

2017

Drug policy 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 a 1,250 word (i.e. 5 by 250 word paragraphs) summary of the workbook: T1.1 national drug strategies (250 words); section T1.2 evaluation of national drug strategies (250 words); T1.3 drug policy coordination (250 words); T1.4 drug related public expenditure (250 words); new developments (250 words).

The answers should include the following points:

Summary of T1.1

- Describe the current national drug strategy document (date approved, ministries responsible, timeframe, overview of main principles, priorities, objectives, actions, the main substances and addictions it is focused on, its structure, e.g. pillars and cross-cutting themes)

Summary of T.1.2

- Describe the latest drug strategy evaluation (title, time to complete it, the evaluation criteria, the evaluation team, the scope, the type of data used, conclusions and recommendations)

Summary of T.1.3

- Describe the main drug policy coordination mechanisms at the 1) inter-ministerial; 2) operational/executive day-to-day and 3) regional/local levels.

Summary of T1.4

- Please comment on the existence of annual drug-related budgets; its relation with other instruments of drug policy (strategy/action plans); annual value of total public expenditure and of supply *and* demand. If possible, annual value by class of policy intervention (prevention, harm reduction, treatment, social reintegration, police, law courts, prisons) and time trend.

Summary of T1.1 national drug strategies (250 words)

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

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

Summary of T1.2 evaluation of national drug strategies (250 words)

Four "flagship" measures of the 2013-2017 plan were selected for external evaluation. The first action ("Student liaison officers on health") was evaluated in a university setting and focused on interventions by students selected and trained by preventive medicine services to work in prevention alongside their peers. The main conclusions of the evaluation centred on the need to improve coordination between the addiction medicine network at national level, perceived by university liaison officers who promote prevention as being fragmented and lacking coordination.

The second action ("Easy money") was evaluated alongside inhabitants in the southern districts of Marseille (mothers, professionals, integrated young people and pre-teens) and local partners (council, police, prevention associations involved, etc.). Certain practical difficulties were identified related to the recent nature of the scheme and the complexity of the trafficking prevention task, together with the cultural differences between the populations involved.

Two other initiatives were evaluated more recently: firstly, the new partnership between MILDECA and the National Family Allowance Fund (CNAF), created to follow on from the main public relations campaign targeting the "general public" as part of the 2013-2017 plan. This was followed by two regional intervention programmes aiming for the prevention and early treatment of foetal alcohol syndrome, one in mainland France and the other in overseas territories (DOM-TOM).

Key indicators for the objectives of the plan were introduced by the OFDT.

Summary of T1.3 drug policy coordination (250 words);

The directions of public policy in the field of drugs and addictions are defined by the "Interministerial Committee for Combatting Drugs and Addictive Behaviours", on the authority of the Prime Minister. This committee is made up of ministers and secretaries of State. Prior to this stage, MILDECA is responsible for drafting the decisions of the interministerial committee, then coordinating French government policy for combatting drugs and preventing addictive behaviours, and for ensuring that the decisions of the interministerial committee are implemented. On the authority of the Prime Minister, its scope of action includes prevention, treatment, harm reduction measures, integration, trafficking, law enforcement and research, monitoring and training of staff involved in activities to reduce supply and demand. In 2013, MILDECA drew up the governmental drug action plan and addictive behaviours currently in the process of being implemented. A network of approximately one hundred territorial representatives (project managers) on a national scale guarantees the consistency of supply and demand reduction actions. Eighteen of these are responsible for regional coordination, including thirteen in mainland France.

Summary of new developments (250 words)

Concerning the most recent key events in terms of changes in public policy, it should be pointed out that electoral news, particularly the presidential elections in April-May have been a major focus in 2017. The electoral campaign represented a milestone in the stance of most major party candidates regarding the status of cannabis. Only the *Front National* candidate (extreme right party) advocated the *status quo*, while the other four main contenders for the presidency of the Republic proposed to revise the 1970 French law on narcotics, after noting the ineffectiveness of the current legal framework in France for combatting cannabis.

