

2018

Best practice workbook

France

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T0. Summary

Summary:

(T1.1.1) The new national action plan on addiction for the 2018-2022 period reaffirms the government's willingness to reinforce quality in public responses on the basis of observation, research, evaluation and a reinforced training strategy, with a special impetus on prevention. Under the prevention, care and research strategical pillars, it defines quality assurance objectives with regards to the promotion and the implementation of evidence-based knowledge, evaluation and skill raising through training and scientific mediation. The Interministerial Commission for the Prevention of Addictive Behaviours (CIPCA) reflects the political will of developing evidence-based prevention knowledge.

(T1.2.1) In France, quality assurance in Drug Demand Reduction (prevention, risk reduction, treatment and rehabilitation) builds on specific advocacy, guidelines or trainings from public health institutions or professional societies. It is in the remits of the French Public Health Agency (*Santé publique France* - SpF) and the French National Authority for Health (*Haute autorité de santé* - HAS). SpF disseminates evidence in drug prevention research and supports the local experimental transfer of international evidenced-base programmes like Unplugged, GBG, SFP, etc. The HAS diffuses professional guidelines/recommendations on risk reduction and treatment addressing: (i) Opioid Substitution Treatment, (ii) Early intervention and risk/harm reduction for crack or free base users, (iii) Clinics for young drug users, (iv) Treatment of cocaine users, (v) Harm and risk reduction in low threshold services (CAARUD) and (vi) Prevention and risk reduction delivered by drug treatment centres (CSAPA) (released in Autumn 2018). The two later documents (v and vi) serve as a baseline for compulsory evaluations of drug services but the fulfilment of the other guidelines is not a formal prerequisite for support or subsidies. Tools exist to help decision makers to select quality prevention programmes (EDPQS materials and the ASPIRE toolkit adapted from them) but the extent to which they are used is unknown.

Professional federations are also engaged in developing quality and professional supports: the new portal on addictions for primary care professionals (GPs, school nurses, dentists, pharmacists, midwives, emergency doctors) is an example: <https://intervenir-addictions.fr/>.

(T1.2.2) The addiction treatment services (so-called CSAPA) are marginally impacted by the existing accreditation and certification systems applied to health establishments and processed by the HAS (French National Authority for Health).

In the 2010's, although many resource services in prevention engineering have collapsed at local level, there is a noticeable willing at national level to enhance quality in the programmes and services delivered, especially in prevention.

(T1.2.3) The National training Institute of the National Police (INFPN) provides specialised law enforcement agents with four-week training on drug issues and prevention intervention towards adults and adolescents. In the recent years, several initiatives were undertaken to:

- develop knowledge and competence on addictions in medical studies. Endeavours will be extended to other health studies (nursing, pharmacy);
- integrate a module on early detection of addictive behaviours and early intervention in the curricula of future school agents (educational advisers, education professionals and teachers).

(T3.1) The first national prevention plan calls for a charter of ethics for school health promotion interventions from September 2018 onwards.

T1. National profile

T1.1 Policies and coordination

The purpose of this section is to

- Provide a brief summary of quality assurance-related objectives, if any, within your national drug strategy

T1.1.1 Please summarise the main quality assurance-related objectives of your national drug strategy or other key drug policy document.

(T1.1.1)

The new National Drug Action Plan was adopted in December 2018 (MILDECA 2018). The Interministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA) which reports to Prime Minister is responsible for its implementation. The strategy reaffirms the need to base public action on the available scientific knowledge across its five areas of action among which one is directly related to observation, research and evaluation. It is aimed at reinforcing quality in responses to the consequences of addictions for the individuals and the society.

The National Plan defines several objectives of quality assurance, with a particular focus on training supply and evaluation, under the prevention, care and research pillars:

- Under the prevention objective 3.2 “Give the schools the resources for effective prevention”:
 - Train teachers and school health staff to the promotion of psychosocial skills (through initial, continued, categorical or inter-categorical curricula), thanks to the network of health education universities and using educational resources integrating the acquisition of the psychosocial skills in teaching (updating and development of the *Profédus* tool)
 - Commission an inter-ministerial inspection to draw recommendations on the relevance and the organisation of the informative school interventions on drugs and addictive behaviours (contents, operators, frequency).
- Under the prevention objective 3.3 “Help professionals to know how to take action at the first signs of problematic addictive behaviours related to substances or screen/gaming”:
 - Reinforce the early detection abilities among the professionals in contact with children and adolescents, by disseminating simple warning criteria (regarding problematic drug use and problematic gambling and gaming) and by helping them to give fitted responses.
- Under the treatment objective 6.3 “Develop good practice recommendations in addictology and facilitate their adoption”:
 - Schedule in partnership with the French National Authority for Health (HAS) the pursuit of the updating and/or the elaboration of benchmarks for interventions in addictology. Adapt the detection tools to the new benchmark about alcohol use.
 - Disseminate these benchmarks and encourage their appropriation by all the practitioners addressing addicted people
- Under the treatment objective 6.4 “Renovate the professional practices”:
 - Develop the training of peer helpers and their integration within addiction care teams.

