohol:

- prohibits smoking in public places, including collective playgrounds from 2015 [Décret n° 2015-768 du 29 juin 2015 relatif à l'interdiction de fumer dans les aires collectives de jeux] ;
- regulates the composition and the packaging of tobacco products (neutral packaging and larger health warnings recently introduced, see T3);
- prohibits the sale or free distribution to minors of alcoholic beverages and tobacco products (including papers and filters);
- prohibits the sale or free distribution of unlimited alcoholic beverages for commercial purposes (open bars), except during traditional festivals or authorised tastings;
- prohibits encouraging minors to habitually consume alcohol, or to consume alcohol to excess or drunkenness;
- prohibits offering alcoholic beverages at temporarily reduced prices (happy hour) without also offering, for the same duration, non-alcoholic beverages at reduced prices;
- regulates taxation and sales of alcohol and tobacco;
- bans advertising on tobacco (included in sale points, from 2016 onwards);
- requires that tobacco manufacturers, importers or distributors as well as representative companies or organisations address a detailed report on their expenditures related to their activities of lobbying and of representation of interest (more details in section T5);
- restricts the supports and contents of advertising on alcohol (e.g., bans TV and cinema adverts) while allowing, from the 2016 law on health system reform, the promotion of alcoholic products having a certification of quality or linked to cultural heritage.

In 2009, the French legislator ruled that Internet-based advertising on alcohol was authorized, provided it was “neither intrusive nor interstitial”. So online advertising has to use only classical Internet formats (like banners or “skyscrapers”). The new avenue for alcohol promotion offered by the 2016 law on health system reform is another example of softening of the legal restrictions on alcohol.

From 2014 onwards, by decree, Labour Code has authorised the employer to regulate and even ban the consumption of alcoholic beverages in the workplace if employees’ health and safety are at stake (formerly, jurisprudence sometimes made personal freedoms prevail over health and safety concerns) [Décret n° 2014-754 du 1er juillet 2014 modifiant l'article R. 4228-20 du code du travail].

The tax scheme applied in France to alcoholic beverages complies with the minimal taxation level determined by the Council of Europe [Council Directive 92/83/EEC of 19 October 1992 on the harmonisation of the structures of excise duties on alcohol and alcoholic beverages and Council Directive 92/84/EEC of 19 October 1992 on the approximation of the rates of excise duty on alcohol and alcoholic beverages]. The total amount generated through excise duties and social contributions on alcohol goes to finance the healthcare and ageing branches of the social security scheme of farmers. Duties on alcohol are annually revalued by ministerial decree in a ratio equal to the growth rate of the Consumer Price Index, excluding tobacco, recorded the penultimate year.

Tobacco is excluded from the list of products included in the Consumer Price Index. This exclusion has enabled regular price increases on tobacco products to occur for the purpose of restricting tobacco use. From 2014, according to the National Tobacco Smoking Reduction Programme (PNRT, adopted in September 2014) (Ministère des affaires sociales de la santé et des droits des femmes 2014), the Ministry of Health assists the Ministry of Budget in the homologation of tobacco prices.

Delinquency and crime prevention strategies
Over the last years, delinquency and crime prevention strategy has been implemented towards addicted/drug user offenders, with a concern for better collaboration and communication between judicial and medico-social stakeholders. In accordance with this strategy, the MILDECA funds many local projects each year, such as prison staff training in the management of addiction issues, detection and support of addicted people; and detainees' awareness raising on addictions.
It has also resulted in specific actions such as the following examples:

- A Recidivism Prevention programme based on medicosocial services has been recently introduced by the MILDECA and Ministry of Justice in the Court of Bobigny (city in the Paris region). It is an experimental programme aimed at preventing recidivism and favouring insertion for repeat offenders with an acknowledged drug use problem. This programme associates judges, probation officers and medico-social workers. It consists in proposing a deferred sentence to any addicted person convicted for minor offences as an alternative to prison. If accepted, this alternative implies that the offender engaged into the programme is bind to take part in various activities (theatre, writing workshop, sports, psychological and probation interviews, drug treatment-oriented motivational interviews…) coordinated by a multidisciplinary team involving probation officers and addiction treatment practitioners (from CSAPAs, i.e. addiction treatment centres). Any serious lack of attendance may be reported to Court. The implementation evaluation of the "Bobigny project" is on-going and its efficiency will be assessed at its term.
- Some other Recidivism Prevention Programmes (RPP) linked to addiction issues are funded thanks to MILDECA credits at local level. Basically, these RPPs are self-help groups of convicted offenders, accompanied by probation officers and addiction treatment practitioners. Participants collectively talk and think about the offences they committed, their negative consequences on victims and society, and the keys in their hands to avoid further offences. This dialogue can stress on addictions issues. In any case, RPPs must be lead in addition to more "classical" approaches like individual psychological and probation interviews.