In terms of public debate, a key event which warrants attention was the organisation of the first public hearing on harm reduction (HR) measures which brought together the main partners in the field in late spring 2016. Further to the presentation of scientific data by specialists and researchers in the field and the discussions, a report was drawn up on trends and guidelines with fifteen proposals for practical measures. These reassert the trends in terms of harm reduction measures, falling within the scope of the health system reform law of 26 January 2016, together with the other measures stipulated in the 2013-2017 governmental plan on drugs.

Summary of T1.4 drug related public expenditure (250 words);

The social cost of drugs in France was estimated at three points, in 1996, 2003 and 2010 (Kopp 2015; Kopp and Fenoglio 2004; Kopp and Fenoglio 2006). The most recent estimate of the social cost of drugs was published by the OFDT in September 2015: hence, for 2010, this cost amounted to EUR 8.7 thousand million for illegal drugs, far behind the amount estimated for alcohol (118 thousand million) and tobacco (122 thousand million).

In 2015, total drug-related expenditure was estimated at EUR 1.83 thousand million. State and National Health Insurance Fund contributions account for 0.05% of gross domestic product (GDP), with 51% of the total for demand reduction initiatives, 48% for supply reduction activities and 1% of resources allocated to cross-disciplinary activities (research, training, monitoring, evaluation, coordination and international cooperation).

T1. National profile

T1.1 National drugs strategies

The purpose of this section is to

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

Please structure your answers around the following questions.

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

Information relevant to this answer includes:

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

The current overarching general principles of French drug policy were stated in a mission letter on 17 October 2012 [[Lettre de mission du 17 octobre 2012 du Premier ministre à Mme Jourdain-Menninger, présidente de la MILDT](#)]. The Government stated its vision for the actions to be taken in this policy area as being of a global and integrated nature, entrusting responsibility for their implementation to the chairperson of the Interministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA). The new chairperson took over from Ms Jourdain-Menninger on the 1st of March 2017 [[Décret du 9 février 2017 portant nomination du président de la mission interministérielle de lutte contre les drogues et les conduites addictives – M. Prisse \(Nicolas\)](#)]. The MILDECA reports to the Prime Minister and is in charge of developing the national strategies and actions plans and coordinating their implementation. France's Government Plan for Combating Drugs and Addictive Behaviours 2013-2017 (MILDT 2013a; MILDT 2013b) was endorsed by the Interministerial Committee chaired by the Prime Minister on 19 September 2013. It takes a comprehensive and global approach towards illicit and licit drugs (narcotics, alcohol, tobacco, psychotropic medicines and new synthetic products) and other forms of addictive behaviours (gambling, gaming, doping).

The current strategy is built on an understanding of addictions as multidimensional problems that emerge from the interaction of complex factors, including the biological, psychological, family, socio-economic and environmental status and contexts of individuals.

The 2013–17 plan is based around three main priorities:

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

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

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

The 2013-2017 governmental plan on drugs and the two successive action plans are available for download from the official MILDECA website: <http://www.drogues.gouv.fr/la-mildeca/le-plan-gouvernemental/priorite-2013-2017#sthash.HMEGThHB.dpbs>

T1.1.2 Optional. Please provide any additional information you feel is important to understand the governance of drug issues within your country.

T1.2 Evaluation of national drugs strategies

The purpose of this section is to

- Summarise the most recent national drug strategy evaluation.
- Where none has been completed, please summarise any available strategy review process.

Please structure your answers around the following questions.

T1.2.1 List the titles and timeframes of recent national drug strategy and action plan evaluations, providing links to PDFs. Are there any evaluations planned, e.g. annual progress reviews, mid-term, or final evaluations of current national strategy? If yes, please specify the type of evaluation is planned.

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

- 1st phase (Dec. 2014 – Sept. 2015):
 - Action "Student liaison officers on health" (ERS)
 - Action "Easy money"
- 2nd phase (Oct. 2015 – June 2016):
 - Action "Roll-out of the CJC campaign"
 - Action "FAS (Foetal Alcohol Syndrome) programme trial"

The final evaluation report was submitted to the requesting party in January 2017. A summary of the objectives, methodology and results is available for download:

<http://www.sciencespo.fr/liepp/sites/sciencespo.fr.liepp/files/2015-SANT%C3%89-MILDECA.pdf> [accessed 27/10/2017].

