

2018

Prevention workbook

France

2018 National report (2017 data) to the EMCDDA by the French Reitox National Focal Point

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Table of Contents

T0. Summary	3
T1. National profile.....	4
T1.1 Policy and organization	4
T1.2 Prevention interventions	7
T1.3 Quality assurance of prevention interventions.....	16
T2. Trends.....	17
T3. New developments	18
T4. Additional information.....	20
T5. Sources and methodology.....	20

T0. Summary

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

Policy and organisation: 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 2018-2022 National Action Plan on Addiction emphasises the implementation of evidence-based approaches, particularly those focusing on psychosocial skills, and on the early detection of addictive behaviours among adolescents so that they can be guided more effectively to support services.

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 (Assessment and selection of prevention programmes arising from “EDPQS” quality standard overview) chart has been sent out to MILDECA project managers with a view to the nationwide roll-out of the national guidelines for 2018. Information on the scope, cover and quality of prevention activities is still incomplete, owing to the absence of a national observation system.

New development: The adoption of the new National Action Plan on Addiction in 2018, over a 5-year period, involves numerous new objectives in terms of prevention in the coming years.

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.

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. A new National Action Plan on Addiction was adopted in December 2018 (MILDECA 2018) (see the Policy workbook for more details). Emphasis is generally placed on the need for evidence-based approaches, particularly those focusing on psychosocial skills, on the qualification of professionals in contact with young people in terms of early detection of addictive behaviours and awareness of the risks associated with alcohol use.

In school settings, the general intervention framework focuses on preventing addictive behaviour, which more generally falls within the province of health education. From now on, the framework for intervention should be a part of the health education pathway defined annually by each school, so as to plan the internal schemes for student health protection, educational activities related to the prevention of risk behaviour and teaching content relating to health in keeping with educational programmes.

The first national prevention plan known as "*Priorité Prévention. Rester en bonne santé tout au long de sa vie*" [Priority prevention. A lifetime of good health] was adopted in France in March 2018, comprising 25 key preventive measures to help French people stay in good health throughout their lives (Direction générale de la santé 2018). In keeping with the 2018-2022 National Action Plan on Addiction, it aims to improve information and prevention of substance use presenting a risk (alcohol, tobacco, and narcotics) during pregnancy, and to strengthen the partnership between educational institutions (middle and high schools) and Youth Addiction Outpatient Clinics.

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. As an illustration, in 2018, MILDECA

issued a national call for projects destined for local authorities: "*Conduire à l'échelle d'un territoire une action en direction des jeunes contre les consommations d'alcool, de cannabis et de tabac*" [Implementing a nationwide action programme aimed at young people, targeting alcohol, cannabis, and tobacco use]. Ten projects will be funded in this context, amounting to nearly €800,000. 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).

Santé publique France (SpF) has set itself the goal of effectively protecting public health, by acting on decisive factors for health, and places the fight against social inequality at the very centre of its priorities. Its responsibilities include promoting health and reducing health risks, together with developing prevention and education for health. The agency has a scientific and expert role in the field of health. The Health Promotion and Prevention Division within the National Public Health Agency (*Santé publique France*, SpF) 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...) and (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, SpF 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. Thus, SpF accompanies the experimental transfer of several international evidence-based programmes to local French context: e.g., *Unplugged*, Good Behavior Game-GBG, *Nurse Family Partnership-NFP* (entitled PANJO in France), *Strengthening Families Program-SFP*. The SpF website (in its INPES section) provides evaluated drug prevention tools: http://inpes.santepubliquefrance.fr/CFESBases/catalogue/rech_doc.asp [accessed 12/12/2018].

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. Since 1 January 2017, part of the tax revenue from tobacco products has been paid to the French National Public Health Insurance Centre (CNAM) to be channelled into a new fund: the Tobacco Control Fund. The new National Action Plan on Addiction is planning to turn it into an "addiction" fund, to finance preventive action. This would be financed by the proceeds from fines for narcotics use.

