2017

Prevention workbook

FRANCE

2017 National report (2016 data) to the EMCDDA by the French Reitox National Focal Point

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T0. Summary

Please provide an abstract of this workbook (target: 500 words) under the following headings:

Policy and organization: In France, drug prevention falls under the addictive behaviour prevention policy referring not only to illicit or licit (alcohol, tobacco and psychotropic medicines) psychoactive substances, but also other forms of addiction (gambling, gaming, doping). This strategy is a State responsibility, coordinated at central level by the Interministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA) and implemented at local levels by deconcentrated services. General goals are not only to delay if not to prevent the onset of use, but also to curb addictive practices and the related abuses and risks.

The MILDECA territorial representatives ("chefs de projet") coordinate the implementation of the national prevention priorities at the local level (regions, counties, cities). They allocate credits for prevention activities, raised by a fund fed by confiscated proceeds of drug trafficking. Funding for prevention arises from the independent Regional Health Authorities (ARS), a specific fund of the French national health insurance system and, especially for a couple of years, from the Interministerial Fund for Crime Prevention (FIPD).

At local level, school prevention activities are implemented by a range of professionals. Within the area of educative health pathway for pupils, school stakeholders are involved in commissioning, planning and implementing activities. In many cases, external interveners (NGO staff and/or specialised law enforcement officers) are solicited to address pupils. School-based prevention mainly aims to develop pupils' individual and social skills to resist drug use.

Prevention interventions: School-based universal prevention mostly in secondary schools and indicated prevention through the Youth Addiction Outpatient Clinics (CJC) which deliver 'early intervention' towards young users and their families (in 550 consultation points throughout France) are two pillars of the public responses. Hence over the 2010's preventive responses were enhanced towards priority publics, like female users, youth in deprived urban areas, youth in contact with the judicial system. Major efforts have been made to develop collective prevention measures in the workplace as well (primarily in the remit of occupational physicians). Environmental strategies to curb alcohol and tobacco use are well developed and have substantial political support. National media campaigns to prevent alcohol, tobacco or illicit drugs are regularly issued.

Trends & Quality assurance: 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 sign of this willingness. Still, prevention stakeholders are encouraged but free to refer to guidelines on drug prevention in school or other settings. The ASPIRE toolkit (Appreciation for the Selection of Prevention programmes Issued from the Review of EDPQS) has been adapted from the EDPQS material to promote quality prevention. It shall be piloted by MILDECA territorial representative in four regions.

New development: No major new development but several interesting novelties are reported throughout the workbook. Still, there is no prevention monitoring system in France and therefore information about the scope and coverage of prevention activities is still partial.

When responding to the workbook, please be certain to include in brackets the question numbers, e.g. (TO.1.1), to allow the EMCDDA to identify the relevant parts. Include these numbers for all mandatory questions and optional questions that you have answered. It is not necessary to enter the question numbers for optional questions that you do not answer.

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).

(T 1.1.1)

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 and bodies of civil society
- the type of organisations delivering different types of interventions
- coordination and level of cooperation between the different actors involved (education, health, youth, criminal justice, academia, civil society)

(T 1.1.2)

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 latter 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) has become the Health Promotion and Prevention Division (HPPD) within the National Public Health Agency (*Santé Publique France*) created in May 1st, 2016. It brings its focus into two main lines of action (i) as a support for national health policies through both scientific expertise and population-oriented media campaign activities towards population to promote healthy lifestyle choices (TV, radio, Internet & social networks, bill boarding…) (ii) as a support for regional policy or practitioner networks especially through the surveillance and monitoring of population health at regional level. In this remit, the HPPD has to develop evidence-based interventions for prevention and health promotion. This strategy involves effectively using theoretical health prevention/promotion knowledge and developing evidence-based schemes based on data.

The INPES/HPPD accompanies the experimental transfer of several international evidenced-base programmes to local French context: e.g., Unplugged, GBG, PANJO (Nurse Family Partnership - NFP), SFP, Break the cycle (see T1.2.4). The former INPES website has subsisted so far and provides evaluated drug prevention tools: http://inpes.santepubliquefrance.fr/CFESBases/catalogue/rech_doc.asp [accessed 27/10/2017].