Monitoring of the objectives of the governmental plan was entrusted to the OFDT (internal evaluation: interim reviews).

T1.2.2 Please summarise the results of the latest strategy evaluation describing:

- The evaluation team (internal / external / mixed evaluation team);
- Its timing (before, during, after the timeframe of the current strategy);
- Its scope (whole strategy or certain pillars, issues, or actions);
- The assessment criteria (e.g. relevance, implementation, outcome etc.)
- The method (qualitative / quantitative / mixed);
- The main findings and limitations;
- The recommendations and how they were or will be used in drug strategy revision.

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

In this context, the MILDECA entrusted a qualitative evaluation to the Laboratory for Interdisciplinary Evaluation of Public Policies (LIEPP, Sciences Po). The evaluation focused on four of the "flagship" measures of the governmental plan on drugs. It aimed to evaluate the implementation of these actions and, in particular, to examine the role of MILDECA as a coordinator.

The field of study for the first phase of the evaluation (actions relating to the "Student liaison officers on health" and "Easy money") took place between March and September 2015. The second phase (the other two actions "Roll-out of the CJC campaign" and "FAS programme trial" was evaluated during the summer of 2016. The final external evaluation report was submitted to the requesting party in January 2017.

The four actions chosen, the objectives of the evaluation, its methodology and the main results and conclusions are described in detail below:

1. "Student liaison officers on health" (ERS) action: The ERS are students who have been selected, trained and paid to carry out prevention actions alongside their peers on campus, in student halls of residence and during different recreational events. In order to evaluate this scheme, a comparative study on the place and role of prevention of addictive behaviours was conducted in five universities with ERS (Bordeaux, Auvergne, Lorraine, Rouen and Tours) and two without (Paris-Descartes and Versailles-Saint Quentin en Yvelines). Semi-structured interviews with the directors of preventive medicine departments and ERS were conducted. This qualitative phase was supplemented by a questionnaire survey alongside employed ERS having previously undergone dedicated university training.

This study examined the different types of schemes set in place in the universities selected for the study: philosophies of the schemes, recruitment methods, training provided, supervisory methods, etc. Out of the factors for success identified, the length of service of ERS within the SUMPPS (university preventive medicine department) appears to be a factor for initiation and advanced training. General university policy on prevention, professional commitment by the director of the SUMPPS and supervisory personnel were also identified as factors for the success of the scheme. In contrast, conflicts between partners in terms of the methods for conceiving and shaping intervention strategies to promote prevention stand out as potential obstacles.

The evaluation outlines promising lines for improvement: highlight the possibility of recourse to ERS (not widely known by many SUMPPS staff), share experiences, distribute the resources created, and implement a master plan involving decision-makers at the university. In addition to peer prevention, the evaluation highlights the need to improve coordination between the addiction medicine network at national level, perceived by university liaison officers who promote prevention as being fragmented and lacking coordination (Bergeron et al. 2017, unpublished).

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

3. Action "Roll-out of the CJC campaign": the 2013-2017 Government Plan recommended strengthening communication on Youth Addiction Outpatient Clinics (CJC) notably aimed at parents and family members of the populations targeted by these schemes. As regards the CJC campaign, the MILDECA thus finances its roll-out on the Web and also endeavours to broadly mobilise institutional stakeholders liable to act as effective liaisons with families, the target of the campaign. For this purpose, a partnership will be created with the National Family Allowance Fund (CNAF). Evaluation of this action should make it possible to analyse the conditions for implementing the chosen communication strategy for this campaign. The evaluation will endeavour to analyse the respective roles of national and local stakeholders in implementing this communication strategy.
The ten or so interviews carried out provided an overview of the advantages and obstacles which this change of strategy may have generated according to the partners encountered. The main results can be summarised by the following three points: a "change of strategy" barely noticed by administrative partners; a nonetheless highly positive assessment of this partnership strategy and a few persistent difficulties which require particular attention in the future: the persistent flaws in the spontaneous awareness of the CJC (2% to 3% maximum according to the different audiences) and, in particular, the established difficulty in attracting higher numbers of certain target audiences, particularly young heavy drinkers (not exceeding approximately 7% of clients), but also women (around 19% of clients only, with no changes between 2014 and 2015).