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 on Crime and Radicalisation Prevention (CIPDR in French) defines priorities and steers the use of these credits. Since 2016, the FIPD is intended to finance the implementation of actions within the framework of the local Crime prevention Plans. For this purpose, a partnership was established between MILDECA and CIPDR, in 2017, with a view to promoting the joint funding, at department level, of preventive actions targeting young people at risk of falling into criminality (notably trafficking) or at risk of subsequent offences "given the influence of addictive behaviours on criminality and subsequent offences" ([Circulaire du 3 mai 2018 relative aux orientations pour l'emploi des crédits du Fonds interministériel de prévention de la délinquance \(FIPD\) pour 2018](#)). For 2018, the approaches described in the directive on the guidelines for preventing initiation into trafficking are as follows:

- increase psychosocial skills among young people;
- the "TAPAJ" scheme (a social integration program aimed specifically at street youth who struggle to find employment) (see T1.2.1).

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?

- Yes
- No**
- Planned
- 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?

- Each school**
- School authorities
- Ministries in charge of schools
- Health authorities / Ministries
- Interministerial bodies

- Comments and explanations

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) and the educative health pathway scheme based on general guidance provided by the ministry of Education. (See section T 1.2.2 for more on the educative health pathway scheme.)

T1.2 Prevention interventions

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

T.1.2.1 Please provide an overview of Environmental prevention interventions and policies.

(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 law (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 published in 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 (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.

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 since 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 and each alcoholic beverage unit.
- Imposes neutral and standardized conditioning and packaging units of any tobacco product (including cigarette paper).

In compliance with the recommendations issued by Santé publique France (SpF) and INCa (the French National Cancer Institute) (See "Public discourse on alcohol" in the 2017 Prevention WB), the National Action Plan on Addiction aims to support the definition of scenarios for the evolution of legal health warning to renew the official message while impeding its modification or the addition of any other mentions. The visibility and legibility of the health warning will be compulsory and reinforced. The size of the "pregnant women-zero alcohol" pictogram on the packaging units will be significantly enlarged and a contrasting colour will be imposed in order to reinforce the visibility and the legibility of this health warning.

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 authorised 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 since 2009 online advertising for alcohol through classical Internet formats (like banners or "skyscrapers") on adult-targeted website, provided advertising is "neither intrusive nor interstitial".

The new National Action Plan on Addiction aims to ensure the respect of the French regulations destined to reduce the exposition of young people to advertising on alcohol, in particular in sport areas. The definition of "protected" areas (currently applied to schools) could be revised.

The MILDECA and the National Audiovisual Council (CSA) will collaborate to implement a charter of responsibility regarding the reference to psychoactive substances in broadcast messages and content.

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. Since 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. Since January 2017, some tax revenue from the proceeds of tobacco products has been channelled into the Tobacco Control Fund. As part of the French National Tobacco Control Programme (PNLT), jointly signed by the Ministry of Health and the Ministry of the Budget in June 2018 (Ministère des solidarités et de la santé and Ministère de l'action et des comptes publics 2018), EUR 100 million sourced from the Tobacco Control Fund will be dedicated to implementing the first actions taken by the PNLT.

The National Action Plan on Addiction also provides for the implementation of impact analyses relating to the introduction of a minimum price per unit of pure alcohol in each beverage, compatible with European law.

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) (See 2017 Prevention WB). A workgroup performed a literature review and 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). The expert group advised public authorities to widely inform the public about the health risks associated with all alcohol consumption and about the recommended thresholds not to be exceeded, namely: no more than 10 standard drinks per week and no more than 2 standard drinks per day for both men and women. In keeping with these recommendations, the new National Action Plan on Addiction is pushing for clear, objective and shared public discourse on harm related to alcohol use, and also cannabis use, together with the indicators for lower risk alcohol use among the

general public, opinion leaders and influencers, health, social and medical/social professionals, teachers, sports trainers and user associations, using methods suited to each group (including public relations campaigns).

