

Drug policy workbook

2022

France

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When responding to the workbook, please be certain to use the fields associated with each question to allow the EMCDDA to identify the relevant parts.

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 T1.1.1

- 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 inter-ministerial; national, regional and local strategic and operational levels.

Summary of T1.4

- Please comment on the existence of annual drug-related budgets; their 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 2018-2022 National Plan for Mobilisation against Addictions, which was introduced by the government in December 2018, promotes an approach targeting all psychoactive substances (alcohol, tobacco, illegal drugs) and other forms of addictive behaviours (gambling, doping).

The 2018-2022 Plan has a clear and assertive discourse on the risks and harms associated with addictive behaviour. The government strategy focuses on prevention, vulnerable groups and health inequalities. The 2018-2022 National Plan for Mobilisation against Addictions pays special attention to the quality of responses to the consequences of addiction for both individuals and society. On the aspects relating to narcotics and security, the Plan shows a strong commitment to combating trafficking in order to respond to the challenges posed by the increase in supply and the direct consequences of trafficking (insecurity, violence, parallel social organisation in certain areas of the country, weakening of the legal economy, etc.). The Plan strengthens the interministerial dimension of public action in the field of addictions by proposing reinforced steering of support for research. With regard to the implementation of the national guidelines in the French regions and departments, the 2018-2022 Plan emphasises its desire to unite the action of State services, local authorities and civil society and authorises regional prefects to set up roadmaps for their region. The development of the 2018-2022 Plan was guided by the principle of strengthening the coherence of public action over the period of implementation of its measures and the search for their articulation with other government strategic programmes (prevention, health, road safety, child poverty, students, detained persons, housing, overseas territories).

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

The 2018-2022 National Plan for Mobilisation against Addictions was recently evaluated as part of an internal evaluation process, led by the Interministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA). The evaluation had a dual purpose: to establish an assessment of territorial dynamics and to design operational proposals that will support the next government strategy. The methodological approach, which was qualitative in nature, was based on work and exchanges with State services involved in the fight against drugs and addictive behaviours, in two regions that are representative of the territorial dynamics underway: Occitanie and Normandy. Regional and departmental prefectures, regional health agencies, public prosecutors and education authorities were also involved. This evaluation exercise was reinforced by additional insights provided by the plan's indicator monitoring table.

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", under the authority of the Prime Minister. 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. A network of approximately 101 territorial representatives (generally the senior local government officers' general administrators of the "département" or "region") on a national scale guarantees the consistency of the implemented actions. Since 1st January 2020, the Anti-Narcotics Office (OFAST) - a service attached to the General Directorate of the National Police (DGPN) - has been designated as the lead agency for the internal security forces, Customs officers and the national navy, as well as the judicial authority in the fight against trafficking. The service brings together officers from the police, *gendarmerie* and Customs, as well as liaison officers. At the territorial level, 103 operational drug intelligence units (CROSS) carry out essential work in collating information for the purposes of knowledge of trafficking, action and prosecution.

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. For the year 2010, the latest estimate published by the French Monitoring Centre for Drugs and Drug Addiction (OFDT) in September 2015 evaluates this cost at 8.7 billion euros for illegal drugs, far from the amount estimated for alcohol (118 billion) and for tobacco (122 billion). A new estimate of the social cost of drugs is being carried out under the coordination of the OFDT, financed by the Addiction Fund. A new update (2021 data) will be published shortly.

In 2020, total public spending on the fight against drugs and addictive behaviour is estimated at 2.31 billion euros. The contribution from the State and Health Insurance represents 0.13% of the gross domestic product (GDP) (Eurostat 2022), with 44% of the total for demand reduction initiatives, 54% for supply reduction activities and almost 2% of the resources allocated to cross-country activities (coordination and international cooperation).

Summary of new developments (250 words)

Two important topics marked the period of 2021-2022: the French Presidency of the Horizontal Drugs Group and the latest developments regarding drug consumption rooms.

As part of the French Presidency of the Council of the European Union, MILDECA chaired the Horizontal Drugs Group. The central themes targeted by France were the review of the European Monitoring Centre for Drugs and Drug Addiction's mandate, the European Union's response to the increase in the supply of and demand for cocaine, taking into account the environmental impact of the production, transport and use of drugs, and the relationship between drugs and digital technology.

With regard to harm reduction policy, the Social Security Financing Act for 2022, in light of the positive results of the evaluation conducted by Inserm in particular, has extended for an additional three years the experimentation with the system of drug consumption rooms renamed *Haltes Soins Addictions* (HSA).

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. List the titles and dates of all past national drug strategies and supporting action plans in your country in the following table, adding rows as needed.