4. Action "FAS programme trial": the proposed action is to trial a programme integrated on a regional scale aiming to consolidate the prevention and management of disorders related to Foetal Alcohol Syndrome (FAS). This evaluation analysed the implementation of the programme in view of its different components: prevention, screening and management among adults and children, training of front-line professionals and school and judicial stakeholders, creation of a management process for women and children.

Two action strategies were compared, one in mainland France (Aquitaine) and the other in overseas regions and territories (La Réunion). The evaluation showed that the development phases in Aquitaine and La Réunion did not follow the same strategies, but that the two programmes endeavoured to improve the management of FAS through better coordination between the different partners involved. The evaluation confirmed the need to consolidate the management and partnership between workers from professional backgrounds which are difficult to reconcile and further increase exchanges between workers from the Aquitaine region and La Réunion to help them not only to envisage lines of improvement in their own practices, but also to anticipate any obstacles when similar actions are implemented at different times.

With regard to guidelines, the evaluators identified three common cross-disciplinary approaches for the four actions:

- Innovative measures in keeping with recommendations in the literature; the pursuit of these recommendations is encouraged;
- the challenge of coordinating partners on all territorial levels: the evaluators highlight the importance of this objective which remains a crucial challenge. In this field which involves numerous partners, and which is marred by divisions between different professions, coordination between professional is perceived by the evaluators as a major objective to be pursued.
- the importance of the long-term funding framework for prevention action: the funding of preventive measures (often annual) does not necessarily correspond to their implementation, which is usually over several years. From this perspective, longer-term budgets for prevention which are more in keeping with the devised actions would be a way to improve the effectiveness of public policies.

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

T1.3 Drug policy coordination

The purpose of this section is to

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

Please structure your answers around the following questions.

T1.3.1 Describe your national drug policy coordination bodies. Explain their level and role (e.g. the inter-ministerial; operational/executive day-to-day; regional/local levels), hierarchical relationships, and the ministries they are attached to. Please include a summary graphic.

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

The MILDECA is tasked with the organisation and coordination of France's policies against drugs and addictive behaviours. Reporting to the Prime Minister, it focuses on a range of areas, including prevention, treatment, harm reduction, reintegration, traffic, law enforcement and research, monitoring and training for those involved in demand or supply reduction activities. The MILDECA also prepares, coordinates and partly implements the decisions of the Interministerial Committee, and developed the Government Plan for Combating Drugs and Addictive Behaviours 2013–17 at the Prime Minister's request.

Throughout France and its territories there is also a network of one hundred MILDECA territorial representatives (*chefs de projet*) who are responsible for providing leadership and implementing the drug policy. Eighteen of them (thirteen in mainland France) are responsible for coordinating the MILDECA drug-policy at regional level. Most project managers are general administrators of a "département". Working directly with the prefect (senior local government officer), the general administrator is the permanent correspondent for the minister's office. S/he endeavours to promote State policy by maintaining close relations with the media, elected officials and socio-economic representatives. S/he particularly specialises in security and assists the prefect directly in leading and coordinating the actions of departments responsible for preserving public order and protecting individuals and goods (police, Gendarmerie and emergency services). S/he pays particular attention to criminality prevention and drug addiction policies, road safety issues, and litigation relating to acts of terrorism or attacks, etc.

Figure. French national drug policy coordination bodies



Source: OFDT

Decree of 11 March 2014 [[Décret n°2014-322 relatif à la mission interministérielle de lutte contre les drogues et les conduites addictives](#)] confirms the MILDECA's field of activity, enlarging its mandate to addictive behaviours (tobacco, alcohol and addiction without substances). It refers to MILDECA coordination competencies in the field of supply and demand reduction and mentions its international action.

T1.4 Drug related public expenditure

The purpose of this section is to

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

Please structure your answers around the following questions.

T1.4.1 Please comment on drug-related expenditure and provide a brief summary of recent estimates.