- Under the treatment objective 7.4 “Prevent overdoses”:
 - Develop training and support tools for health professionals, in particular as regards as the delivery of naloxone® and the prescription and the delivery of the opioid substitution medicines.

- Under the research objective 15.1 “Tighten the links between researchers, decision-makers, professionals and citizens”:
 - Create an interministerial interface « science - decision makers », consisting in regular meetings for a scheduled dissemination of knowledge with particular focuses on the penal responses the fight against drug trafficking and school prevention. It will aim (i) to disseminate and share scientific knowledge with ministerial departments, (ii) to decide on joint commission for expertise or impact evaluations on identified gaps or needs, (iii) to enhance the joint organisation of scientific mediation events for knowledge transfer (symposiums, public consultations, debates and consensus conferences).

- Under the research objective 16.2 “Widen knowledge to better prevent”:
 - Reinforce the resources for interventional research in the framework of Tobacco Funds call for tenders, in particular to assess the quality of school-based or occupational preventive interventions
 - Reinforce the resources allocated to the transfer of knowledge for higher quality prevention interventions
 - Strengthen the pool of researchers in economic and social human sciences, in particular in behavioural sciences in order to optimize the public health strategies in addiction prevention

- Under the research objective 16.3 “Widen knowledge to improve risk reduction and care”:
 - Better document the cost-efficacy ratio of policies and interventions in the field of drug treatment and harm and risk reduction.

- Under the research objective 16.4 “Widen knowledge in the field of criminal justice response”:
 - Evaluate the impact of judicial responses to addiction-related delinquency
 - Study the change in drug law in foreign countries.

T1.2 Organisation and functioning of best practice promotion

The purpose of this section is to describe the organization of best practice promotion in your country

T1.2.1 What are the national organizations/institutions promoting quality assurance of drug demand reduction interventions and their function?

Please provide a brief description of each body and their relationship.

(T1.2.1)

The French Public Health Agency (SpF) has a scientific and expertise remit in the health field. Developing health promotion, prevention and health education as well as the reduction of health-related risks are part of its duties. Therefore, it sustains the dissemination of knowledge on science-based prevention methods or evidence-based programmes. But documents are diffused for information purposes only as no drug prevention protocol is imposed to prevention providers or public services. It provides for expertise or funding to support the experimental transfer of several international evidenced-base programmes to local French context, e.g. Unplugged, GBG, PANJO (Nurse Family Partnership - NFP), SFP, Break the cycle.

The MILDECA is responsible for the implementation of the French Government Drug Strategy towards more quality assurance in drug-related public responses. This body chairs the Interministerial Commission for the Prevention of Addictive Behaviours (CIPCA) which gathers representatives from the national/central state departments having in responsibility in the development of drug prevention (Health, Education, Police, Urban Policies, Youth Judicial Protection, Social affairs, Youth, Sports, Labour, Women's rights, Culture...). The SPF and the OFDT take part to this Commission to provide for scientific advocacy. The CIPCA aims at promoting preventive programmes, in accordance with the governmental, European and international recommendations. Within the framework of the CIPCA, the ASPIRE toolkit was adapted from the EDPQS material to help decision makers to select quality prevention programmes and issued in January 2017. It was included in the toolkit developed for the territorial representatives of the MILDECA and disseminated in January 2018 together with the political orientations. However the effective use of it is unknown.

The French National Authority for Health (*Haute autorité de santé* - HAS) is an independent scientific public authority that aims at regulating the quality of the health system. It has a specific remit of developing guidance and disseminating evidence-based information among health professionals. For instance, the HAS's website includes a section on tools for early detection and brief intervention with regards to alcohol, cannabis and tobacco uses in adults.

The HAS absorbed the National Agency for the Quality Assessment of Health and Social Care Organisations and Services (ANESM) and has taken over its tasks. Therefore the HAS is now responsible for supporting quality assurance in the service provision of Social and Medicosocial Establishments and Services (ESSMS), including specialised drug treatment centres (CSAPA) and low threshold facilities (CAARUD). It is now the HAS that accredits external evaluators to carry out the mandatory independent evaluation of the activities and service quality of the ESSMS every 5 years. This helps the Regional Health Agencies (ARS) to decide on the renewal of the operating authorizations for the addiction-related ESSMS. In addition the HAS makes recommendations for professional best practices. In the drug field, two sets of recommendations were published dealing with: (i) Opioid Substitution Treatment (2004), (ii) Reducing misuse of opioid substitution medicines (2004), (iii) Treatment of cocaine users (2010), and recommendations elaborate by the former ANESM about (iv) Users' participation and expression within the addictology medical and social establishments" (2010), (v) "Drug-related risk and harm reduction in low-threshold facilities" (2017). Professional recommendations on prevention and risk reduction activities delivered by drug treatment centres will be issued in Fall 2018. (https://www.has-sante.fr/portail/jcms/c_1101438/fr/tableau-des-recommandations-ou-travaux-relatifs-a-la-bonne-pratique). Two other lists of recommendations were defined by professional organisations about "Early intervention and risk/harm reduction for crack or free base users" (2010) and "Clinics for young drug users" (2012).