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.

The TAPAJ programme ("*Travail alternatif payé à la journée*") described in the 2017 Prevention WB is part of such initiatives (<http://www.tapaj.org/>). The new national strategy encourages stronger partnership between the programmes "TAPAJ" and "*Un chez soi d'abord*" ("Housing first") and other programmes that encourage similar approaches.

T.1.2.2 Please comment on **Universal prevention** interventions as reported to the EMCDDA in SQ25

(T 1.2.2)

Universal prevention is the predominant route of drug use/abuse prevention in France, especially in school settings, even though an extensive response to develop early intervention in the field of prevention has been developed since 2004, on the basis of the Youth Addiction Outpatient Clinics (CJC) (see T 1.2.4 and Treatment WB).

Universal prevention in schools

Universal prevention is primarily directed to secondary students. In all schools from kindergarten to high school, school drug prevention must be part of the educative health pathway for pupils ("*parcours éducatif de santé pour tous les élèves*" or PES) implemented since September 2016 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](#)].

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.

The national prevention plan adopted in March 2018 (Direction générale de la santé 2018) supports the widespread implementation of the health education pathway (PES) to help schools promote health, and notably recommends partnering each establishment with a reference local CJC, with a view to taking collective prevention action, or indeed holding advanced clinics within the establishment, with referrals to the CJC for young people in difficulty due to addictive practices (tobacco, alcohol, cannabis, screens, video games, etc.).

The National Action Plan on Addiction aims to roll out validated programmes in each academic region, for developing psychosocial skills, both contributing to a healthy school environment and the prevention of at-risk behaviour, including addictive behaviours. These programmes should bring together the educational community and hence parents. Supporting seminars on the development of psychosocial skills should be organised in the academies (regional

administrative level of the national education system). The national prevention plan reflects these recommendations, by reaffirming the need to develop psychosocial skills in children and adolescents related to a common base of knowledge, skills, culture, and teaching.

Since the early 2010s, various initiatives centred on psychosocial skills have been encouraged by the last three governmental action plans on addiction, including the current plan. Several validated programmes (evidence-based) have been adapted to a local level, such as: *Unplugged* (implemented in Orléans and surrounding areas, in the Hauts-de-Seine (Paris region), in Saône-et-Loire, and adapted in Isère as the PAD programme), PRIMAVERA (in Aisne) and *Good Behavior Game* (GBG) in Alpes-Maritimes. The *Unplugged*-Orléans and PRIMAVERA programmes are both currently in evaluation, with the results expected in September 2018 and at the end of 2020, respectively.

Between 2015 and 2017, the US programme "Good Behavior Game" (GBG) was trialled in three primary schools in Alpes-Maritimes, including one in the high-priority education network (REP), thanks to the Research Group on Social Vulnerability (GRVS). It involved 35 teachers and 660 pupils. The project is the result of a long process of raising awareness among local decision makers and educational professionals, which began in 2006 (Reynaud-Maurupt 2015). Skills transfer from the organisation holding the rights to the programme (*American Institutes for Research*, AIR) to GRVS was carried out to allow French autonomy in the GBG from the beginning of autumn 2017. Adapting the programme resources to the French context involved importing a vocabulary corresponding more to the expectations of French teachers and students, expanding these resources, and also creating new documents (introduction manual intended for teachers, reference documents, posters, training slide shows). The pilot study analyses the quality of programme set-up and includes an acceptability study (Reynaud-Maurupt 2017). The first was based on three types of data: measurement of the changes in disruptive behaviour in each school, measurement of the changes in social and school skills of the most disruptive pupils, and ethnographic data. GBG has been generally well received by teachers and especially by pupils. The two-year pilot study in France (2015-2017) confirmed its beneficial impact on classroom management and on reducing aggressive and disruptive behaviour, allowing for a better school environment. An impact assessment will begin in September 2018, under the methodological supervision of SpF for the autonomous sites.