The social cost of drugs in France was estimated at three points, in 1996, 2003 and 2010 (Kopp *et al.* 2004; Kopp *et al.* 2006). The most recent estimate of the social cost of drugs was published by the OFDT in September 2015: hence, for 2010, this cost amounted to EUR 8.7 thousand million for illegal drugs, far behind the amount estimated for alcohol (118 thousand million) and tobacco (122 thousand million). Two other studies focused on public expenditure related to drugs (Ben Lakhdar 2007; Díaz Gómez 2012; Díaz Gómez 2013). Since 2008, State expenditure related to drug control has been presented annually in a budget document submitted to Parliament (Premier ministre 2017). National Health Insurance Fund expenditure, which also finances the healthcare system for drug users and drug substitution treatments should be added to this amount. The estimates show that public expenditure related to drugs amounted to 1.50 thousand million euros in 2010 (Díaz Gómez 2013). This estimate reached 1.83 thousand million euros in 2015. This estimate remained stable relative to 2014 (variation rate -0.06%), in contrast with the downward trend observed between 2013 and 2014 (variation rate -10%). In 2013, the year prior to the actual launch of the 2013-2017 governmental plan on drugs, State and National Health Insurance Fund contributions were estimated at 2.1 thousand million euros.

In 2015, State and National Health Insurance Fund contributions (credit disbursed) account for 0.05% of gross domestic product (GDP), with 51% of the total for demand reduction initiatives, 48% for supply reduction activities and 1% of resources allocated to cross-disciplinary activities (research, monitoring, evaluation, coordination and international cooperation).

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

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

The bulk of drug-related expenditure is not identified as such in the public accountability documents ('unlabelled') and must be estimated. Since 2008, each Ministry provides an estimate indicating the budget to be allocated to the prevention of and fight against drugs (Premier ministre 2017). Much of the public health expenditure is covered by the social security system. Because of the methodological difficulties, only the labelled expenditure of the social security system is included in the estimate below. It includes expenditure for funding the specialized agencies providing treatment and harm reduction services and implementing prevention, recovery and social reintegration's activities (CAARUD, CSAPA and TC). This estimate also covers the figures for reimbursement of substitution treatments to drug users and the budget allocated to public hospitals to fund addiction medicine liaison teams (ELSA) and hospital outpatient addiction medicine appointments. Additional funding allocated by the National Health Insurance Fund has also been included, under the impetus of specific plans (for example, the introduction of nicotine substitutes in CSAPAs provided for in the PNRT – National tobacco smoking reduction programme), experimental treatment programmes (trailing of the "Un chez soi d'abord" programme) or according to the implementation of specific measures as part of the 2013-2017 governmental plan on drugs and addictive behaviours (for example, the introduction of rapid diagnostic tests (RDT) for HIV in CAARUDs and CSAPAs).

Table IV. Break-down of drug related public expenditure

Expenditure	Year	COFOG classification	National accounting classification	Trace (Labelled, Unlabelled)	Name of the programme
13,994,995	2015	01.3 - General services	129	Labelled	Coordination of government activities
8,930,000	2015	01.3 - General services	209	Unlabelled	Solidarity with developing countries
601,938	2015	01.3 - General services	105	Unlabelled	Action by France in Europe and throughout the world
690,723	2015	01.3 - General services	307	Unlabelled	Coordination of the safety of individuals and goods ("Drugs and drug addiction" project manager network)
0	2015	09.4 - Tertiary Education	231	Labelled	Student life
222,000	2015	09.4 - Tertiary Education	163	Labelled	Youth and community life
4,581,144	2015	09.1 - Pre-primary and primary education	140	Unlabelled	Primary State school education
112,008,451	2015	09.2 - Secondary Education	141	Unlabelled	Secondary State school education
11,414,988	2015	09.2 - Secondary Education	143	Unlabelled	Technical agricultural training
156,427,856	2015	09.2 - Secondary Education	230	Unlabelled	Student life
5,500,000	2015	09.8 - Education n.e.c.	207	Unlabelled	Road safety and education
777,429	2015	09.8 - Education n.e.c.	147	Unlabelled	Urban policy
250,000	2015	09.4 - Tertiary Education	142	Unlabelled	Agricultural higher education and research
16,859,000	2015	07.5 - R&D Health	172	Labelled	Multidisciplinary technological and scientific research
4,507,372	2015	07.4 - Public Health services	204	Unlabelled	Prevention, health safety and health care delivery
9,490,000	2015	07.4 - Public Health services	219	Unlabelled	Sport
29,000	2015	07.4 - Public Health services	123	Labelled	Overseas living conditions
387,460,000	2015	07.4 - Public Health services	Social security Budget	Labelled	Specialised healthcare expenditure
106,405,732	2015	0.7.1 - Medical products, appliances and equipment	Social security Budget	Labelled	Reimbursement for opioid substitution medication by the National Health Insurance Fund