- An inmate-oriented video infography on cannabis was developed by the Prisons Administration Directorate (Direction de l'administration pénitentiaire – DAP) in collaboration with the INPES and thanks to a co-funding from the MILDECA. Cannabis is the most consumed drug in prison (see T1.2 in Workbook Prison). It will be broadcasted later in the year 2016 in French prisons having internal video

networks (about 60 remand centres, penitentiaries and detention centres, correctional centres), once another infography on cannabis, developed by the INPES for the general public, will be available too. Stakeholders considered the two supports to be complementary to raise inmates' awareness on cannabis issues. The infography targeted at inmates features what are the health and violence risks when cannabis is passed around in prison, including violence due to trafficking and stealing between inmates. It also shows how cannabis circulation may impact the safety of family members who provide with the product. The aims are to raise awareness about risks in a non-accusatory way and to highlight that 'in-house" health services can help inmates to tackle addictions.

- In addition, posters and brochures about psychotropic medicines misuse and diversion were disseminated to inmates and their families in all French prisons. The documents targeting inmates focus on the motivations and misperceptions related to psychotropic medicines abuse and show health units as relevant help-services. They are available in waiting rooms of health services. The materials targeting inmates' families dealt with: (i) judicial/social risk family providers; (ii) health risk for prisoners (especially due to misuse and suicidal thoughts); (iii) prison health services that take over prisoners' health needs. These family documents are available in waiting room adjoining visiting and reception rooms.

The Interministerial Fund for Crime Prevention (FIPD) is intended to finance the implementation of actions within the framework of the local Crime prevention Plans. In that purpose, a partnership has been set up between the MILDECA and the Interministerial Committee on Crime and Radicalisation Prevention (CIPDR in French) by means of circular [Circulaire du 11 février 2016 relative aux orientations pour l'emploi des crédits du Fonds interministériel de prévention de la délinquance (FIPD) pour 2016]. Any of these actions integrate the issue of drugs and addictions (see T1.2.3).

Other preventive measures directed to offenders have been developed (see T1.2.4) as their primary aim is more focused on preventing addiction rather than recidivism. These measures are off-premise consultations provided by Youth Outpatient Clinics (CJC) in judicial youth protection services.

T1.2.2 Please comment on Universal prevention interventions as reported to the EMCDDA in SQ25 or complement with information on new initiatives (activities/programmes currently implemented) or interventions (including their contents and outcomes).
Comment, if applicable, on the relevance (i.e. number, money spent) of mass media campaigns

Universal prevention interventions

Schools
Universal prevention is primarily directed to secondary students. Various initiatives, mostly psychosocial-skills-oriented, are encouraged within the framework of the Government plan for combating drugs and addictive behaviours 2013-2017 (MILDT 2013). In particular, local transfers of validated (evidence-based) programmes are experimented, such as the Unplugged, PRIMAVERA and Good Behaviour Game (GBG) programmes. Examples are briefly described below:

- The Unplugged programme is experimented in 25 secondary schools at local level, in the Orleans-Tours "académie" (an "académie" is a sub-national level of national education administration; there are 26 "académies" in mainland France and overseas). In this context, the delivery includes some adaptations: for instance, for each group of pupils, a trained preventer co-leads sessions along with the teacher over the four programme years to train this teacher. It will be evaluated within the framework of the CIPCA (see Workbook on Best Practice).