Timeframe	Title and web link	Scope (main substances / addictions addressed)
Introduced on 2 February 1983 (implementation period not specified)	Programme de 25 actions	illicit drugs
Introduced on 17 September 1985 (implementation period not specified)	31 mesures de lutte contre la toxicomanie	illicit drugs
Introduced on 9 May 1990 (implementation period not specified)	Programme d'actions de 42 mesures de lutte contre la drogue	illicit drugs
Introduced on 21 September 1993 (implementation period not specified)	Plan gouvernemental de lutte contre la drogue et la toxicomanie	illicit drugs
Introduced on 14 September 1995 (implementation period not specified)	Programme gouvernemental de lutte contre la drogue et la toxicomanie de 22 mesures	illicit drugs
Introduced on 16 June 1999. Initially for a period of 3 years (1999-2001) but it remained in force until the next plan in 2004	Plan triennal de lutte contre la drogue et de prévention des dépendances (1999-2000-2001) Summary in English: Triennial action plan against drugs and for the prevention of dependencies 1999-2000-2001 https://bdoc.ofdt.fr/index.php?lvl=notice_display&id=62725	Alcohol, tobacco, psychotropic drugs and illicit drugs
Introduced on 30 July 2004 for 4 years (2004-2008)	Plan gouvernemental de lutte contre les drogues illicites, le tabac et l'alcool (2004-2008) https://bdoc.ofdt.fr/index.php?lvl=notice_display&id=56924	Alcohol, tobacco, and illicit drugs
2008-2011	Plan gouvernemental de lutte contre les drogues et les toxicomanies 2008-2011 English version: Combating drugs and drug addiction: Government action plan 2008-2011 https://bdoc.ofdt.fr/index.php?lvl=notice_display&id=52448	Alcohol, tobacco, diverted psychotropic drugs, doping and illicit drugs
2013-2017	Plan gouvernemental de lutte contre les drogues et les conduites addictives 2013-2017 English version: Government plan for combating drugs and addictive behaviours 2013-2017 https://bdoc.ofdt.fr/index.php?lvl=notice_display&id=73185	Alcohol, tobacco, psychotropic drugs, screens, Internet, gaming, doping and illicit drugs
2018-2022	Plan national de mobilisation contre les addictions 2018-2022 English version: Alcohol, tobacco, drugs, screens: National plan for mobilisation against addictions 2018-2022 https://bdoc.ofdt.fr/index.php?lvl=notice_display&id=81178	Alcohol, tobacco, psychotropic drugs, screens, Internet, gaming, doping and illicit drugs
2019-2022	Plan national de lutte contre les trafics de stupéfiants https://www.interieur.gouv.fr/Archives/Archives-des-dossiers/Plan-national-de-lutte-contre-les-stupefiants	Drug trafficking

T1.1.2. 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 addressed.

Since March 1, 2017, Doctor Nicolas Prisse is chairing the MILDECA. Under the authority of the Prime Minister, MILDECA has the task of coordinating governmental action and leading a cohesive policy involving ministerial departments and all local State representatives (general administrators of "départements", chief education officers, general directors of the Regional Health Agencies and public prosecutors).

The main orientations of the current French policy on drugs are included in the 2018-2022 National Plan for Mobilisation against Addictions, adopted by the Government in December 2018 (MILDECA 2018). Following on from the previous action plan on drugs and addictive behaviours (2013-2017) (MILDT 2013), the 2018-2022 National Plan for Mobilisation against Addictions promotes an approach targeting all psychoactive substances (alcohol, tobacco, illegal drugs) and other forms of addictive behaviours (gambling, doping, screens).

The 2018-2022 National Plan was the result of a wide-ranging consultation exercise with stakeholders, and was worked on in interministerial meetings under the aegis of MILDECA. Driven by a clear public speech on the risks and harm that psychoactive substance use and high-risk use can cause, the 2018-2022 National Plan for Mobilisation against Addictions focuses on prevention and pays particular attention to the most vulnerable groups based on their age or other qualities that make them more at risk. It improves the quality of responses to the consequences of addiction for individuals and society and puts forward new measures for research, observation and developing international cooperation. Also, it creates the conditions for effective public action in different regions, by improving coordination between different state departments and involving local authorities and civil society. It will be implemented by the prefects in the form of roadmaps adopted in spring 2019. In the area of security, the National Plan for Mobilisation against Addictions showed a strong commitment to fighting trafficking. As the fight against drug trafficking is a major priority for the government, this orientation has been given operational expression in the National Plan to Combat Drug Trafficking adopted in September 2019 and broken down into 55 measures (Premier ministre 2021a).

T1.1.3. Is there another national strategy/action plan on policing, public security, law enforcement, etc. that is not specific to drugs but also defines drug supply reduction/drug-related law enforcement in your country? Please insert its title, a link to the PDF and a short summary.

The measures in the national plan are linked to those in other strategic government programmes adopted since 2017 in the fields of prevention, health, justice, education, security and sport (for example, the national health strategy, the national plan to combat smoking, the roadmap for the health of detained persons (see [T.1.3.1 of the 2021 "Prison" Workbook](#)), the priority prevention plan, the action plan decided by the interministerial committee on road safety, the poverty plan, the student plan, the five-year 'housing first' plan, the Overseas Blue Book, the forum on new digital regulations).

T1.1.4. Does your country have additional national strategy or action plan documents for other substances and addictions? If so, please complete the table below with their titles and links to PDFs. If possible, please include a short description of each.

Additional national strategy documents for other substances and addictions	
Alcohol	
Strategy title	No specific strategy It should be noted that, as part of the 2021-2025 roadmap resulting from the 2021-2030 ten-year cancer control strategy, it is planned to set up a national "alcohol" risk prevention programme which would mobilise the following levers in particular: research, regulation (marketing, accessibility of supply, etc.), reinforcement of information (public discourse and benchmarks for lower-risk consumption) with particular attention paid to young people. INSERM's collective expert report (French National Institute for Health and Medical Research) on reducing alcohol-related harm, published in May 2021, will feed into this work (INSERM 2021).
Web address	Click here to enter text.
Tobacco	
Strategy title	Programme National de Lutte contre le Tabac (PNLT) 2018-2022
Web address	https://solidarites-sante.gouv.fr/IMG/pdf/180702-pnlt_def.pdf
Image and performance enhancing drugs	
Strategy title	No specific strategy

Web address	
Gambling	
Strategy title	Plan stratégique 2021-2023 de l'Autorité Nationale des Jeux (ANJ)
Web address	https://anj.fr/sites/default/files/2021-01/Plan%20strat%C3%A9gique%20VF.pdf
Gaming	
Strategy title	No specific strategy
Web address	
Internet	
Strategy title	No specific strategy
Web address	
Other addictions	
Strategy title	National Plan for the Prevention of Doping and Doping-Related Behaviour in Physical and Sports Activities 2019-2024
Web address	http://www.sports.gouv.fr/IMG/pdf/prevention_du_dopage_et_des_conduites_dopantes_dans_les_activites_physiques_et_sportives_2019_2024.pdf
*please include extra lines as necessary	

T1.1.5. Are there drug strategies/action plans also at the regional level? If yes, please specify at which level they exist (e.g. Länder, autonomous communities, counties) and complete the overview table below adding lines as necessary.