Drug prevention sometimes falls within the scope of general approaches, such as promoting wellness, a health school environment or perseverance at school, liable to have an impact on psychosocial skills and behaviours beneficial to health. Examples were provided in the 2016 Prevention Workbook. The national prevention plan (Direction générale de la santé 2018) notably cites the ABMA "Aller Bien pour Mieux Apprendre" programme as an example, in terms of the widespread implementation of programmes for promoting health in the school setting, including the development of psychosocial skills, bringing together the educational community, including parents. It also provides for the introduction of an intervention charter to promote health in the school setting, in the autumn term of 2018, in order to ensure the ethical nature of the interventions.

The health service for students in the health field (40,000 young people in higher education) will be launched in September 2018. Due to the inclusion of a module on the design and implementation of health promotion actions in all health courses (medicine, nursing, pharmacy, etc.), students on these courses will be required to carry out prevention actions, particularly in the school setting, with their closeness in age allowing them to discuss delicate issues, such as emotions, sexuality or addictions, more easily.

Universal prevention in the workplace

The third occupational Health Plan 2016-2020 acknowledges addictive behaviours as a multifactor risk (lying in both personal and professional mediators) requiring to implement collective prevention responses in the workplace (Ministère du travail de l'emploi de la formation professionnelle et du dialogue social 2016). In keeping with this third plan, the National Action Plan on Addiction aims to ensure that managers and staff representatives are better informed and trained in the management of addictive behaviours in the workplace, notably by introducing a module relating to the prevention of addictive behaviours in management courses.

This also aims to generally implement early detection and brief intervention alongside workers and young people in vocational training or apprenticeships, notably owing to training courses for occupational physicians and nurses, organised by MILDECA since 2015 in partnership with the Ministry of Labour and the French School of Public Health (EHESP).

The National Action Plan on Addiction also sets itself the objective of promoting the prevention of addictive behaviours in small and medium-sized businesses (SME), for instance, by including the issue in negotiations in professional sectors, particularly those including small businesses.

It aims more effectively to identify professional categories or sectors which are most at risk, in order to develop targeted measures. The "Workplace accidents/Occupational diseases" (AT-MP) sector of the National Health Insurance Fund should roll out new incentives for preventing addictive behaviours under the employer's responsibility, notably regarding occupational driving risks.

The promotion of preventive approaches to alcohol and drug use in a professional setting is also based on the organisation of national conferences; the national event for addiction prevention in the workplace (JNPCAMP) was held on 17 May 2018 for the third consecutive year (the previous events took place in October 2015 and December 2016), under the auspices of MILDECA, the Ministry of Public Function and the Ministry of Labour, Employment, Vocational Training and Social Dialogue. The 2018 edition focused more specifically on the link between alcohol and work.

Universal prevention targeting specific population groups

The new National Action Plan on Addiction also identifies specific audiences as the targets of future universal prevention measures:

As regards women of child-bearing potential, this involves:

- Increasing information for young women on the risks of substance use during pregnancy. The national prevention plan also supports this new direction;
- Increasing awareness among health professionals in the medical/social sector, in marital and family counselling centres and in family planning centres, on these risks and early detection practices for situations involving substance use in women of child-bearing potential. These topics should be part of the early prenatal interviews.

As regards young people in vocational training, this involves:

- Encouraging the institutions offering vocational training and apprenticeships for young people to roll out regional action plans including awareness-raising and training actions for professionals, prevention programmes for young people, and referring these young people into early detection and care services;
- Informing young people starting employment or in training on the risks of addictive behaviours directly relating to the occupations and professional sectors in which they wish to work;
- Training professionals from community social centres (including local youth employment support schemes) in the early detection of addictive behaviours and appropriate referral.

As regards students in higher education, this involves promoting the involvement of inter-university preventive medicine and health promotion services (SIUMPPS) in the prevention of addictive behaviours, particularly binge drinking, tobacco and cannabis use, notably by supporting the development of the "student liaison officers on health" (ERS) scheme. This also involves improving education on road safety, concerning the risks related to the use of substances and psychoactive medicines among students, notably through training offered to student association leaders at all higher education institutions (measure falling within the scope of the Interministerial Road Safety Committee, CISR).