- The PRIMAVERA programme is based on experiential education and inspired by a Canadian programme. It aims at strengthening adolescents' psychosocial skills in order to resist to peers' negative influence, to avoid substance onset or to delay regular uses. This programme is implemented from the end of primary school to the 7th grade of the secondary cycle, in 40 educational establishments (800 pupils) in the Picardie region (north France).
- In 2015 and 2016, the experimental transfer of the American "*Good Behaviour Game*" programme (GBG) to only one elementary school is the rare example of a programme specific to primary school (Reynaud-Maurupt 2015). The GBG aims to improve concentration and communication skills at primary school children, through a team-based classroom strategy (lesson-time integrated games classroom) to stimulate solidarity between classmates and to reward appropriate behaviours. It was evidenced as effective at children (followed until their 19-21 years) as drug, alcohol use and regular tobacco smoking significantly decreased in participants (Kellam *et al.* 2011). The project is piloted further to a long sensitization process of local decision makers and youth-social-health practitioners, initiated in 2006. Process evaluation will assess the relevance of adaptations to the French culture and school system as well as fidelity to key ingredients guaranteeing effectivity. The study of leverages and obstacles will inform about the project transferability (relevance of its dissemination).

Some projects based on a global approach of well-being enhancement, of good school climate promotion or academic perseverance are expected to impact on psychosocial abilities and healthy behaviours. Here are three examples:

- A benevolence-based programme for the development of social well-being has been developed since 2012 in two "collèges" (6th-9th grades) with children from underprivileged quarters in the Paris region (Versailles and Créteil "académies"). Over the four year programme, two hour sessions were delivered by specially trained teachers and/or preventers (NGO) to help children to learn to say no to drugs through debate, workshops, games, knowledge presentations or collective stays on the theme "living together".
- In the Lyon "académie", the ABMA programme ("*Aller Bien pour Mieux Apprendre*": "Feel good to better learn") draws on a global approach in line with the principles of Health Promoting School European network. It is a three-year programme that integrates a community component since a school engages in it only if the majority of the school personnel agrees. Actions are developed under 6 axis: time management, space management, interpersonal relationships, communication, personal and social abilities, and partnership. Schools implement different priority actions over three years and results vary according to these inputs. As an example, the success rate at the school certificate ending the former secondary education raised from 38% (before the programme initiation) to 78% among pupils who benefited from attention learning within the framework of the programme. Other schools reported better retention rate of teachers or higher participation of families to an annual workshop, with higher involvement of fathers.
- In the Besançon "académie", a school climate taskforce has been set up. It is composed of seven teachers recruited for their abilities or experience in coaching, communication, classroom management and pedagogical innovation. This taskforce support the dissemination within the académie of the SCP (Support of Positive Behaviour) approach. This experimentation addresses 5,000 pupils from 10 networks of volunteer primary and secondary schools.

With the revision of the national education system [Loi n°2013-595 du 8 juillet 2013 d'orientation et de programmation pour la refondation de l'école de la République], these actions are part of a global approach to educational, social and health policy for students facing the risk of addictive behaviours.
The on-going reflection on the “school climate” leads the Ministry of Education and the ministerial delegation for preventing and combating violence at school to encourage a comprehensive prevention approach tackling risk behaviours at large (drug use, violence, bullying, unsafe sexuality, etc.).

Higher education students
Actions directed to higher education students are organised by (Inter) University Preventive Medicine and Health Promotion Services, student associations or complementary health insurance companies. They mainly consist in: (i) self-evaluation of drug use as a mean to refer users or abusers towards help services; (ii) risk reduction measures (designated sober driver, preferential/discounted price for non-alcoholic beverages, chill-out spaces, etc.); (iii) peer-based information during parties; (iv) guidelines for organising students parties, providing event organisers with useful advice to help them ensure party goers safety and comply with current legal requirements on alcohol use and on public events. Examples: the “Plan B” project (http://leplanb.info/), the *“C’est pas une option”* scheme (http://www.cpas1option.com/)...

Families
The Government plan 2013-2017 foresees entrusting the national addiction help-line (ADALIS, Drugs and Alcohol Addiction Information Service) with implementing a parenting support help line and an “Addiction info service” web portal. The opening of the help-line is planned for 2016. The work to set the web portal up will be engaged in 2016.

Communities
The Government plan aims to implement and assess specific strategies to adapt prevention actions to populations that are not easily reached by help services. It intends to develop peer prevention programmes (through school activities, after-school activities, sporting events and festivals). These measures are in the Actions Plan 2016-2017 (MILDECA 2016).
The government strategy aims at developing the training of educators at recreational centres to help them implement awareness-raising actions on addictive behaviours and risky sexual practices among children and teenagers.

Recreational settings
In 2010, all the representative professional organisations of employers in the sectors of hotels, bars, restaurants, catering, reception and night life signed a national Charter of commitment with Minister of transportation and the Road Safety Interministerial Delegation

committing them in inciting their members: (i) to propose conform alcohol screening devices to their client; (ii) to raise awareness among their personnel about alcohol abuse self-control means; (iii) to promote self-control means towards their clients; (iv) to relay any state media campaign on alcohol and driving. And there are some local initiatives to train professional of night industry in tackling clients' alcohol abuse (see Workbook Best practice).