Each regional prefecture (13 + 5 Overseas) implements the measures of the National Plan for Mobilisation against Addictions at regional and departmental level according to the priorities of each territory in the form of a regional "roadmap". These roadmaps are drawn up with the regional health agencies (ARS), the education authorities and the judicial authorities and approved by MILDECA.
For more information: [Circular no. 2018-311 of 27 December 2018](#) to Mildeca project leaders on the 2018-2022 National Plan for Mobilisation against Addictions.

The following regional roadmaps are available online:

Region	Year	Title and web link	Scope (main substances / addictions addressed)	Pillars / action areas
Auvergne-Rhône-Alpes	2019-2022	MILDECA Auvergne Rhône-Alpes regional roadmap https://www.rhone.gouv.fr/content/download/49076/271124/file/Feuille%20de%20route%20r%C3%A9gionale%20MILDECA%20-%20Auvergne%20Rh%C3%B4ne-Alpes%202019-2022.pdf	Substance or non-substance addictions	It is structured around 3 strategic objectives: 1. Strengthening prevention and act on early use. 2. Supporting the development of harm reduction measures adapted to the general public and the regions. 3. Supporting the implementation of awareness-raising and training programmes specific to the topic of addiction.
Bretagne	2019-2022	MILDECA Bretagne Regional Roadmap 2019-2022 https://www.ille-et-vilaine.gouv.fr/content/download/52107/356676/file/Feuille%20de%20route%20r%C3%A9gionale%20MILDECA%20si gn%C3%A9e.pdf	Alcohol, tobacco, illicit substances, screens and video games	Axis 1: strengthening prevention and law enforcement among minors Axis 2: strengthening prevention and actions for vulnerable people Axis 3: reducing risks in the party environment Axis 4: researching behavioural addictions

Region	Year	Title and web link	Scope (main substances / addictions addressed)	Pillars / action areas
Centre-Val de Loire	2018-2022	2019-2022 Centre-Val de Loire Regional action plan on drugs and addictive behaviour https://www.eure-et-loir.gouv.fr/content/download/36226/224263/file/feuille%20de%20route%20r%C3%A9gionale%20CVL%20d%C3%A9finitive.pdf	Alcohol, tobacco, illicit substances and substance-free addictions	Axis 1: Protecting from an early age and throughout life. Axis 2: Reaching out to vulnerable people and taking specific needs into account. Axis 3: Carrying a common public discourse and enlightening in order to empower. Axis 4: Preserving the festive spirit in a quiet public space.
Grand Est	2019-2023	Grand Est Action Plan on Addictions - Regional Roadmap 2019-2023 Grand Est Region https://www.grand-est.ars.sante.fr/system/files/2020-04/ARS_MILDECA_Grand-Est_Feuille_route_Addictions_2019-2023_VFsignee.pdf	Alcohol, tobacco, illicit drugs and behavioural addiction	Axis 1: health promotion Axis 2: prevention Axis 3: improving treatment access for people in a situation of addiction Axis 4: optimising harm reduction policies Axis 5: strengthening the knowledge of professionals Axis 6: compliance with regulations
Hauts-de-France	2019-2022	Hauts-de-France regional roadmap against addiction https://www.nord.gouv.fr/content/download/60463/382445/file/Consulter%20la%20feuille%20de%20route.pdf	Tobacco, alcohol, illicit substances and other psychoactive substances (nitrous oxide, poppers)	Axis 1: Continuing and intensifying the prevention of addictive behaviour among young people and informing them of the risks Axis 2: Having an adapted response in terms of repression and prevention of subsequent offences Axis 3: A better response to the consequences of addiction
Martinique	2019-2022	2019-2022 Regional action plan on addiction https://www.martinique.ars.sante.fr/media/9530/download?inline	Licit and illicit products	Axis 1: Strengthening information and communication on addictions Axis 2: Conducting a prevention policy from the earliest age Axis 3: Improving support for vulnerable populations Axis 4: Limiting access to licit and illicit products