Expenditure	Year	COFOG classification	National accounting classification	Trace (Labelled, Unlabelled)	Name of the programme
112,500,000	2015	07.3 - Hospital services	Social security Budget	Labelled	Hospital healthcare expenditure
7,000,000	2015	10.4 - Family and Children	304	Unlabelled	Social inclusion and protection of individuals (change in wording in 2016)
254,335,203	2015	03.1 - Police services	176	Unlabelled	National police force
2,375,722	2015	03.3 - Law courts	182	Unlabelled	Judicial youth protection service
132,585,143	2015	03.3 - Law courts	166	Unlabelled	Justice
6,584,600	2015	03.4 - Prisons	107	Unlabelled	Prison authorities
255,000,000	2015	03.6 - Public order and safety n.e.c.	302	Unlabelled	Facilitation and safeguarding of exchanges
210,813,186	2015	02.2 - Civil defence	152	Unlabelled	National <i>Gendarmerie</i>
12,903,680	2015	02.2 - Civil defence	178	Unlabelled	Preparation and use of forces

Source: Premier Ministre, 2017

T2. Trends. Not applicable for this workbook.

T3. New developments

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

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

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

Please structure your answers around the following question.

T3.1 Please report notable new drug policy developments since last report (e.g. open drug scenes, NPS specific strategies, changing policy context of national drug strategy, cannabis policy etc.).

In 2016, a key event in terms of public policies in the field of addictions was the organisation by the *Fédération Française d'Addictologie* [French Federation of Addiction Medicine] of the "public hearing on harm reduction measures", with the institutional support of the National Health Directorate and MILDECA, and methodological assistance from the *Haute Autorité de Santé* [National authority for health]. This event took place on 7 and 8 April 2016, and brought together scientists, professionals in the field, and user representatives, together with representatives from addiction institutions. The public debates led to a report which put forward fifteen recommendations to improve the diffusion, appropriation and implementation of HR related to psychoactive substance use.

See http://www.addictologie.org/dist/telecharges/FFA2016_RapportOrientation&Recos.pdf (Fédération Française d'Addictologie 2016).

The proposals for action in the report follow on from the measures of the health system reform law adopted on 26 January 2016 [[Loi n°2016-41 de modernisation de notre système de santé](#)] and the directions of the 2013-2017 governmental plan.

2017 was marked by the presidential election campaign. The candidates from the main political parties, with the exception of the Front National (extreme right party), expressed

their intent, via the media, to review the 1970 French law on narcotics [[Loi n°70-1320 du 31 décembre 1970 relative aux mesures sanitaires de lutte contre la toxicomanie et à la répression du trafic et de l'usage illicite des substances vénéneuses](#)]. Their stances range from support for making simple cannabis use a misdemeanour -Emmanuel Macron (*En Marche!*, centre) and François Fillon (*Les Républicains*, right wing party), whereas other contenders for the Elysée -Jean-Luc Mélenchon (*La France insoumise*, extreme left party) and Benoît Hamon (*Parti Socialiste*, left wing party)- proposed the regulated legalisation of cannabis (model based on distribution via State retail outlets). Lastly, the candidate for the presidential elections from the Front National -Marine Le Pen- advocated for the *status quo*.

The proposal to make cannabis use a misdemeanour was publicly announced on the radio, on 26 May 2017, by the Minister of the Interior, Gérard Collomb, considering that "*the one-year prison sentence envisaged for narcotic use was very rarely applied*".

Following this proposal the National Assembly decided, on August 2, 2017, the creation of an information mission on the advisability of resorting to fixed fines (already provided for in our law for two road offenses) to punish drug use-related offences. This mission will render its conclusions at the end of the year after having heard the different actors.

T4. Additional information

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

Please structure your answers around the following questions.