In addition, many local actions of alcohol/drug abuse prevention are implemented, as shown in the following examples.
In cities, most actions undergone in recreational settings are "go-to" actions carried out by NGOs at local level. Some big cities (which have also an important student population) fund such outreach teams to intervene in "consumption spots", e.g. "Noctambule" in Lyon, "Noxambules" in Angers, "Festiv'attitude" and the "Somm'en Bus" (a chill out bus held by risk reduction practitioner) in Bordeaux, etc. They provide for prevention and risk reduction advice and/or risk reduction material regarding alcohol, drugs, HIV and safer sex.

Risk prevention programmes (including mobile teams, information stands and distribution of risk reduction material) are also organised to cover big events like musical festivals ("Le Printemps de Bourges", "Les Eurockéennes"…) or the football Euro 2016. Within the scope of this, guidelines have been developed under the aegis of the MILDECA and the Ministry of Sports and Youth in collaboration with Departments of "Urban policy", Health, the INPES and the Road Safety Delegation: "Big sports and cultural gatherings: setting up an appropriated system of risk prevention and risk reduction". The guidelines provide with a list of possible resources (including city or local state services, sport stakeholders, competition organizers, NGOs, etc.) and proposes action models to implement prevention areas and mobile prevention teams.

Workplace
Illicit drug use is not expressly addressed by the Labour Code. However employers have a general obligation to assure their employees' safety and healthy work conditions and thereby have the responsibility to implement prevention principles in the workplace so as to avoid any psychoactive substance-related risks. The Labour Code (article R.4228-20) orders employers to establish measures so as to preserve employees' health and safety if alcohol consumption on workplace is likely to endanger employees' physical and mental health. In this respect, it explicitly authorises employers to limit or prohibit the consumption of alcohol at the workplace. Smoking in collective settings including workplaces is banned by Public health Code.

In order to disseminate knowledge on and give an impetus to workplace drug prevention, a national conference on preventing addictive behaviours in the workplace was held on October 22, 2015, under the aegis of the MILDECA and the Labour Directorate. It gathered a large audience of 600 worldwide work-related stakeholders, from public or private sectors, business leaders, human resource managers, occupational physicians, prevention practitioners, syndicates as well as public health professionals.

In keeping with this impetus, a national training plan for occupational physicians and nurses has been set up by the MILDECA, the Labour Directorate and the French National School of Public Health (EHESP), from 2015, in order to enhance prevention and care related to behavioural addictions in occupational settings. A first training has been completed in June 2016. The aims are:

- to inform participants on the early detection and brief intervention method;
- to share a comprehensive and common approach regarding the support companies and services willing to implement collective addiction prevention;
- to learn how to design a training process on collective addiction prevention in the workplace;

- to design a dissemination plan of the training among occupational physicians and nurses in the corresponding region.

The third occupational Health Plan 2016-2020 (Ministère du travail de l'emploi de la formation professionnelle et du dialogue social 2016) acknowledges addictive behaviours as a multifactor risk (lying in both personal and professional mediators) requiring to implement collective prevention responses in the workplace.

The national strategy includes specific prevention objectives toward professional branches more at risk for psychoactive substance misuse or addiction. As an example, a prevention media campaign and specific website (http://pasdca-abord.fr/) targeted at sailors and sea workers has been developed presenting FAQ on alcohol/drug/psychotropic medecine use and information on help services. The MILDECA also helps the administrations to implement collective prevention activities addressing addictive behaviours.

The compulsory prevention training for tobacconists is to be developed within the framework of the 2016-2017 Actions Plan. It will deal with rights duties related to the sale of tobacco products, prevention and protection of minors, on the model of what is done for bar owners (article L. 3332-1-1 of Public Health code).

T1.2.3 Please comment on Selective prevention interventions as reported to the EMCDDA in SQ26 or complement with information on new initiatives (activities/programmes currently implemented) or interventions (including their contents and outcomes).

Selective prevention interventions

Selective prevention is mainly implemented by specialised associations, more rarely by law enforcement services, particularly in neighbourhoods (outside of the school environment). It is characterised by a dispersion of local actions, hardly monitored. Some examples are given below.