Region	Year	Title and web link	Scope (main substances / addictions addressed)	Pillars / action areas
Normandie	2019-2022	Administrative offices of the Normandy Region Regional Roadmap 2019-2022 https://s1.or2s.fr/echange_fichiers/Documents/Feuille_de_route_MILDECA_Normandie.pdf	Alcohol, illicit drugs	Five main objectives: 1- Fostering social awareness and mobilising local actors around reliable data and objective and shared language elements 2- Mobilise front-line players, with the support of players specialising in addictology, to act earlier, more widely and more effectively with priority populations 3- Contribute to public peace and security by strengthening the coordination and effectiveness of addiction interventions 4- Develop effective responses for the audiences identified by the justice and law enforcement agencies 5- Fight against trafficking and enforce bans
Nouvelle Aquitaine	2018-2022	Regional Roadmap 2018-2022 Nouvelle-Aquitaine Region https://www.deux-sevres.gouv.fr/content/download/43204/320038/file/MILDECA_Feuille%20de%20route%20r%C3%A9gionale%202018-2022.pdf	Alcohol, illicit drugs, screens	Axis 1: reduce addictions among young people Axis 2: act on festive alcoholism Axis 3: protect vulnerable groups Axis 4: reduce screen addiction
Occitanie	2018-2022	Addictions Regional Roadmap 2020-2022 https://www.prefectures-regions.gouv.fr/occitanie/content/download/78633/508324/file/Presentation%20Feuille%20route%20Addictions%20OCCITANIE.pdf	Tobacco, alcohol, cannabis, drugs, screens and gambling	It is structured around 7 priority areas: 1. Strengthening knowledge, coordination and evaluation in the field of addiction 2. Informing, training and communicating in order to enlighten 3. Protecting and preventing addictive behaviour among young people 4. Preventing and reducing risks in party settings 5. Strengthening actions for vulnerable groups 6. Reducing exposure to products 7. Continuing to develop care for people with addictions, particularly in outpatient settings

Region	Year	Title and web link	Scope (main substances / addictions addressed)	Pillars / action areas
Pays-de-la-Loire	2019-2022	2019-2022 regional addiction prevention programme https://www.pays-de-la-loire.ars.sante.fr/system/files/2019-03/PRPA_2019-2022.pdf	Alcohol, tobacco, illicit substances, behavioural addictions or non-product addictions (eating disorders, screens, gambling and sexual addictions)	Objective 1: Strengthening prevention from an early age by working with young people and parents Objective 2: Improving early identification and referral, as well as the link with care, by relying on resource actors Objective 3: Improving the synergy and regional networking of addiction prevention systems and networks, giving priority to an approach based on regions/areas of life, and taking care to reduce inequalities in access
Provence-Alpes-Côte-d'Azur	2019-2022	Territorial Roadmap 2019-2022 PACA [Provence-Alpes-Côte d'Azur] http://www.cres-paca.org/depot_arkcms_crespaca_depot_arko/articles/1773/2019-aap-mildeca-06-feuille-de-route-paca_doc.pdf	Alcohol, tobacco, illicit drugs and gambling	Objective 1: to strengthen prevention and act on early consumption Objective 2: to support the development of harm reduction Objective 3: to support the implementation of specific training programmes on addictive issues for front-line professionals
La Réunion-Mayotte	2018-2022	Territorial Roadmap 2018-2022 Reunion Island https://www.peidd.fr/IMG/pdf/frt_mildec_a_reunion_2018-2022-2.pdf?5538/41787b6d109a71e20286ce8b2079c8b9066c3a8b	Alcohol, tobacco, illicit drugs	Axis 1: Prevent addictions and their consequences; Axis 2: Ensure compliance with protective bans and better supervise the sale of alcoholic beverages Axis 3: Involve communities in the construction of local political projects Axis 4: Support monitoring and research aimed at increasing the skills of actors built in a community manner Axis 5: Take into account the environment, to improve the care of users in the Indian Ocean zone and to fight effectively against trafficking by anticipating so-called emerging phenomena.

T1.1.6. Does the capital city of your country have a drug strategy/action plan? If yes, please state its full reference, website address and a short description of its scope (main substances / addictions addressed) and pillars/action areas and the main objectives addressed). If there is none and the national strategy or another strategy or key reports address the capital city's drug policy please describe that instead.

Although the French capital does not have a local strategic plan dedicated to drugs, the Paris City Council and the Seine-Saint-Denis Departmental Council have a mission in charge of the Metropolitan Mission for the

Prevention of Risk Behaviour (MMPCR). Created in July 2013, it is a resource for the two regions that intervenes at the crossroads of the fields of social cohesion, education, health, integration, and justice, to promote the prevention of risk behaviours, including addictive behaviours, in the areas of Seine-Saint-Denis and Paris (see <https://mmpcr.fr/>).

T1.1.7. What elements of content (objectives, priorities, actions) of the latest EU drug strategy 2013-2020 and of the EU drug action plans (2013-16 and 2017-20) were directly reflected in your most recent national drug strategy or action plan?

The 2018-2022 National Plan for Mobilisation against Addictions (MILDECA 2018) is based on an integrated, coherent and balanced policy involving reducing supply and demand and combining prevention, care, risk and damage reduction, integration, combatting trafficking, cooperation and research. In line with the EU strategy, the main objective of the French plan is to protect people from the health, social, safety and economic consequences of using and trafficking illegal products. In accordance with the fundamental principles of the European strategy, it also relies on scientific advances to establish its interventions, and particularly focuses on the most vulnerable groups.

T1.1.8. **Optional.** Please provide any additional information you feel is important to understand the governance of drug issues within your country.

Over the past five years, the Government has strengthened its support for regional actors to forge alliances, which are essential for effective action. The topics are varied, reflecting the scope of this policy: forming an educational alliance to reinforce the psycho-social skills of children and adolescents; creating protective environments around them (observance on the ban on sales to minors, setting up of trusted places and family protection); reinforced coordination between the forces involved in the fight against drug trafficking under the aegis of the new OFAST branches; regulating local party settings, whether regular, in certain streets or neighbourhoods, or occasional (festivals, celebrations); coordinating health care providers to facilitate the inclusion of patients in clear health care pathways, with a strong remote support dimension; supporting vulnerable people (e.g. crack users in Paris; disseminating harm reduction practices in reception and accommodation facilities; experimenting with regional schemes to prevent young people from becoming involved in drug trafficking).