The National association "*Fédération Addiction*" (wide federative association of specialised treatment centres) coordinates the implementation of a multi-partnership portal for health professionals willing to engage in early intervention or outpatient care towards drug users (drug must be understood as licit or illicit drugs (alcohol, tobacco, cannabis, opioids, etc.): <https://intervenir-addictions.fr/>). This portal provides common law practitioners from the community or the school, workplace or emergency settings with guidance and tools to detect problematic drug use, to refer to specialised services or to prescribe/initiate opioid substitution treatment. Training materials and networking indications are also available. The scientific steering committee gathers professional, institutional and research partners: Respadd (Network for Addiction Prevention), Ippsa (Institute for Promoting Secondary Prevention in Addictology), Certa (Addiction Treatment, Training and Research Centre), RISQ (Research and Intervention on psychoactive Substances – Quebec), GREA (Swiss

Romand Group for Addiction Studies), MG Addiction (General Practitioners and Addiction unit), MILDECA (Interministerial Mission for Combatting Drugs and Addictive Behaviours) and Addiction Directorate of Health Department, French Public Health Agency (*Santé publique France*) and OFDT (French Monitoring Centre on Drugs and Drug Addictions).

As mentioned in the Workbook Treatment (see section T1.5.1), an interministerial guide provides for details on the legal and regulatory framework for OST in the French prison setting and gives recommendations for best practices (Ministère des affaires sociales et de la santé and MILDT 2013).

The national medical and pharmaceutical associations revised in 2017 their joint professional guidelines for prescribing and dispensing opioid substitution medications (Conseil national de l'ordre des médecins and Conseil national de l'ordre des pharmaciens 2017) (for more details, see section T1.5.1 of the Treatment workbook).

T1.2.2 Do you have any accreditation systems for intervention providers in drug demand reduction? If yes, please provide a brief description.

The French National Authority for Health (HAS: <http://www.has-sante.fr/portail/jcms/1249588/fr/accueil-2012>) is an independent public body, with financial autonomy, set up in August 2004, which aims at improving the quality of patient care and guaranteeing equity within the healthcare system. Its activities range from the assessment of health products in view of their reimbursement, of medical devices and procedures, to the publication of guidelines, the certification of healthcare establishments and the accreditation of practitioners for specialities at risk.

The certification process of health establishments is structured around two main areas, i.e. the establishment management and the patient management, as formalised in the 2014 Manual on certification of healthcare establishments (HAS 2014). However, the addiction treatment services (so-called CSAPA) are marginally impacted by these processes:

- The accreditation procedures are applied to high-risk medical or surgery specialities, which are not the ones generally engaged in addiction treatment.
- The certification process has little inference as to addiction issues:
 - (i) Certificated establishments have to define an integrated programme on the management of quality and safety of care, which includes “addictovigilance” as part of their warning system for the earliest detection of any unusual health events and for the response to health alert.
 - (ii) With regards to the patient management, the only criterion related to addiction issues is directed to the establishments that address inmates. These establishments/services must develop adapted therapies taking into account the higher iatrogenic and suicidal risk related to the frequent poly-use of addictive substances among inmates.

T1.2.3 Do you have specific education systems for professionals working in the field of demand reduction? If yes, please provide a brief description.

Information relevant to this answer includes:

- specific academic curricula,
- specific continued education/specialization courses

Specific continuing education is provided to drug specialised law enforcement officers, i.e. FRAD (national *Gendarmerie*) or PFAD (national Police), who are likely to train their colleagues and deliver prevention interventions on topics like drugs, alcohol or violence, in various settings (mainly schools, and also occupational settings, common touristic sites...).

From February 2013, the National Institute for Training of the National Police (INFPN) is the unique service for continuing education of the agents of the two corpuses. In 2016, 60 police and *gendarmerie* officers were trained and 815 reported drug-related preventive interventions towards 850,000 people. These specialised law enforcement agents/trainers (FRAD or PFAD) are assigned to local units or services throughout France and there is a variation of their involvement and experience in drug prevention: in general, prevention interventions are a limited part of their activities, though some of them work full time in this field. The four-week training is based on multidisciplinary sessions in respect to the current scientific knowledge. It includes interventions from a psychologist, health promotion professionals, epidemiologist on topics like the psychological development of teenagers, health promotion principles. Trainees can practice conducting a prevention session towards adults (school staff, teenagers' parents...) or adolescents. Each exercise gives rise to a complete collective debriefing by the trainer and the psychologist, about the content and forms. Skill updating can be undertaken on a voluntary basis, according a 2 or 4-year cycle.