Deprived neighbourhoods
According to the 2013-2015 Actions Plan, the addictive behaviours theme should be incorporated into the prevention actions developed within the scope of the city policy. There is an important territorial dynamic to develop selective prevention in sensitive or deprived quarters. In this respect, the MILDECA territorial representatives (“*chefs de projet”*) give a particular impetus as they are often involved in the management of the Interministerial Fund for Crime prevention (FIPD) and in the mapping of Priority Security zones (ZSP). By now, more than half prevention actions funded the MILDECA territorial representatives are outreach and/or risk prevention actions carried out in the priority districts as it is also there that local intervention/help structures (municipal services and NGOs) are concentrated.

In 2015, upon request from MILDECA, the “Urban policy” Directorate has implemented an interactive mapping that allows spotting medico-social addiction structures in the defined priority districts in order to better refer young people to addiction specialised professionals and to develop prevention. This mapping is now accessible from the ”Urban policy” Directorate website (http://sig.ville.gouv.fr/Cartographie/1193). There is still a need for analysing whether the existing services meet the population’s needs, especially among young people. There is also a need for promoting partnerships between Youth Addiction Outpatient Clinics (CJC) and the City-Health workshops.

Publics under judicial youth protection
Several supports for improving prevention approach towards minors under juvenile court system have been developed over the last years, under the aegis of the Judicial Youth

Protection Directorate (DPJJ). Their general aim is to empower this at-risk young public to preserve their health as a mean of taking their lives into their hands. These initiatives emanate from the "Health Promoting Judicial Juvenile Protection" project, launched in 2013, that sets forth addictions and mental health as critical threats to minors under juvenile court system. The three following supports should be released before the end of 2016:

- An interactive tool has been created with the aim of helping minors under judicial control to self-assess their health including addictive behaviours. Playful contents (e.g., quiz) are provided for as well as useful links towards help services and a printable "health check" that each adolescent may download and present when visiting health professionals. This tool will be available online in any judicial youth protection service having free access computers for educational purpose. Educators may provide further information and support for the young who would request help or information after having used the tool.
- A glossary defining drug and trafficking related issues and gathering experts' articles on these topics is to be published in 2016. It will relate to a range of practitioners' experiences and officials' perspectives.
- The "Adolescent centre" of the "Hauts-de-Seine" county (Paris region) collaborated with the Judicial Youth Protection Directorate to make a guide on legal majority accession. This document will address social workers who are likely to advocate young people approaching the majority age. It will include an interview grid on addictive behaviours.

From 2015, a training of trainers has been organised in territorial training services of Judicial Youth Protection administration to enhance the implementation of manga-based prevention programme. The "Kusa" manga is a moral fable on addiction (telling about a "magic herb"), written by a psychiatrist of a CJC. This manga is used to enhance exchange with peers and referent adults (e.g., educators) and to practice psychosocial skills while adolescents follow the story of the manga main character, a young Samouraï, who faces trials of life and is confronted with the choice to turn or not to drugs to cope with them.

Recreational settings
A national referee for festive events organised by the young people can advocate stakeholders in the territories where large-scale festive events are organized (e.g., teknivals, free parties, etc.) for a scaling-up of competencies. There is a governmental will of developing such profile of recreational event mediator in any County Service of Social Cohesion, with the specific aim of responding to training needs among event organizers.

At-risk families
The MILDECA supports the experimental implementation of the PANJO programme (Promotion of health and attachment between new-borns and young parents), an early parenting support programme developed by the INPES[1].
The PANJO nurses-oriented tools have been pre-tested in three departments (*Rhône*, *Loire-Atlantique and Hauts de Seine*) and reviewed in Spring 2015. Its implementation is coordinated and funded by the INPES and entrusted to a NGO ("*Agence des nouvelles interventions sociales et de santé*") which will be the interlocutor of the local authorities.

With support from the MILDECA, several experiences of Multidimensional Family Therapy (MDFT) have been tested out as pilot stage in different places, including some judicial youth protection services. The next step for the MILDECA is to collect MDFT first results before any extension of this approach into CJCs.