Media campaigns

No national media campaigns on illegal drugs took place between June 2017 and September 2018.

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)

Selective prevention aimed at audiences at greater risk than the general population is the result of dispersed local measures which has not been widely evaluated. Mainly taking place in at-risk neighbourhoods (outside the school setting) for illegal drugs or in urban recreational settings for alcohol, these actions are carried out by specialist associations or, more rarely, by law-enforcement services or Gendarmerie.

The new 2018-2022 National Action Plan on Addiction identifies several avenues for selective prevention. It aims to particularly focus on children falling within the child welfare service (ASE) and judicial youth protection service (PJJ), and to emphasise prevention aimed at individuals referred by the justice system.

It charges the MILDECA representatives (in prefectures) with accompanying the festive life and events to ensure criminality prevention and public safety, in the urban and rural areas. These priority fields are reasserted in the 2018 annual directive laying down the objectives of MILDECA project managers [[Note n°2017-311 du 18 décembre 2017 aux chefs de projets relative à l'organisation du réseau territorial de la Mildeca](#)].

Recreational settings

The 2018 annual directive (see link above) sent to MILDECA project managers reflects the National Action Plan on Addiction by highlighting the need for "better guidance in the recreational night-life scene" and for promoting "the collective management of health risks and associated disturbances in public order", both in the alternative recreational setting (e.g.: *free parties*) and in the urban setting, through charters on night life, mobile prevention, and partnerships with student associations.

Numerous French cities have drawn up charters with the professional representatives of night-life establishments, the local police and prevention associations working in the party scene. Furthermore, there are various examples of local actions for alcohol and drug abuse prevention. In cities, most of the actions in the recreational context involve "seeking contact" and are carried out by associations at local level. Some large cities (which generally have a large student population) fund local teams to intervene in the "places of use". These include, for instance, the Noctambule scheme in Lyon, Noxambules in Angers, Festiv'attitude and Somm'en Bus (bus with a *chill out* area (for relaxation and reassurance) run by a harm reduction professional) in Bordeaux. These schemes provide guidance, prevention and harm reduction materials concerning alcohol, drugs, HIV, and sexuality.

In addition to the resources currently used (interactive health self-assessment tool, which also covers addictive behaviours, accessible at all PJJ establishments, prevention programme based on the "Kusa" manga (see details in the 2017 workbook)), according to the National Action Plan on Addiction, this involves promoting the development of psychosocial skills in young people and empowering them and their families. For this purpose, the Ministry of Justice will propose quality criteria to select the actions requiring funding, the relevance of a long-term approach and complementary nature of stakeholders. Nationwide trials will be encouraged.

Implementing genuine primary prevention for individuals referred by the justice system

As regards individuals referred by the justice system – outside or inside the prison setting, for minors (PJJ) or adults – the National Action Plan on Addiction supports the introduction of prevention programmes on tobacco and cannabis use and the elimination of the exposure to passive smoking, pursuant to the *Loi Evin*, as is the case outside prison.

At-risk families

MILDECA supports the experimental introduction of PANJO (partnership between nurses and families, promotion of health and attachment between newborns and young parents), an early parenting support programme aiming to build early attachment and reinforce behaviours promoting health among young parents. Implemented by nurses, PANJO has been trialled in three departments (Rhône, Loire-Atlantique, and Hauts-de-Seine). An initial study phase confirmed its acceptability by professionals and families, and served to optimise intervention and training methods. Over the 2016-2018 period, an evaluation of effectiveness (PANJO 2 study) was carried out alongside 500 pregnant women divided between a beneficiary group and a control group (see details in the 2017 workbook).