From September 2018 onwards, the implementation of the health-promoting service (so-called *service sanitaire*) implies the inclusion of a module on how to design and conduct health promotion actions in all the health curricula (medicine, nursing, pharmacy...). These students will have to carry prevention actions out, in particular in schools. Their close-in-age with young public is seen as a lever to tackle more easily delicate topics such as emotional life, sexuality or addictions.

Continuous education on addiction issues is mainly implemented by professional societies, according to an annual programming.

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 best practice promotion 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.

T.3.1 Please comment on any notable new or topical developments observed in best practice promotion in your country (eg. new standards/guidelines/protocols developed). Please note that the information here should complement or add to the information submitted through Structured Questionnaire 27P2 which monitors the implementation of quality assurance systems by collecting information on Guidelines and Standards available in the country.

According to the national prevention plan (entitled "Priority Prevention. Make people healthy throughout life") (Direction générale de la santé 2018), a charter of health promotion interventions in schools is to be implemented at the beginning of the 2018 school year (in September) to ensure respect for ethical principles in interventions.

In Autumn 2018, the French National Authority for Health (HAS) will release professional recommendations on the prevention and risk reduction activities delivered by drug treatment centres.

The CIPCA launched an original procedure for the selection of well-structured or innovative programmes to fund their evaluation. The French public health Agency (SpF) and the OFDT were entrusted with their evaluation (process and impact when feasible) over 2016-2018.

In the framework of the new national action plan on addiction (MILDECA 2018) (under objective 3.4), quality criteria will be defined at national level to favour the selection and funding of good multi-session/repeated actions addressing minors under the judicial system and to favour the complementarity of stakeholders. Territorial experimentations will be encouraged.

T4. Additional information

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

Please structure your answers around the following questions.

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

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

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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.

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

(T.5.1)

References

Conseil national de l'ordre des médecins and Conseil national de l'ordre des pharmaciens (2017). Recommandations ordinales. Prescription et dispensation des médicaments de substitution aux opiacés. CNOM, CNOP. Available: <http://www.ordre.pharmacien.fr/content/download/376626/1813620/version/1/file/Recommandations+ordinales++prescription+et+dispensation+des+m%C3%A9dicaments+de+substitution+aux+opiac%C3%A9s.pdf> [accessed 14/08/2018].

Direction générale de la santé (2018). Priorité prévention : rester en bonne santé tout au long de sa vie. Comité interministériel de la Santé. Dossier de presse - 26 mars 2018. Ministère des solidarités et de la santé, Paris. Available: http://solidarites-sante.gouv.fr/IMG/pdf/plan_national_de_sante_publicque_psnp.pdf [accessed 12/06/2018].

HAS (2014). Manuel de certification des établissements de santé. Haute Autorité de Santé, Saint-Denis. Available: http://www.has-sante.fr/portail/upload/docs/application/pdf/2014-03/manuel_v2010_janvier2014.pdf [accessed 23/07/2018].

MILDECA (2018). Alcool, tabac, drogues, écrans : Plan national de mobilisation contre les addictions 2018-2022. Mission interministérielle de lutte contre les drogues et les conduites addictives, Paris.

Ministère des affaires sociales et de la santé and MILDT (2013). Guide des traitements de substitution aux opiacés en milieu carcéral. Available: http://solidarites-sante.gouv.fr/IMG/pdf/Guide_des_TSO_en_milieu_carceral.pdf [accessed 20/06/2018].

Internet

About the new webpages to assist professionals in accessing evidence-based Drug Demand Reduction information:

- <https://www.ofdt.fr/aide-aux-acteurs/>

About the CIPCA:

<http://www.drogues.gouv.fr/strategie-gouvernementale/prevention/commission-interministerielle-de-prevention-conduites-addictives-cipca>

About the French National Authority for Health (HAS) guidance for early detection and brief intervention in adults: http://www.has-sante.fr/portail/jcms/c_1795221/fr/outil-daide-au-reperage-precoce-et-intervention-breve-alcool-cannabis-tabac-chez-ladulte (this link is also specified in section T1.2.3).

About the ASPIRE material (adapted from EDPQS materials):

- <https://www.ofdt.fr/aide-aux-acteurs/prevention/grille-aspire/>
- <http://www.drogues.gouv.fr/cipca/grille-aspire>

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

No study reference. Data collected through direct interviews or specific investigation