The Strengthening Families Program (SFP) was piloted in France in one (2011-2012) then three cities (2013-2014) of the Alpes-Maritimes county. It aimed to promote mental health in children through parenthood support, by enriching and rewarding parenting skills, children's psychosocial skills and communication between parents and their children. The French experimentation was developed in "Urban policy" areas and addressed children aged 6 to 11 and their families (Roehrig 2013; Roehrig 2015). As recommended by the SFP author, the programme was adapted to the French culture and values (regarding language, examples, reception and group animation patterns). The evaluation evidenced that 81% of families were assiduous; in average parenting skills increased more than 40% with regards to: quality of time spent with the children; identifying and managing emotions; communication and family cohesion… The programme become "PSFP" standing for Supporting Families and Parenting Programme.

Further to the four-year period of cultural and contextual adaptation, a national dissemination of the PSFP from 2015 is planned. The programme is being implemented in various cities over 2015-2017 in few regions. The 2016-2017 governmental Actions Plan foresee the experimental implementation of PSFP in CJCs.

[1] The purpose of this programme is to enhance home visits by the motherhood and child care services to promote health in vulnerable families by offering extended follow-up, from the prenatal period until the child's sixth month of life, or beyond for households in need, up to the child's twelfth month of life. So PANJO aims at providing fragile parents with early parenting intervention and helping them better access to support and health services. The target-public is more particularly (future) parents who have social difficulties, drug-related troubles or who distrust health institutions (http://www.inpes.sante.fr/CFESBases/equilibre/numeros/91/parentalite_accompagner_les_familles.asp [accessed 27/06/2016].

T1.2.4 Please provide an overview of Indicated prevention interventions (activities/programmes currently implemented).
Information relevant to this answer includes:
- interventions for children at risk with individually attributable risk factors e.g. children with Attention Deficit (Hyperactivity) Disorder, children with externalising or internalising disorders, low-responders to alcohol, etc.

Indicated prevention interventions

As for selective prevention, indicated prevention is mainly delivered by specialised associations or law enforcement services, often as part of a legal response.

Young people with addictive behaviours
Young users can be directed to Youth Addiction Outpatient Clinics (CJC) and drug awareness courses. Their purpose is to provide young users and their families with information and customised advice, to support them in attempting to stop taking drug or to have longer-term care, if necessary by referring them to other specialised services. In 2015, about 550 consultation points are disseminated in 420 cities throughout France (mainland and overseas), in the 260 CJC premises or in "advanced" off-premise consultations (e.g., in schools). Clients are aged 19.5 in average and predominantly males (81%) (Protais *et al.* 2016). Only 18% came and consulted voluntarily (spontaneously). In addition, 39% of clients were referred by the judicial system (courts or Youth Judicial Protection services) vs 20% by their family and 9% by school.

Users among law offenders and delinquents

Over the last years, Youth Judicial Protection services and CJCs have developed partnership (e.g. through the "advanced" CJC consultation points). An on-going study commissioned by the MILDECA is assessing the cost of such a partnership, and thus the funding required to continue.

The 2013-2017 strategy sets forth specific prevention objectives for offenders. New programmes for the prevention of drug-related subsequent offence have been initiated (see section T1.2.1).

*T1.2.5 **Optional.** Please provide any additional information you feel is important to understand prevention activities within your country.*

A national media campaign on CJCs was launched in January 2015 (from January 12 to February 8) with the aim of making these services better known by the general public (young people, parents, relatives) as a location where it is possible to talk about drugs and take stock before evolving in addiction. The campaign stages the gap of perceptions between a young person and his/her relatives about his/her drug or video game consumption. By means of posters, web, radio and TV spots, the campaign has focused on cannabis, video games and alcohol, and illustrated the expertise of the CJC staff in restoring the dialogue on the basis of each other's concern (http://inpes.sante.fr/30000/actus2015/002-cjc.asp [accessed 27/06/2016]).
Further to the campaign, the CJC registered significantly higher proportions of minors (35% in 2015 vs 25% in 2014), of families (20% in 2015 vs 15% in 2014) and of video gamers (5% in 2014 vs 7% in 2015). A strong hypothesis is that these rises are an effect of the campaign.

T1.3 Quality assurance of prevention interventions

The purpose of this section is to information on quality system and any national prevention standards and guidelines.

Note: cross-reference with the Best Practice Workbook.

Please structure your answers around the following question.

*T1.3.1 **Optional.** Please provide an overview of the main prevention quality assurance standards, guidelines and targets within your country.*

In February 2014, in compliance with the Government plan 2013-2017, the MILDECA has set up the Interministerial Commission for the Prevention of Addictive Behaviours (CIPCA). The purpose of this commission is to promote and disseminate a new prevention policy based on evidence and scientific models as well as on programmes that have proven to be effective. Chaired by the MILDECA, the CIPCA gathers ministerial departments and scientific institutions involved in drug and addictive behaviours prevention (see Workbook Best Practice).