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. MILDECA will continue to support the MDFT method in regions not benefiting from an addiction medicine team trained in this approach, notably for young families dependent on cannabis, particularly among the very young or children with psychiatric or behavioural disorders. The National Action Plan on Addiction envisages extending the implementation of validated programmes aiming to jointly develop psychosocial skills in young people and parenting skills, in particular the SFP adaptation entitled "family and parent support programme" (see details of the *Strengthening Families Program-SFP* in France in the 2017 workbook).

Selective prevention programmes aimed at children of addicts will be encouraged in the research-action framework, so as to reduce the high risk of developing addictive behaviours themselves.

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)

As for selective prevention, indicated prevention is mainly delivered by specialised associations or law enforcement services, often as part of a legal response. The main measure is based on early intervention by Youth Addiction Outpatient Clinics (CJC) among young users and their parents. Their activities range from the indicated prevention to therapy (see Treatment WB). Some CJC run advanced clinics, i.e. outside their own facilities, in schools or with judicial youth protection services (PJJ).

The partnership between CJC and establishments working alongside adolescents is supported by both the National Action Plan on Addiction (MILDECA 2018) and the National Prevention Plan (Direction générale de la santé 2018).

Users among minors referred by the justice system

The National Action Plan on Addiction aims to establish closer ties between CJC and PJJ and child welfare (ASE) establishments in order to manage young users more effectively.

Minors aged over 13 may be offered to follow an awareness course on the dangers of drug and alcohol use as an alternative to prosecution and fixed penalty notice (see Legal framework workbook).

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.

*T.1.3.1 **Optional.** Please provide an overview of the main prevention quality assurance standards, guidelines and targets within your country.*

In February 2014, 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.

The National Action Plan on Addiction makes provision for major efforts in terms of training for professionals working on the front line in contact with young people, in psychosocial skill development or early detection and referral of young users (see T1.2.2).

In its 2018 annual directive, laying down the objectives for project managers, published back in January 2018, MILDECA provided its nationwide representatives (in prefectures) with methodological and operational support via an online toolbox, consisting of ASPIRE tools to help process applications for subsidies related to prevention programmes. As a reminder, the ASPIRE guide to selecting quality prevention programmes was adapted from EDPQS (<http://www.ofdt.fr/aide-aux-acteurs/prevention/grille-aspire-adaptation-francaise-des-edpqs-pour-la-selection-de-programmes-prometteurs/>).

The national prevention plan (Direction générale de la santé 2018) provides for the introduction of an intervention charter to promote health in the school setting, in the autumn term of 2018, in order to ensure the ethical nature of the interventions.

The Ministry of Justice will propose the quality criteria to be selected for the actions requiring funding, alongside minors under judicial protection and their families, to help them develop their psychosocial skills. The long-term approach of the programmes and the complementary nature of internal stakeholders and external partners will be considered.

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.

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 CJs ("Consultations jeunes consommateurs"). These CJC are the main indicated prevention system in France; however, their area of activity may extend to therapy (see Treatment WB).

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 standardised 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). The benefit of cohesive public discourse on the risks related to alcohol use has become a political challenge.

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. Over the past decade, the problem of female users has been the subject of specific priorities, particularly on the "pregnancy and drug use" issue (including alcohol and tobacco).

For several years, MILDECA and the Ministry of Labour have endeavoured to step up prevention in the professional setting, in both the public and private sector. The institutional support for the development of prevention in the workplace is getting important. The new National Action Plan on Addiction supports these continued efforts, while taking care to keep users in employment insofar as possible.

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.

(T.3.1)

New developments are clarified in the various sections throughout the document. This information is covered here for greater clarity.

Principle, policy and organisation (T1.1.1): A new National Action Plan on Addiction (MILDECA 2018) was adopted in December 2018 for a 5-year period. Emphasis is generally placed on the need for evidence-based approaches, particularly those focusing on psychosocial skills, the qualification of individuals in contact with young people in terms of early detection of addictive behaviours and awareness of the risks associated with alcohol use. The first national prevention plan in France was adopted in March 2018 (Direction générale de la santé 2018). This reflects the National Action Plan on Addiction as regards the relevance of programmes based on psychosocial skills to be implemented in the school setting and on the partnership between Youth Addiction Outpatient Clinics (CJC) and schools or judicial establishments working with young people.