The Regional health authorities (ARS) 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. They 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, de compétences et de culture") 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. By now, drug prevention is integrated in the educative health pathway for pupils (PES) which is defined in each secondary school by the Health and Citizenship Education Committees (CESC) (chaired by the school principal).

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

(T 1.1.3)

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 decentralised 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).

The Interministerial Fund for Crime Prevention (FIPD) is managed by the General Commissioner for the equality of territories (CGET). The Interministerial Committee of Crime Prevention defines priorities and steers the use of these credits. From 2016, the 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 directive [Circulaire du 16 janvier 2017 relative aux orientations pour l'emploi des crédits du Fonds interministériel de prévention de la délinquance (FIPD) pour 2017]. In 2017, a limited number of programmes can be co-financed in this framework, following two areas:

- (i) supporting people under criminal justice control, in particular young people, for whom drug use appears as a factor of crime or second offense, for instance through specific and innovative programmes of remobilization or reintegration, mainly for those serving an open sentence or an alternative sentence (sentencing reduction) (e.g., the TAPAJ programme, see T1.2.1)

- (ii) drug trafficking prevention through actions embracing both the identification of the young at risk of falling into trafficking and reinforced socio-educative and socio-vocational reintegration actions that could offset the lure of illicit activities. Urban policy areas are a priority target. Actions should cover parenting support.

T1.1.4 Optional National action plan for drug prevention in schools
Note: a national action plan breaks down a national strategy into concrete actions, aims and requirements, often within a time frame. It needs not necessarily to be a separate document from a strategy
- Does a national action plan exist, which regulates and coordinates the drug prevention specifically for schools?
o Yes
X No
o Planned
o No information

If yes, give details on main principles of action and actors. What interventions are discouraged, which are promoted?
If yes, which professionals and/or institutions are carrying out school-based prevention?

- Who is predominantly defining the contents of school-based prevention?
X Each school
o School authorities
o Ministries in charge of schools
o Health authorities / Ministries
o Interministerial bodies

- Comments and explanations

(T 1.1.4)

There is no national action plan, which regulates and coordinates the drug prevention specifically for schools. The contents of school-based prevention is predominantly defined by school heads within the framework of the Health and Citizenship Education Committees (CESC) according to general guidance provided by ministry of Education.

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.

T.1.2.1 Please provide an overview of Environmental prevention interventions and policies.
Information relevant to this answer includes:
- alcohol and tobacco policies/initiatives **(including at local level, where possible)**
- delinquency and crime prevention strategies
- environmental restructuring, e.g. of neighbourhoods and of nightlife settings

(T 1.2.1)

Alcohol and tobacco legislation

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.

The last provisions deal with the standardization of tobacco product packaging and the restriction of vaping in public spaces, as follows:

- From May 20, 2016, the 2016 law on health system reform [Loi n°2016-41 du 26 janvier 2016 de modernisation de notre système de santé] prohibits any process aimed to infringe the neutrality and the standardisation (uniformity) of conditioning and packaging units of any tobacco product (cigarettes, roll-your-own tobacco) or tobacco-related product (cigarette paper), especially processes that confer on tobacco products specific hearing, olfactive or visual characteristics (as established in Art. L. 3511-6-1 of Public health Code by the 2016 law on health system reform. The size of the brand inscription is limited, very discreet and always situated in the same place on packages.
- From January 2016, vaping electronic cigarette is banned in schools and establishments intended for young people, like training or hosting premises for minors, as well as in closed public transportation and closed and covered collective workplaces (as it was banned for tobacco in the early 1990s); From October 1st, 2017, offenders shall face a 2nd class fine of 35 euros (that can be increased to 150 euros in case of delay in payment).