The rise in power since 2018 of the national Fund for Combating Addiction has also promoted the coordination of actors. The regional health agencies have defined regional addiction prevention strategies, beyond the scope of the first regional tobacco reduction plans. The prefectures are associated with the governance structures that have been set up, participate in defining and implementing the priority guidelines and can thus include this component in the overall interministerial coordination for which they are responsible. As a result, a strong impetus has been given in all regions to the development of programmes to strengthen the psycho-social skills of children and adolescents.

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.

T1.2.1. List the titles and timeframes of recent national drug strategy and action plan evaluations, and/or issue specific evaluations of initiatives that are considered as official representative assessments of the national drug strategy measures, providing links to PDFs.

The first evaluation conducted in France on government policy focused on the 1999-2000-2001 three-year plan (Setbon *et al.* 2003). The following 2004-2008, 2008-2011 and 2013-2017 plans also included evaluations but in the form of external monitoring (entrusted to the OFDT), based on developing and monitoring a dashboard with key indicators. In addition, the 2013-2017 government plan for combatting drugs and addictive behaviour was also evaluated by an external team from the academic world. The recommendations of the final evaluation report have partly inspired the 2018-2022 National Plan for Mobilisation against Addictions, which has the dual aim of taking a long-term view of its actions and integrating the territorial dimension in a transversal way.

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 most recent evaluation exercise was of the 2018-2022 National Plan for Mobilisation against Addictions. This is an internal evaluation, led by MILDECA, which takes place at the end of the implementation of the government strategy. The purpose of the evaluation was twofold: it aimed to establish an assessment of territorial dynamics and to design operational proposals to support the next government strategy.

The methodological scheme rolled out was qualitative in nature. It was based on work and exchanges with State services involved in the fight against drugs and addictive behaviours, in two regions that are representative of the territorial dynamics underway: Occitanie and Normandy. Regional and departmental prefectures, regional health agencies, public prosecutors and education authorities were also involved.

This evaluation exercise has been supplemented by additional insights provided by the plan's indicator monitoring table (see T1.2.3.).

With regard to the main results of this evaluation, the assessment identified several major advances in the policy conducted over the last five years (2018-2022).

In the field of information, the emphasis has been placed on large-scale communication campaigns and social marketing operations on the risks associated with the use of licit drugs (tobacco and alcohol) and illicit drugs (cannabis, MDMA, nitrous oxide, GHB and cocaine). Special attention has been paid to children and adolescents, resulting in the accelerated roll-out of life skills programmes and the identification of problematic uses of screens (including video games). A priority area for prevention was also the workplace, which was disrupted by the Covid-19 public health crisis and where the risk of addictive behaviour has increased for some employees. The mobilisation of professional actors around the prevention of addictive behaviours has gone hand in hand with that of primary care professionals to identify, in the greatest number of patients, possible risky behaviours, and to support people in difficulty, by directing them if necessary to specialised structures and services.

Harm reduction has been also at the heart of the drug policy for the period 2018-2022. The drug consumption room experiment was completed and, in view of the positive results of the evaluation conducted by Inserm, the experimental scheme has been renewed for three years and renamed "Haltes Soins Addictions" (HSA). The Covid-19 public health crisis has accelerated the deployment of so-called "outreach" approaches and better consideration of the addiction problems of the most vulnerable groups.

In the field of coordination of public action at a regional level, the assessment shows the efforts made in recent years to strengthen its support for regional actors, who are essential for effective action.

With regard to festive gatherings, it is emphasised that prefectures have mobilised local players to reduce the risky use of psychoactive substances and the associated health and social damage (violence, disturbance of public order and peace). The resumption of the festive life in the summer of 2021 required particular vigilance.

The Government's commitment to combating drug trafficking was reflected in a comprehensive and ambitious anti-trafficking plan presented in September 2019 (see T1.1.3). The results of the anti-trafficking plan are characterised in particular by the deployment of the criminal fixed fine for drug offences and the increase in operations to destabilise drug dealing points. This work is based on a census of dealing spots, which has been helped by the fact that citizens can now also report these locations online at the websites moncommissariat.fr and magendarmerie.fr. More generally, and in the very specific context of the Covid-19 epidemic (marked by the destabilisation of trafficking and the interruption of flows), the initiative of the internal security forces was maintained in 2020 with an acceleration from the second half of the year in the seizure of products and criminal assets. The Prime Minister chaired interministerial committees on the fight against drugs on 18 May 2021 and 3 March 2022, respectively, thus reinforcing the Government's commitment in this area.

Significant investments were highlighted in the field of research, notably through the Fund for Combating Addictions. In particular, the evaluation of the drug consumption room experiment by INSERM and the INSERM collective expertise on alcohol constitute a solid basis for directing public action in these areas.

With regard to international action, the assessment highlights the institutional position of the French authorities, who continue to promote a global and balanced approach to the fight against drugs, based on the defence of human rights, in international bodies (in particular the United Nations Commission on Narcotic Drugs,

INTERPOL, WHO and UNODC) and European bodies (in particular EUROPOL, FRONTEX and OSCE), and to increase cooperation actions, in particular by rolling out expert missions to train internal security forces in partner countries on all aspects of the fight against drug trafficking.

The assessment also highlights the main challenges identified and the progress to be made, which will guide the next government strategy.