T.4.1 Optional. Describe additional important drug policy information, studies or data (e.g. brief overview of capital city's drug policy/strategy), providing references and/or links.

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

T.4.2 Optional. Please describe any other important aspect of drug policy or public expenditure that has not been covered in the specific questions above. This may be additional information or new areas of specific importance for your country

T.4.3 Optional. Are you aware of any national estimate of the contribution of illicit drug market activity to the National Accounts? Please describe any sources of information, specific studies or data on the contribution of illicit drug activity to national accounts. Where possible, please provide references and/or links.

Although this project was part of the governmental plan on drugs (2013-2017), the National Institute for Advanced Studies in Judicial and Safety (INHESJ) carried out research into "Drug money" with financial support from MILDECA to estimate the illegal drug market in France. The conclusions of this research were published in October 2016.

The researchers estimated that sales for 2010 ranged from EUR 1.5 to 3.2 thousand million. This market is dominated by cannabis and cocaine.

- Cannabis sales are growing, essentially linked to the increase in retail price (+25% between 2005 and 2010) despite competition between herbal cannabis and cannabis resin. This paradox is explained by the fact that the competition primarily focuses on the THC potency of the substances sold. This has increased considerably and, even at higher prices, the price/purity ratio is lower, which makes the substances more appealing to users.
- The cocaine market has grown considerably, and the prevalence of use has increased three-fold (between 2005 and 2010). According to the authors' estimates, sales of this illegal substance doubled between 2005 and 2010. The retail price per gram of cocaine has been reduced to a third in 15 years, notably thanks to the significant increase in the quantities of drugs sent from South America to Europe. These changes are partly explained by the dynamic nature of supply which now prioritises the European market using "hubs", such as Spain and the Netherlands, along with Eastern Europe.
- The changes in the heroin and synthetic drugs market cannot be highlighted owing to the lack of reliable estimates over time. The key factor affecting the heroin market is the "competition" arising from the diversion of opioid substitution medications, which has thus decreased its profitability.
- As regards synthetic drugs (MDMA/ecstasy and amphetamines), this initial estimate shows that the market is relatively insignificant in France compared to certain European countries, and highlights the insufficient data in this particularly volatile category.
- Cutting agents are key elements in the drug economy. These enable higher margins in cocaine and heroin supply at all levels of the distribution circuit (from production to retail sales). Cutting agents also offset variations in available stock to avoid any impact on prices. According to the authors of this research, a black market for these cutting agents undeniably exists.

A summary of the research results is available for download:

https://www.inhesj.fr/sites/default/files/fichiers_site/communication/synthese_rapport_argent_de_la_droque.pdf (Ben Lakhdar *et al.* 2016).

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.

T5.1 Please list notable sources for the information provided above.

Ben Lakhdar, C. (2007). Les dépenses publiques attribuables aux drogues illicites en France en 2005 (thème spécifique 1). In: Costes, J.M. (Ed.) 2007 National report (2006 data) to the EMCDDA by the Reitox National Focal Point France. New

development, trends and in-depth information on selected issues. OFDT, Saint-Denis.

Ben Lakhdar, C., Lalam, N. and Weinberger, D. (2016). L'argent de la drogue en France. Estimation des marchés des drogues illicites en France. Rapport synthétique de la recherche "Argent de la drogue" à destination de la Mission Interministérielle de Lutte contre les Drogues et les Conduites Addictives (MILDECA). INHESJ (Institut National des Hautes Etudes de la Sécurité et de la Justice), Paris. Available: https://www.inhesj.fr/sites/default/files/fichiers_site/communication/synthese_rapport_argent_de_la_droque.pdf [accessed 27/10/2017].

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

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

Fédération Française d'Addictologie (2016). 1ère Audition publique 2.0 "La réduction des risques et des dommages liés aux conduites addictives". Rapport d'orientation et recommandations de la Commission d'audition. Fédération française d'Addictologie, Paris. Available: http://www.addictologie.org/dist/telecharges/FFA2016_RapportOrientation&Recos.pdf [accessed 27/10/2017].

Kopp, P. (2015). Le coût social des drogues en France [The social cost of drugs in France]. OFDT, Saint-Denis. Available: <http://www.ofdt.fr/publications/collections/notes/le-cout-social-des-drogues-en-france/> [accessed 27/10/2017].