In summary, the French law referring to tobacco or alcohol:

- regulates taxation and sales of alcohol and tobacco;

Regarding consumption places and protection of non-users:

- prohibits smoking in public places since 1992 (Evin Law), 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]
- bans vaping of electronic cigarette within establishments intended for young people, public transportation or closed and covered collective workplaces
- authorizes employers to regulate and even ban the consumption of alcoholic beverages in the workplace (article R. 4228-20 of Labour Code) (more details in 2016 Prevention WB)

Regarding manufacturing and conditioning:

- regulates the composition of tobacco products.
- regulates the tobacco product packaging, providing for a mandatory health warning (image and text) on each tobacco packaging unit.
- Imposes neutral and standardized conditioning and packaging units of any tobacco product (including cigarette paper)

Regarding sales and protection of minors:

- 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;

Regarding advertising and promotion:

- totally bans advertising on tobacco (included in sale points, from 2016 onwards);
- restricts the supports and contents of advertising on alcohol (e.g., bans TV and cinema adverts) specifying authorized supports/media. A particularity of the French law is the legislator's choice to provide for a closed list of what is authorized (therefore banning any supports/media not mentioned).
- but allows the promotion of alcoholic products having a certification of quality or linked to cultural heritage (2016 law on health system reform).
- authorizes from 2009 online advertising for alcohol through classical Internet formats (like banners or "skyscrapers") on adult-targeted website, provided advertising is "neither intrusive nor interstitial".

Regarding lobbying

- 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.

Alcohol and tobacco taxation

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.

Alcohol and tobacco policy

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 objectives 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) to 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) to 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.

Public discourse on alcohol

In June 2016, the MILDECA and Ministry of health referred to the French Agency of Public Health (SPF) and the National Institute on cancer (INCa) for experts' recommendations for a more consistent and efficient public discourse towards general population on alcohol consumption (Santé publique France and INCa 2017). Experts were selected from a public call published during summer 2016. In addition to a literature review, the expert workgroup conducted hearings of national and international experts and opinion leader associations whether engaged in health promotion or representing economic interests (see more details on methodology in T 5.2). As stated in the abstract of the expert's report concerning results and discussion:

"Results. The expert group first proposes that public authorities inform the public about the health risks associated with alcohol consumption and recommend that alcohol consumers consume no more than 10 standard drinks per week and no more than 2 standard drinks per day for men and women. They have chosen drinking guidelines that represent an absolute lifetime risk of alcohol related mortality for the French population between 1% and 1 per 1000. They consider that it is therefore important that these guidelines are widely known and accompanied by broad social marketing strategies and support from health professionals. The presence of a health risk even for low and moderate consumption means that the current health warning: "alcohol abuse is dangerous for health" is replaced by a message that any drinking of alcohol is at risk for the health. In terms of consumer information, it is deemed important that this warning also be present on alcoholic beverage packaging units, as well as the pregnant woman pictogram, the number of standard glasses at 10g and the number of

calories per glass- standard. Moreover, the group of experts proposes that the public discourse on alcohol be better understood and above all unified between the various ministries and institutions. According to the experts, the public discourse must also be coherent with the regulation, in particular that condemning inciting minors to drink or that on taxation misunderstood by the public. In particular it is recommended that the taxation of alcohol should be proportional to the quantity of alcohol responsible for health damage and not according to the different products and that its revenue is used to fund a fund dedicated to public prevention and research actions in the field of alcohol.
Discussion. Following the example of other countries such as Australia, Canada, Italy, Great Britain, France has undertaken a work to revise the guidelines for alcohol consumption introduced in 1999. As in other countries, the new guidelines have declined, especially because of the cancer risk that had been neglected in the initial recommendations. The experts assume that these consumption guidelines are only one element of a unified public discourse that aims to prevent the risks associated with alcohol consumption while not denying the associated economic interests. To be coherent, this speech must also include actions on taxation, product availability and promotion, as well as education, communication and social marketing".

Delinquency and crime prevention strategies

Over the last years, delinquency and crime prevention strategy has been implemented towards addicted/drug user offenders, with the aim to enhance collaboration and communication between judicial and medico-social stakeholders. Thereupon, the MILDECA funds 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. Examples of such actions were provided in the 2016 prevention Workbook with the support of the MILDECA and the Ministry of Justice: (i) Recidivism Prevention Programmes (RPP) linked to addiction issues, especially one RPP based on medicosocial services implemented in the Court of Bobigny (city in the Paris region), (ii) an inmate-oriented video infography on cannabis to raise awareness about risks and about 'in-house" health services, (iii) posters and brochures on the psychotropic medicines diversion targeted at inmates and their families, in all French prisons.