A major concern is vulnerable sections of the population. For the general public, the protection of minors is highlighted as a key priority for the coming years. Emphasis is placed on the urgent need to identify new forms of action to put an end to the massive non-compliance with the ban on the sale of alcohol, tobacco and gambling to minors, and the need to provide appropriate responses for vulnerable people (people with disabilities, detained persons, etc.). Another key area highlighted by the assessment report concerns the restructuring of addiction services (review of missions, associated costs and budgets; better coordination between the health and medico-social sectors, etc.), which has been partially undertaken over the last five years and which represents a major challenge for the coming period. Finally, the mobilisation of local authorities has mainly concerned municipalities and departmental councils; regional councils have not been asked to take a more systematic account of the problem of addictive behaviours in the support provided to people covered by the training and employment policies managed at this level: job seekers, apprentices, vocational trainees in various branches of industry, etc. It would also be useful to give local missions more tools.

T1.2.3. 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.

In addition to the evaluation carried out by MILDECA at the end of the government strategy, the monitoring scheme was based on a table of indicators that made it possible to monitor developments in around fifteen priority objectives. This monitoring table was filled in regularly by the OFDT and communicated to MILDECA to enable it to guide public action on drugs.

A variety of sources were used:

- representative surveys (EROPP survey on French people's representations, opinions and perceptions, data from the *Santé publique France* Health Barometer on drug use among adults, or surveys of young people, such as ESCAPAD or EnCLASS on the age of first use, uses, access to products, etc.);
- additional surveys carried out in certain environments (RECAP system in health care centres, the Ena-CAARUD survey in harm reduction facilities, in the workplace, etc.) or among specific populations (pregnant women on drug use during pregnancy and recommendations received by health professionals to prevent it, the incidence of HIV among injecting drug users, victims of violence, etc.);
- health insurance data (patients who have received a brief intervention, beneficiaries of opioid substitution treatment, etc.) and data from existing registers (road accidents, fatal overdoses, etc.);
- statistics on the fight against trafficking (seizures of drugs, criminal assets, number of criminal organisations impeded, number of people charged with drug offences, etc.).

The availability of data has been a major limitation in monitoring the set indicators. However, it is possible to highlight a few points.

The main positive developments were in the following areas:

- Stabilisation of regular cannabis use;
- Decrease in the number of injecting users (injection reported in the last year);
- Decline in self-reported HCV prevalence in harm reduction and support facilities;
- Reduction in the number of drug-related fatalities;
- Increase in the seizure of criminal assets;

With regard to the most unfavourable trends, the monitoring table showed particularly worrying data among users of harm reduction facilities (particularly between 2015 and 2019, the latest data available), revealing a situation of greater vulnerability and a deterioration in access to social protection rights for these populations.

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

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

See T1.3.1 of the [2018 'Policy' workbook](#).

In conjunction with the interministerial action carried out by the MILDECA in the field of narcotics, since 1st January 2020, the coordination of the part of the policy relating to the fight against narcotics has been entrusted to the Anti-Narcotics Office (OFAST). This interministerial service, which is attached to the DGNP, is responsible for coordinating the actions of the internal security forces, customs officers and the national navy, as well as the judicial authorities, in the fight against drugs trafficking. OFAST's action is relayed by regional offices. At the territorial level, 103 operational drug intelligence units (CROSS) carry out essential work in collating information for the purposes of knowledge of trafficking, action and prosecution.

T1.4. Drug related public expenditure

The purpose of this section is to outline what is known about drug related public expenditure.

T1.4.1. Report on drug-related expenditure: the procedure followed to approve drug-related expenditure; drug budgets attached to national policy documents 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 2015; Kopp and Fenoglio 2004, 2006). For the year 2010, the latest estimate published by the OFDT in September 2015 evaluates this cost at 8.7 billion euros for illegal drugs, far from the amount estimated for alcohol (118 billion) and for tobacco (122 billion). Two other studies focused on public expenditure related to drugs (Ben Lakhdar 2007; Díaz Gómez 2012, 2013). Since 2008, State expenditure related to drug control has been presented annually in a budget document submitted to Parliament (Premier ministre 2021b). 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 billion euros in 2010 (Díaz Gómez 2013).

The Fund for Combating Addiction (FLCA), created by [Law No. 2018-1203 of 22 December 2018 on the financing of social security for 2019](#), was initially limited to addictions related to psychoactive substances. It will be extended from 2022 to all addictions, substance or non-substance. The fund was allocated €130 million in 2021 (ceiling set by the 2018-2022 objectives and management agreement (COG)) and funds prevention and research activities at local, national and international levels. MILDECA is a member of the governance bodies of this fund. The Select Committee issues an annual opinion on the actions to be financed by the Fund for the current year from among the priority actions proposed by the Strategic Orientation Council.

With the financial support of the FLCA, the OFDT is currently conducting a new estimate of the social cost of drugs (2021 data) which will be published in the second half of 2022.

T1.4.2. **Optional.** Breakdown the estimates of drug related public expenditure.

Use the Standard Table on public expenditure or Table IV to report data and break the information down according to supply, demand and transversal initiatives. Additionally, whenever possible use the COFOG classification, the Reuters classification or where not possible the classification applied in your country (with an explanation). Report also if estimates are based on Labelled or Unlabelled data. Last but not least, report Total expenditure.

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 2021b, 2022). 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 specialised agencies providing treatment and harm reduction services and implementing prevention, recovery and social reintegration's activities (CAARUD, CSAPA and therapeutic communities)¹. The expenditure relating to the funding of medical-social facilities specialising in addiction medicine is directly provided by the Regional Health Agencies (ARS) based on the funds disbursed. Hospitals supplement addiction treatment through additional funding from the National Health Insurance Fund for Hospital-based Addiction Liaison and Treatment Teams (ELSA) and hospital addiction medicine clinics, together with reimbursements for opioid substitution medications.