Training of trainers from NGOs engaged in prevention were initiated in 2016 to enhance their ability to train professionals working in contact with youth to do prevention and to provide prevention commissioners with advocacy (see Workbook on Best practices).

T2. Trends

The purpose of this section is to provide a commentary on the context and possible explanations of trends in prevention within your country.

Please structure your answers around the following questions.

T2.1 Please comment on the main changes in prevention interventions in the last 10 years and if possible discuss the possible reasons for change.
For example, changes in demography, in patterns of drug use, in policy and methodology, in target groups or in types of interventions.

See sub-section "Trends" in "T0. Summary"

T3. New developments

The purpose of this section is to provide information on any notable or topical developments observed in prevention **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.

Please structure your answers around the following questions.

T3.1 Please report on any notable new or innovative developments observed in prevention in your country since your last report.

Quality assurance in prevention

Within the framework of the CIPCA, the evaluation process of five selected prevention programmes is foreseen: evaluation designs have been developed in March 2016 and studies start in September 2016.

Training measures
In 2016, training of trainers were implemented in order to develop prevention abilities among professionals in contact with young people (see workbook Best Practice).

In June 2016, the first session of a training for occupational physicians and nurses was organised by the MILDECA and the Labour Directorate in order to improve addiction prevention and care in working population (see section "Workplace prevention" in T1.2.2).

New legal provisions on alcohol promotion
Due to intense lobbying from wine producers, alcoholic drinks with a certification of quality and origin, and linked to a production region or to cultural, gastronomic or regional heritage, are no longer subject to legal advertising restrictions. By now, producers can advertise such alcoholic drinks in media (press, Internet, radio…) on behalf of promotion (not advertising) by referring to a region of production, a place name, a reference or a geographical indication, etc. This provision came to force in January 2016, with the 2016 law on health system reform [Loi n° 2016-41 du 26 janvier 2016 de modernisation de notre système de santé]. It is likely to harden proceedings against alcohol beverage advertising, insofar as prosecutors will have to demonstrate that the communication is not legal promotion.

Restriction of tobacco products packaging
From August, 2015 any cigarette packaging includes a pictogram to stress out that smoking is harmful during pregnancy [Arrêté du 24 février 2015 modifiant l'arrêté du 15 avril 2010 relatif aux modalités d'inscription des avertissements de caractère sanitaire sur les unités de conditionnement des produits du tabac et insérant un pictogramme destiné aux femmes enceintes]. This provision was prompted by the 2014-2019 National Tobacco Smoking Reduction Programme (PNRT) (Ministère des affaires sociales de la santé et des droits des femmes 2014).

From May 20, 2016, by the 2016 law on health system reform, the conditioning units, packaging and outer packaging of cigarettes, roll-your-own tobacco, cigarette paper are to be neutral and standardized (Art. L. 3511-6-1). The conditions of neutrality and standardization are specified by a decree of the Council of State, in particular as for the shape, size, texture and colour and as for the rules of insertion of brands and tradenames. The place hereby freed on the packaging will be used for health warnings (image and text). The size of the brand inscription will be limited, very discreet and always situated in the same place on packages. The transposition in France of the directive 2014/40/EU on the manufacture, presentation and sale of tobacco [Ordonnance n° 2016-623 du 19 mai 2016 portant transposition de la directive 2014/40/UE sur la fabrication, la présentation et la vente des produits du tabac et des produits connexes] will allow to take measures such as the enlargement of health warnings on the packages of cigarettes, the ban on the perceptible aromas in cigarettes and the ban on advertising for electronic cigarettes (excepted in sale points and professional communication supports and publications). *Transparency on tobacco related lobbying* The 2016 law on health system reform requires that tobacco manufacturers, importers or distributors as well as representative companies or organisations address a detailed report on their expenditures related to their activities of lobbying and of representation of interest.

T4. Additional information

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

Please structure your answers around the following questions.

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

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

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 Have there been recent relevant changes in tobacco and alcohol policies?