TAPAJ France

The TAPAJ programme is also part of such initiatives, TAPAJ (*"Travail alternatif payé à la journée"*) stands for "paid by the day alternative Job: http://www.tapaj.org/. This programme was first implemented in Montreal city (Canada) in 2003 and piloted in France in 2012 in Bordeaux, after a two-year transfer process, engaged by the CEID-Addictions (*Comité d'Étude et d'Information sur la Drogue et les addictions*) with the support from the Urban and Social Development Unit of Bordeaux city. TAPAJ allows homeless young majors (aged 18-25, in average) to access, quickly, with minimal constraint, to a legal source of income, on a daily payment basis, as an alternative to begging (at least partially). Activities do not require qualification or particular vocational experience but are likely to develop not only self-esteem, but also a professional know-how and job-prone attitude. This new outreach tool is implemented by some addiction services which have expertise in health and social risk reduction. The latter stand legally as the employers of the "Tapajers" (target public) and pay them for short-term works proposed by local public or private companies. Such initiative may represent a stepping stone to social and health services for people usually reluctant to refer to institutions and mainstream help services, with the final goal of empowering them. A national dissemination plan has been implemented over 2014-2015 by *Fédération Addiction* (a national federation of addictological services) with the support of the MILDECA. In Bordeaux, 45% of beneficiaries reached a positive outcome further to the project. In 2017, the project is implemented in 17 cities thanks to funding from the cities, MILDECA, FIPD (see T. 1.1.3), Regional Health Agencies and budget bill programmes 147 (urban policy) and 177 (exclusion prevention and integration of vulnerable publics). In 2016, the Interministerial Delegation for accommodation and access to housing (DIHAL) joined the national steering committee.

T.1.2.2 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 (particularly their contents and outcomes).
Comment, if applicable, on the relevance (i.e. number, money spent) of mass media campaigns

(T 1.2.2)

Universal prevention is the predominant route of drug use/abuse prevention in France even though an extensive response of indicated prevention has been developed from 2004, on the basis of the Youth Addiction Outpatient Clinics (CJC) (see T 1.2.4).

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. These examples were described in the 2016 Prevention Workbook. The Unplugged project implemented in the Orléans city surroundings and the PRIMAVERA project are both under an evaluation process. Results shall be available in 2018.

As already evoked in the 2016 edition, in the current decade, drug prevention has been integrated in wider approaches which are expected to impact on psychosocial abilities and healthy behaviours, like well-being enhancement, of good school climate promotion or academic perseverance. Examples of such programmes were provided in the previous workbook (see T 1.2.2) (like the ABMA programme *("Aller Bien pour Mieux Apprendre":* "Feel good to better learn") which draws on a global approach in line with the principles of Health Promoting School.

A new stepping stone for school drug prevention is the educative health pathway for pupils ("*parcours éducatif de santé pour tous les élèves*").
The educative health pathway for pupils (PES) has been implemented from September 2016, in order to reduce social inequalities regarding health and education, thereby to promote success for all pupils and a more just and fairer School [Circulaire n° 2016-008 du 28 janvier 2016 relative à la mise en place du parcours éducatif de santé pour tous les élèves]. In all schools from kindergarten to high school, the PES structures:

- the health protection measures for an environment favourable to the whole school community's health and well-being (restoration, ergonomics, premises and classrooms, sanitary facilities);
- the activities for preventing risk behaviours, in particular regarding addictive behaviours, nutrition and physical activity, contraception, child protection …);
- the educational activities integrated into teachings in reference to the common core of knowledge, skills and culture as well as school curricula.

There is no notable change to be reported since the 2016 prevention workbook regarding other settings (Higher education students, Families, Communities, Recreational settings).

Workplace

As mentioned in the 2016 edition, 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.