In 2020, the contribution from the State and Health Insurance reached €2.31 billion and represented 0.13% of the gross domestic product (GDP) with 44% of the total for demand reduction initiatives, 54% for supply reduction activities and almost 2% of the resources allocated to cross-country activities (coordination and international cooperation). For the second year since 2013, the share of spending on supply reduction actions (54%) exceeds that on demand reduction actions (44%). This ratio has been reversed in recent years: in 2013, the budgetary effort in favour of actions in the field of law enforcement represented 37% of the total budget, while that dedicated to the health and social field accounted for 63%.

Table IV. Break-down of drug related public expenditure

Expenditure	Year	COFOG classification	National accounting classification	Trace (Labelled, Unlabelled)	Name of the programme
14 915 849	2020	01.3 - General services	129	Labelled	Coordination du travail gouvernemental
25 184 417	2020	01.3 - General services	209	Unlabelled	Solidarité à l'égard des pays en développement
746 163	2020	01.3 - General services	105	Unlabelled	Action de la France en Europe et dans le monde
826 499	2020	01.3 - General services	354	Labelled	Territorial administration (change in wording in 2019)
20 038 600	2020	01.3 - General services	Social security Budget	Labelled	Fund for Combatting Addiction (FLCA in French)
5 361 929	2020	09.1 - Pre-primary and primary education	140	Unlabelled	Primary State school education
138 875 854	2020	09.2 - Secondary Education	141	Unlabelled	Secondary State school education
6 404 970	2020	09.2 - Secondary Education	143	Unlabelled	Technical agricultural training
179 295 889	2020	09.2 - Secondary Education	230	Unlabelled	Student life
3 880 000	2020	09.8 - Education n.e.c.	207	Unlabelled	Road safety and education
11 357 020	2020	09.8 - Education n.e.c.	147	Unlabelled	Urban policy
250 000	2020	09.4 - Tertiary Education	142	Unlabelled	Agricultural higher education and research
3 120 000	2020	07.4 - Public Health services	204	Unlabelled	Prevention, health safety and health care delivery
11 363 937	2020	07.4 - Public Health services	219	Unlabelled	Sport

¹ CAARUD: Centres d'Accueil et d'Accompagnement à la Réduction des risques pour Usagers de Drogues [Support Centre for the Reduction of Drug-related Harms]; CSAPA: Centre de Soins, d'Accompagnement et de Prévention en Addictologie [National Treatment and Prevention Centre for Addiction].

Expenditure	Year	COFOG classification	National accounting classification	Trace (Labelled, Unlabelled)	Name of the programme
20 000	2020	07.4 - Public Health services	123	Labelled	Overseas living conditions
457 824 955	2020	07.4 - Public Health services	Social security Budget	Labelled	Specialised healthcare expenditure
102 217 141	2020	0.7.1 - Medical products, appliances and equipment	Social security Budget	Labelled	Reimbursement for opioid substitution medication by the National Health Insurance Fund
364 790 744	2020	07.3 - Hospital services	Social security Budget	Labelled	Hospital healthcare expenditure
2 592 853	2020	10.4 - Family and Children	304	Unlabelled	Social inclusion and protection of individuals (change in wording in 2016)
702 818 249	2020	03.1 - Police services	176	Unlabelled	National police force
3 640 403	2020	03.3 - Law courts	182	Unlabelled	Judicial youth protection service
2 316 657	2020	03.3 - Law courts	166	Unlabelled	Justice
4 577 069	2020	03.4 - Prisons	107	Unlabelled	Prison authorities
686 881 335	2020	03.6 - Public order and safety n.e.c.	302	Unlabelled	Facilitation and safeguarding of exchanges
203 311 312	2020	02.2 - Civil defence	152	Unlabelled	National <i>Gendarmerie</i>
653 280	2020	02.2 - Civil defence	178	Unlabelled	Preparation and use of forces

Source: based on the Finance Draft Law for 2022, DPT 2022 (Premier ministre 2021b), the National Health Insurance Fund Medic'AM database and directives of [20 April 2020](#), of [02 November 2020](#) and of [17 December 2020](#) relating to the 2020 tariff and budget year for health care institutions.

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.

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

The French Presidency of the Council of the European Union (EU) was a key event in 2022. MILDECA chaired the Horizontal Drug Group. Three central themes were targeted by France: the review of the European Monitoring Centre for Drugs and Drug Addiction's (EMCDDA) mandate; the EU's response to the increase in the supply of and demand for cocaine; and the consideration of the environmental impact of the production, transport and use of drugs. The meeting of the EU National Drug Coordinators was organised on 8 April 2022 in Paris around the theme: "drugs in the digital age". The three round tables from that day made it possible to address the challenges posed by digital technology in the fight against the supply and demand of drugs, as well as the opportunities it offers for better information, prevention and treatment of addictions. The discussions proved to be particularly enriching and made it possible to talk about concrete courses of action. The main conclusions of this meeting, underlined by the European Commission, highlighted, first of all, the need to adapt to the new realities of drug prevention and information, which no longer involve the use of mass television campaigns, but rather the use of the Internet, and in particular by partnerships with influencers and public personalities who are popular with the younger generations. Adapting to digital practices is also essential for care. Finally, the need for greater EU-wide control of promotional content and online sales of drugs was highlighted as one of the avenues that should be explored by the EU.