Environmental prevention (T1.2.1): The National Action Plan on Addiction defines several objectives for environmental prevention concerning legal drugs such as alcohol and tobacco.

It supports the definition of different (evolutionary) contents for the legal health warning together with the banning of any modification of the message including by adding any other mentions. The visibility and legibility of the health warning will be compulsory and reinforced. The size of the "pregnant women-zero alcohol" pictogram on the packaging units will be significantly enlarged and a contrasting colour will be imposed.

To protect the very young, in the original spirit of the *Loi Evin*, it aims, via legal channels, to reduce the maximum size of advertising billboards, extend the principle of "protected" areas (currently applied to schools) to leisure establishments and public transport, ban advertising for non-alcoholic beverages with names or characteristics suggesting an alcoholic beverage, and authorise municipal law enforcement services to carry out checks for offences in this area.

The MILDECA and the National Audiovisual Council (CSA) will define a charter of responsibility regarding the reference to psychoactive substances in the broadcast messages and content.

The National Action Plan on Addiction is planning to turn the tobacco fund into an "addiction" fund, to finance preventive actions. This new fund would be made up of the proceeds from fines for narcotics use.

Universal prevention (T1.2.2): The National Action Plan on Addiction aims to roll out validated programmes for developing psychosocial skills in each academic region, liable to encourage a favourable school environment and prevent at-risk behaviour, including addictive behaviours.

Like the national prevention plan, it reaffirms the health education pathway (PES) for all pupils, as the planning framework for all schools, in terms of internal student health protection schemes, including prevention activities aimed at addictive practices.

From the 2018-2019 university year, as part of the “health service”, students in the health field (40,000 in medicine, nursing, pharmacy, etc.) will carry out prevention actions for risk behaviour, particularly in the school setting, with their closeness in age allowing them to discuss delicate issues such as emotions, sexuality or addictions more easily. For this purpose, a module on the design and implementation of health promotion actions will be included in all health courses.

Selective prevention (T1.2.3): As part of the new national strategy, the local representatives of MILDECA (*chefs de projet*) should better accompany the recreational night-life and festive events to promote the collective management of health risks and disturbances in public order in particular when associated with alternative recreational settings (e.g. free parties) as in the urban environment (e.g.: charter on night life, mobile prevention, partnership with student associations).

Indicated prevention (T1.2.4): The National Action Plan on Addiction and the national prevention plan support the extension of the partnership between secondary schools and local CJC (based on one reference CJC per school), for promoting advanced clinics and enabling pupils with addictive behaviours to be referred for care more efficiently.

Prevention measures or programmes on tobacco and cannabis use should be introduced alongside all individuals referred by the justice system – minors or adults, outside or inside the prison setting – to curb the exposure to passive smoking, as is the case outside prison.

Quality assurance: Substantial efforts will be undertaken aimed at professionals on the front line in contact with young people for training them in developing psychosocial skills, early detection and referral to local support services.

MILDECA has provided its nationwide representatives with methodological and operational support via a toolbox, for the local roll-out of national guidelines. This includes ASPIRE tools for selecting quality prevention programmes (adapted from EDPQS), to help process applications for subsidies relating to prevention programmes.

The national prevention plan (Priority prevention. A lifetime of good health) provides for the introduction of an intervention charter to promote health in the school setting, in the autumn term of 2018, in order to ensure the ethical nature of the interventions.

The Ministry of Justice will propose the quality criteria to be selected for the actions requiring funding, alongside minors under judicial protection and their families, to help them develop their psychosocial skills. The long-term approach of the programmes and the complementary nature of internal stakeholders and external partners will be considered.

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.

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.

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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Internet :

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

- 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>

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 (*Joint Action on Reducing Alcohol Related Harm*) 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 organisations."