For the second consecutive year, a national day of prevention of addictive behaviours in the workplace (JNPCAMP) took place on December 6th, 2016, under the aegis of the MILDECA, of the Ministry of Labour, Employment, Vocational training and Social dialog and of the Public

Service Department. This large conference held in Paris was a resounding success (numbers of people could not sit in owing to the strong presence), which shows the growing concern for the issue. Conference videos are available on the MILDECA Dailymotion channel (http://www.dailymotion.com/playlist/x4s95z_DroguesGouv_2eme-jnpcamp-6-decembre-2016/1#video=x589420). Inter alia, were addressed topics like: early detection vs screening, risks and benefits related to drug use, quality of life in the workplace, complementarity of stakeholders as a leverage for collective prevention, behavioural addictions like "workaholism", techno-addiction, “right to sign out”.

MAAD Digital project: an original numerical information media for the young and by the young

Supported from 2013 by the MILDECA, the MAAD programme, allows the young participants to tackle the question of addictions under the angle of science and research, a new approach for most of them. MAAD stand for “*Mécanismes des Addictions à l'Alcool et aux Drogues*”, i.e. Mechanisms of Addictions related to Alcohol and Drugs. The very steps of the programme were the project “Apprentice Researchers” invented in 2005 and implemented since then by the Tree of the Knowledge (« *l'Arbre des Connaissances* », an association of researchers), binomials of pupils have carried out research over tens Wednesday afternoons during a year before presenting their works at the MAAD Apprentice Researcher congress organized in five cities (Amiens, Bordeaux, Marseille, Paris and Poitiers). Since 2013, the INSERM (French National Institute of Health and Medical Research) and the Tree of the Knowledge have made possible to host 120 adolescents (medium and high schoolers) in neuroscience laboratories working on alcohol or drugs addictions. For a better dissemination of the MAAD outcomes, the stakeholders developed a numeric solution, the contents of which would be developed with the young apprentice researchers for peers. The MAAD Digital, Scientific information media on addictions for young people, has been online in October 2016 (http://www.maad-digital.fr/).

Campaign

France actively contributed to the “Listen first Campaign” developed under the aegis of UNODC (see T1.2.5).

T.1.2.3 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).

(T 1.2.3)

There are few developments to be reported since the 2016 prevention workbook regarding selective prevention. The year 2017 being the last of the five-year national drug strategy, policies and projects take the last steps according to the schedule.

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 were given in the 2016 Prevention Workbook.

The 2017 annual directive providing for objectives for local MILDECA representatives has set forth priority target publics for prevention responses: wandering people (vagrants), female drug users and young people, at school or on apprenticeship as well as minors under justice control or party-goers (a special attention is drawn on the resurgence of partisan discourse during some prevention actions in recreational settings, reported in 2016).

New elements over the last 12 months only deal with the PANJO programme.

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, specially Priority Security zones (ZSP), with the financial support from the MILDECA and the Interministerial Fund for Crime prevention (FIPD) through territorial representatives in prefectures. 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 guide 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.

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 (Nurse Family Partnership, Promotion of health and attachment between new-borns and young parents), an early parenting support programme developed by the Health Promotion and Prevention Division within the National Public Health Agency (former INPES). 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/HPPD and entrusted to a NGO ("*Agence des nouvelles interventions sociales et de santé*", Agency of New Social and Health Intervention) which will be the interlocutor of the local authorities. This first stage allowed to confirm the very good acceptance of the programme by professionals and families and to optimize the design of intervention and training. Interventions are focused on the development of early bounding ties and the strengthening of the healthy behaviours. The second phase (2016-2018) aims at experimenting the optimized PANJO design and at assessing its efficiency (PANJO 2 study). Therefore, 500 pregnant women should be recruited until June 2017, and divided into two groups: the control cohort will be recruited in 10 maternity hospitals and will access to the regular services usually proposed to mothers-to-be or young mothers (ordinary maternity care, maternal and child protection welfare (PMI), social services, family allowance services, day-nurseries, etc. The case group will be recruited by PMI staff in 11 counties and will benefit from both usual mother-oriented services and PANJO interventions. The PANJO interventions consist in a minimum of 6 home visits to meet participants: 2 during the pregnancy and 4 after the birth until the child is six month old. These visits are effectuated by PMI professionals sharing standardised frame of practices, thanks to the PANJO training and common intervention and supervision guidelines.

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 became "PSFP" standing for Supporting Families and Parenting Programme. From 2015, further to the four-year period of cultural and contextual adaptation, a national dissemination of the PSFP is ongoing. 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 (MILDECA 2016).