Kopp, P. and Fenoglio, P. (2004). Coût et bénéfices économiques des drogues. OFDT, Saint-Denis. Available: <https://www.ofdt.fr/publications/collections/rapports/rapports-d-etudes/rapports-detudes-ofdt-parus-en-2004/cout-et-benefices-economiques-des-drogues-juin-2004/> [accessed 27/10/2017].

Kopp, P. and Fenoglio, P. (2006). Le coût des traitements et de la mise en œuvre de la loi dans le domaine des drogues. OFDT, Saint-Denis. Available: <https://www.ofdt.fr/publications/collections/rapports/rapports-d-etudes/rapports-detudes-ofdt-parus-en-2006/le-cout-des-traitements-et-de-la-mise-en-uvre-de-la-loi-dans-le-domaine-des-drogues-mai-2006/> [accessed 27/10/2017].

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. Available: <http://www.drogues.gouv.fr/la-mildeca/le-plan-gouvernemental/priorite-2013-2017> [accessed 27/10/2017].

MILDT (2013a). Government plan for combating drugs and addictive behaviours 2013-2017. MILDT, Paris. Available: http://www.drogues.gouv.fr/sites/drogues.gouv.fr/files/atoms/files/plan_gouvernemental_drogues_2013-2017_eng_df_0.pdf [accessed 27/10/2017].

MILDT (2013b). Plan gouvernemental de lutte contre les drogues et les conduites addictives 2013-2017. MILDT, Paris. Available: <http://www.drogues.gouv.fr/la-mildeca/le-plan-gouvernemental/priorite-2013-2017> [accessed 27/10/2017].

MILDT (2014). Plan gouvernemental de lutte contre les drogues et les conduites addictives. Plan d'actions 2013-2015. MILDT, Paris. Available: <http://www.drogues.gouv.fr/la-mildeca/le-plan-gouvernemental/priorite-2013-2017> [accessed 27/10/2017].

Premier ministre (2017). Document de politique transversale. Politique de lutte contre les drogues et les conduites addictives. Projet de loi de finances pour 2017. Ministère des finances et des comptes publics, Paris. Available: https://www.performance-publique.budget.gouv.fr/sites/performance_publique/files/farandole/ressources/2017/pap/pdf/DPT/DPT2017_drogues.pdf [accessed 27/10/2017].

As regards health expenditure, access to the National Health Insurance Fund database and ministerial budget texts was required:

- Medic'AM, CNAM-TS for the amounts reimbursed for drug substitution treatment. This source provides the amounts reimbursed by the National Health Insurance Fund based on the medication retail price. The amount reimbursed for community pharmacy dispensing fees should also be added. This estimate was calculated by the OFDT.
- Ministry of Finance and Public Accounts and Ministry of Social Affairs, Health and Women's Rights. [Instruction Interministérielle DGCS/SD1/SD5C/DGS/DSS/DB n°2015-289 du 15 septembre 2015 relative à la campagne budgétaire pour l'année 2015 des établissements et services médico-sociaux accueillant des personnes confrontées à des difficultés spécifiques : appartements de coordination thérapeutique \(ACT\), Lits halte soins santé \(LHSS\), centres d'accueil et d'accompagnement à la réduction des risques pour les usagers de drogues \(CAARUD\), communautés thérapeutiques \(CT\), centres de soins, d'accompagnement et de prévention en addictologie \(CSAPA\), lits d'accueil médicalisé \(LAM\), et l'expérimentation « Un chez soi d'abord »](#). NOR: AFSA1521774J
- Ministry of Social Affairs and Health. [Circulaire DGOS/R1 n°2015-361 du 15 décembre 2015 relative à la campagne tarifaire et budgétaire 2015 des établissements de santé](#). NOR: AFSH1531230J
- Ministry of Social Affairs and Health. [Circulaire DGOS/R1 n°2015-140 du 22 avril 2015 relative à la campagne tarifaire et budgétaire 2015 des établissements de santé](#). NOR: AFSH1510381C.

T5.2 Where studies or surveys have been used please list them and where appropriate describe the methodology?

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