YES	**Tobacco** The 2014-2019 National Tobacco Smoking Reduction Programme (PNRT) (Ministère des affaires sociales de la santé et des droits des femmes 2014) defines several preventive measures in compliance with the European directive of April 3, 2014 [Directive 2014/40/EU of the European parliament and of the Council 4 on the approximation of the laws, regulations and administrative provisions of the Member

	States concerning the manufacture, presentation and sale of tobacco and related products and repealing Directive 2001/37/EC]: (i) make tobacco products less attractive, in particular by establishing neutral packages and forbidding advertising in points-of-sale and attractive aromas (supposedly to facilitate the onset of smoking in young people) (ii) strengthen the respect for the smoking ban in public places (iii) forbid to smoke in cars in the presence of a child under the age of 18 and establish free-smoking children playgrounds. Therefore, municipal police is authorised to enforce the ban on sale to minors and ban on smoking in public settings. The 2016 law on health system reform: (i) prohibits smoking in a car in presence of child under the age of 18. (ii) prohibits vaping in schools, in establishments devoted to minors (training, housing,…), collective closed means of transportation and in closed and covered workplace areas; (it was already forbidden to sell any vaping devices to minors). (iii) requires that tobacco manufacturers, importers or distributors as well as representative companies or organisations address a detailed report on their expenditures related to their activities of lobbying and of representation of interest. These expenditures include subcontracting costs or salary costs for lobbying /representation of interest, benefits in kind or in cash to members of Government, of ministers' offices, to collaborators of the President of the Republic, of the President of the Senate and of the President of the National Assembly, to parliamentarians, to experts or civil servants appealed to make decisions, to prepare decisions or to advocate public authorities about tobacco products.

Yes/No answers required. If yes please provide brief additional information.
T5.2 Has there been recent research on aetiology and/or effectiveness of prevention interventions?

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.

Please structure your answers around the following questions.

T.6.1 Please list notable sources for the information provided above.

The report is mostly based on information reviewed by OFDT in collaboration with MILDECA representatives.

Bibliography

Kellam, S.G., Mackenzie, A.C., Brown, C.H., Poduska, J.M., Wang, W., Petras, H. *et al.* (2011). The good behavior game and the future of prevention and treatment. Addiction Science and Clinical Practice 6 (1) 73-84.

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.

Ministère des affaires sociales, de la santé et des droits des femmes (2014). Programme national de réduction du tabagisme 2014-2019 [PNRT]. Cancer 2014-2019 - Objectif 10. Ministères des affaires sociales, de la santé et des droits des femmes, Paris.

Ministère du travail, de l'emploi, de la formation professionnelle et du dialogue social (2016). Plan santé au travail 2016-2020. Paris.

Protais, C., Diaz Gomez, C., Spilka, S. and Obradovic, I. (2016). The evolution of population attending youth addiction outpatient clinic (CJC's) 2014-2015. Tendances. OFDT (107).

Reynaud-Maurupt, C. (2015). Prévention des conduites addictives destinée aux jeunes. Structurer et mettre en oeuvre une stratégie territoriale - Guide méthodologique pour les acteurs des collectivités territoriales. GRVS, Levens.

Roehrig, C. (2013). Soutien à la parentalité : une étude d'implantation du programme Strenghtening Families Program en France. Dépendances (50) 16-19.

Roehrig, C. (2015). Expérimentation du Programme de soutien aux familles et à la parentalité. Cahiers de la puéricultrice (291) 24-27.

T.6.2 Where studies or surveys have been used please list them and where appropriate describe the methodology?

Methodology

CJC survey: Survey in Youth Addiction Outpatient Clinics
French Monitoring Centre for Drugs and Drug Addiction (OFDT)
2015 is the fourth year (after 2005, 2007 and 2014) of the survey on clients of Youth Addiction Outpatient Clinics (CJCs), a scheme created in 2005 to offer counselling for young psychoactive substance users. The 2015 survey is based on the responses by professionals having seen the patients or their families between 20 April and 20 June 2015. It covers metropolitan France and French overseas departments. Out of 260 facilities managing a CJC activity in metropolitan France and the DOM, 199 responded to the survey, i.e. a response rate of 82%.
The questionnaire deals with: the circumstances and reasons for consulting, the user' sociodemographic characteristics, the substances used and evaluation of cannabis dependence on the basis of the Cannabis Abuse Screening Test (CAST), and the decision made at the end of the appointment.
Out of the 3,747 questionnaires collected, corresponding to the number of appointments held during the survey period, 3,312 were considered fit to describe consulting activity, after eliminating questionnaires not stating gender or age.