T.1.2.4 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, brief Interventions in school and street work settings, and in emergency rooms,…

(T 1.2.4)

Apart from the adaptation of the "Break the cycle" programme, no new development is notable regarding indicated prevention.

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 were disseminated in 420 cities throughout France (mainland and overseas), in 260 CJC premises or in "advanced" off-premise consultations (e.g., in schools). Clients are aged 19.5 in average and are 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).

Drug injectors and primo-injectors:

"Change le Programme" (CLP) is an adaptation of the "Break the cycle" programme, a Route Transition Intervention (RTI) that lies on the situations and the social relationships interacting when a drug user first inject and aims to reduce the number of initiations into injection among drug users, or failing that, to delay them and make them safer. Initiated in the United Kingdom, the programme is internationally recognised, in spite of little available data. It was adapted and modelled for France by the INPES (now within the National Public Health Agency '*Santé Publique France*') between 2012 and 2014. As in the original program (Hunt and al. 1998), the French version builds on one-on-one interviews, contrary to the American experience that resorts to group interviews, considering the lack of experiences from French risk reduction centres (CAARUD) on collective interviews. Given the limited implication in the community among most clients of the French CAARUD, the delivery of interviews is entrusted to professional interveners, as originally designed (not by peers as in Canada). The use of motivational interview is emphasised, as for the British and Canadian programmes but is not a central component. Finally, it has appeared more realistic that the French intervention also integrates an approach of safer injection, with the aim of preventing

a certain number of injections, but also delaying other ones and working to more healthy administration conditions. The adapted programme "*Change le Programme*" (CLP) has been experimented in seven pilot sites (Aulnay-sous-Bois, Montreuil and Paris (Paris region), Bordeaux (South-West), Marseille (South-East), Metz (North-East)). The RESPADD has carried its evaluation out (EVAL-CLP study), in partnership with Regional Health Monitoring Centre (ORS) of "Ile-de-France" (i.e. Paris region). Trained interveners (2-3 per site) address injectors through motivational interviews so as to make them more aware of the influence they exercise on the non-injecting users and to be better prepared to refuse or defer the demands for helping initiations.

Regarding process evaluation, the EVAL-CLP research showed that the delivery of CLP in CAARUD was feasible but might reveal some tensions related to professional practices in risk reduction structures (Michels et al. 2017). The programme logic is quite different from the low threshold logic underlying most risk reduction strategies in France, which leads to accompany injection and to make it safer. Here, the purpose is to trigger a temporary or definitive switching to another route of administration than injectors or to prevent drug users from moving to injection.

As for the outcomes, "*Change le Programme*" has enabled expected changes in participants' behaviours, perceptions and intentions, in three months. These positive results are in adequacy with those of both the original "Break the Cycle" programme (Hunt et al. 1998) and the Canadian adaptation (Strike et al. 2014). However the intervention should be more effective by integrating a mid-term follow-up (for instance through a second interview to resume with the participant (user) the ideas and the messages dealt with while the initial intervention). Nevertheless, this kind of approach cannot weight on macrosocial and structural conditions interplaying in the switching to injection (type of injected products, market situation, presence of open scenes or concentration spots of injectors, deprivation of users, social gender relationships, etc.) which represent unfavourable environments and additional risk factors for the non-injecting users to switch to injection (Werb et al. 2016).

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

(T 1.2.5)

Listen first Campaign

During the side event "New initiatives in prevention: strengthening the global prevention response" of 60th session of the Commission on Narcotic Drugs (March 13-17th, 2017), the president of MILDECA reported on the "Listen first" initiative launched by France, Sweden, UNODC, WHO and Pompidou group (https://www.unodc.org/listenfirst/). In 2016, 52 countries adhered to this initiative that supports evidence-based prevention and emphasizes that a global approach of prevention requires on the one hand to strengthen benevolent listening towards youngsters and on the other hand to develop youngsters' psychosocial skills. This is an effective investment in the well-being of children and youth, their families and their communities. In March 2017, 1.5 million of policy makers, parents, teachers, prevention and health workers had watched the dedicated videos and infographics (parents, teachers, decision makers, practitioners).

T1.3 Quality assurance of prevention interventions

The purpose of this section is to provide information on quality assurance systems such as training and accreditation of professionals and certification of evidence-based programmes, registries of interventions, and on conditional funding for interventions or service providers depending on quality criteria.
Note: cross-reference with the Best Practice Workbook.

Please structure your answers around the following question.

T.1.5.1 ***Optional****. Please provide an overview of the main prevention quality assurance standards, guidelines and targets within your country.*

(T.1.5.1)

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 practice).

Further to the publication of the EDPQS toolkits, the adaptation of the EDPQS selection checklist for quality prevention project has been undergone during summer 2016 within a subgroup of the CIPCA. The aim was to provide local funders with a suitable France-fitted version, more directly usable and complementary with existing administrative proceedings.

In this framework, a more straightforward version has been set up: The ASPIRE checklist (Appreciation for Selecting Prevention programmes Issued from the Review of EDPQS). The ASPIRE toolkit is composed of a printable checklist, an automatic comparative checklist (Excel), a quick guide for evaluators, a quick guide for applicants, It is downloadable on the "Help for stakeholders" section of the OFDT website (https://www.ofdt.fr/aide-aux-acteurs/prevention/grille-aspire-adaptation-francaise-des-edpqs-pour-la-selection-de-programmes-prometteurs/). Please see the workbook on Best Practice for more details.

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.

T.2.1 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.

(T 2.1)

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.

As for licit drugs, public responses were marked by a reinforcement of the yet extended provisions for preserving general population, especially minors, from tobacco and smoking normalisation. This has recently resulted in the obligation of neutral and standardized packaging for any tobacco products. It has also prompted new restrictions on vaping (electronic cigarette) following a logic which is quite reminiscent of what was adopted regarding smoking at the early stages of the smoking prevention policies (from the 1990's). The sustained curtailment of tobacco promotion noticed over the last decades contrasts with the smoothing of legal restrictions on alcohol promotion observed in the same period,

nourished by dissonances among public authorities (Mutatayi 2016). In this context, in June 2016, the MILDECA and Ministry of health appealed to the French Agency of Public Health (SPF, *Santé Publique France*) and the National Institute on cancer (INCa) for experts' recommendations for the evolution of the public discourse on alcohol consumption in France (see T1.2.1).

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

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.

T.3.1 Please report on any notable new or innovative developments observed in prevention in your country since your last report.

(T 3.1)

- **See T 1.1.2:**

The National Institute for Prevention and Health Education (INPES) has become the Health Promotion and Prevention Division within the National Public Health Agency (*Santé Publique France*) with renewed objectives in prevention.

- **See T 1.1.3:**

The Interministerial Fund for Crime Prevention (FIPD) is by now a new source of funding for local drug-related selective prevention programmes, with a special focus on youth under criminal justice control and on drug trafficking prevention.

- **See T 1.2.1:**

In Section “Alcohol and tobacco legislation”:
- New legal provisions came to force regarding standardised packaging for tobacco products (*paquet neutre* in French)
- The ban on vaping (electronic cigarettes) in specific public settings (youth dedicated settings, public transportation, closed and covered workplace).
- Tobacco manufacturer have an obligation to report on their expenditures related to lobbying and representation of interests.

In section “Public discourse on alcohol”:
Initiative to renew public discourse towards the general public about alcohol consumption benchmark

In section “Delinquency and crime prevention strategies”:
The TAPAJ programme allows homeless young majors (aged 18-25, in average) to access, quickly, with minimal constraint, to a legal source of income, on a daily payment basis, as an alternative to begging and as a gateway towards help addiction services.

- **See T 1.2.2:**

- The educative health pathway for pupils (PES) established since September 2016, from any schools from kindergarten to high school, so as to reduce social inequalities regarding health and education, gives a new framework for addictive behaviour prevention.
- The Second National day of addictive behaviour prevention in the workplace (JNPCAMP), held on December, 2016.
- The MAAD Digital project: an original numerical information media for the young and by the young.

- **See T 1.2.3:**

The expansion of the PANJO programme towards at-risk families for the promotion of health and bounding between new-borns and young parents. The second phase of the programme (2016-2018) relies on a case-control study targeting over 500 women (recruited while pregnant in 2017)

- **See T 1.2.4:**

”Change le Programme” (CLP) is an adaptation of the “Break the cycle” programme, a Route Transition Intervention (RTI) that aims to reduce the number of initiations of injection among drug users, or to delay them and make them safer.

- **See T 1.25:**

France participated to the ”Listen first Campaign” launched under the aegis of UNODC to emphasize a global approach of prevention by benevolent listening towards youngsters and by developing adolescents’ psychosocial skills.

- **See T 1.5.1:**

The ASPIRE toolkit (Appreciation for Selecting Prevention programmes Issued from the Review of EDPQS) is adapted from the EDPQS material to promote quality prevention.

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.

T.4.1 ***Optional****. Please describe any additional important sources of information, specific studies or data on prevention. Where possible, please provide references and/or links.*

T.4.2 ***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. Sources and methodology.

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

Please structure your answers around the following questions.

T.5.1 Please list notable sources for the information provided above.

(T 5.1)

The report is mostly based on information reviewed by OFDT in collaboration with MILDECA representatives who are in relation with the involved Departments.

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Werb, D., Garfein, R., Kerr, T., Davidson, P., Roux, P., Jauffret-Roustide, M. et al. (2016). A socio-structural approach to preventing injection drug use initiation: rationale for the PRIMER study. Harm Reduction Journal 13 (25).

Internet:

- ASPIRE Guide: http://www.ofdt.fr/aide-aux-acteurs/prevention/grille-aspire-adaptation-francaise-des-edpgs-pour-la-selection-de-programmes-prometteurs/

- MAAD digital (addiction research for young people): http://www.maad-digital.fr/

- The social reintegration TAPAJ programme (Paid by the day Alternative Job) has a website: http://www.tapaj.org/

- Experts' advice to renew public discourse on alcohol consumption: http://www.santepubliquefrance.fr/Actualites/Avis-d-experts-relatif-a-l-evolution-du-discours-public-en-matiere-de-consommation-d-alcool-en-France-organise-par-Sante-publique-France-et-l-Inca

T.5.2 Where studies or surveys have been used please list them and where appropriate describe the methodology?

CJC survey: Survey in Youth Addiction Outpatient Clinics carried out by the 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 77%.

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.

Expertise for the renewal of public discourse on alcohol consumption in France, coordinated by the French Agency of Public Health (Santé Publique France) and the French Institute on cancer (INCa)

The methodology of this expertise is summed-up as follows in the final document abstract: "Method. A literature search was conducted. A public call for experts was published during the summer of 2016. Eight experts were selected from among 22 applications received by a selection committee after examining the experience and public statements of interest. The group of experts met 9 times between 4 October 2016 and 27 February 2017. Two types of hearings were conducted, on the one hand, French and foreign experts and on the other hand stakeholders which produced public discourses as associations involved in the field of health or as associations or federations representing economic interests. An analysis of the current French situation in terms of consumption levels, regulatory history, the impact of advertising on young people and the history of consumer benchmarks was also conducted. Two works have been commissioned. The calculation of the life-time mortality risk attributable in the French population according to different levels of alcohol consumption was commissioned to CAMH. This approach had been recommended by the expert group of the European RARHA project funded by the European Commission. On the other hand, a qualitative study was carried out to better understand the perception of public discourse by the French population, including the understanding of alcohol risk and the use of the drinking guidelines currently promoted by various public or private organizations."

Evaluation of "*Change le Programme*" (French adaptation of Break the Cycle, a Route Transition Intervention - RTI) (see T1.2.4). Within the framework of the EVAL-CLP study, CLP was implemented, from June 15th, 2015 till February 14th, 2016, in 7 CAARUD (low threshold services) distributed in 6 cities in France (Aulnay-sous-Bois, Bordeaux, Marseille, Metz, Montreuil and Paris). During the 8-month experiment, in every CAARUD, during two or three half-days a week, the trained interveners (2-3 per site) provided interested users with "Change the program" interviews. For the research only, participants were required to answer ex-ante and ex-post questionnaires. Three months after the interview, they were called back to answer a follow-up questionnaire.