Another important topic in 2021-2022 was harm reduction policy. The drug consumption room experiment was completed and, in view of the positive results of the evaluation conducted by Inserm, the scheme was renewed under the name of "Haltes Soins Addictions" (HSA). The [Social Security Financing Act 2022](#) has enshrined this name. There are currently two in France (Paris and Strasbourg). In addition, the Covid-19 public health crisis has accelerated the deployment of so-called "outreach" approaches and better consideration of the addiction problems of the most vulnerable groups. In particular, a call for expressions of interest was launched in 2021 jointly by the Fund for Combating Addiction and the Interministerial Delegation for Accommodation and Access to Housing to support projects by operators in the reception, accommodation and supported housing sectors aimed at integrating the prevention of addictive behaviours into the projects of establishments and services.

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.

T4.1. **Optional.** Describe additional important drug policy information, studies or data, providing references and/or links.

T4.2. **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.

See T4.3 of the [2018 'Drug policy' workbook](#).

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.

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) [Public expenditures related to illicit drugs in France in 2005 (Selected issue 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.

Díaz Gómez, C. (2012). Tendances récentes des dépenses publiques relatives aux réponses apportées aux drogues (thème spécifique 2) [Recent trends in drug-related public expenditure and drug-related services in France (Selected issue 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.

Eurostat (2022). GDP and main aggregates - selected international annual data [online]. Available: https://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=naida_10_gdp&lang=en [accessed 22/07/2022].

INSERM (2021). Réduction des dommages associés à la consommation d'alcool. Synthèse et recommandations. INSERM, Paris. Available: <https://www.inserm.fr/information-en-sante/expertises-collectives/reduction-dommages-associes-consommation-alcool> [accessed 21/07/2022].

Kopp, P. and Fenoglio, P. (2004). Coût et bénéfices économiques des drogues. OFDT, Saint-Denis. Available: <https://www.ofdt.fr/BDD/publications/docs/epfxpkk6.pdf> [accessed 22/07/2022].

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://bdoc.ofdt.fr/index.php?lvl=notice_display&id=54976 [accessed 22/07/2022].

Kopp, P. (2015). Le coût social des drogues en France. Note 2015-04 [The social cost of drugs in France]. OFDT, Saint-Denis. Available: <https://www.ofdt.fr/BDD/publications/docs/eisxpkv9.pdf> [accessed 22/07/2022].

MILDECA (2018). Alcool, tabac, drogues, écrans : Plan national de mobilisation contre les addictions 2018-2022 [Alcohol, tobacco, drugs, screens: National plan for mobilisation against addictions 2018-2022]. Mission interministérielle de lutte contre les drogues et les conduites addictives, Paris. Available: <https://www.drogues.gouv.fr/publication-du-plan-national-de-mobilisation-contre-les-addictions-2018-2022> [accessed 21/07/2022].

MILDT (2013). Plan gouvernemental de lutte contre les drogues et les conduites addictives 2013-2017 [Government plan for combating drugs and addictive behaviours 2013-2017]. MILDT, Paris.

Premier ministre (2021a). Comité interministériel de lutte contre les stupéfiants. Dossier de presse du 28/05/2021. Available: <https://www.gouvernement.fr/partage/12304-comite-interministeriel-de-lutte-contre-les-stupefiants> [accessed 26/07/2022].

Premier ministre (2021b). Document de politique transversale. Politique de lutte contre les drogues et les conduites addictives. Projet de loi de finances pour 2022. Ministère de l'Economie, des Finances et de la Relance, Paris. Available: <https://www.budget.gouv.fr/documentation/file-download/14356> [accessed 21/07/2022].

Premier ministre (2022). Comité interministériel de lutte contre les stupéfiants. Dossier de presse du 02/03/2022. Available: <https://www.gouvernement.fr/dossier-de-presse/12725-dossier-de-presse-comite-interministeriel-contre-les-stupefiants> [accessed 21/07/2022].

Setbon, M., Guerin, O., Karsenty, S., Kopp, P., Costes, J.-M., Díaz Gómez, C. *et al.* (2003). Evaluation du plan triennal de lutte contre la drogue et de prévention des dépendances (1999-2002). Rapport général. OFDT, Paris. Available: <https://www.ofdt.fr/BDD/publications/docs/epfxmsj9.pdf> [accessed 22/07/2022].

For health expenditure recorded in the Social Security Funding Act (LFSS), it was necessary to use the National Health Insurance Fund's Medic'AM database and the directives relating to the tariff and budget year for health care institutions.

- Medic'AM, CNAM-TS for the amounts reimbursed for opioid substitution medications. This source provides the amounts reimbursed by the National Health Insurance Fund based on the medication retail price. The reimbursed amount relating to community pharmacy dispensing fees should be added as this has not been included in the reimbursed sums recorded in Medic'AM since 1 January 2015. This estimate was calculated by the OFDT.
- [Circulaire n°2020-60 du 20 avril 2020](#) relative à la campagne tarifaire et budgétaire 2020 des établissements de santé.
- [Circulaire n°2020-190 du 02 novembre 2020](#) relative à la campagne tarifaire et budgétaire 2020 des établissements de santé.
- [Circulaire n°2020-232 du 17 décembre 2020](#) relative à la troisième campagne tarifaire et budgétaire 2020 des établissements de santé.

This 3 sources make it possible to track National Health Insurance Fund expenditure under the Social Security Funding Act (LFSS) to finance the activity of addiction medicine liaison teams, specialised consultations and other expenditure specific to hospital addiction.

Regarding the cost of the medical-social system in the field of addiction medicine (CAARUD, CSAPA and therapeutic communities) as well as the expenses to finance the activity of the Hospital-based Addiction liaison and treatment team and the specialised consultations, the priority source is the "Transversal policy document. Policy against drugs and addictive behavior" (DPT) (Premier ministre 2021b). Although this expenditure does not directly fall within the scope of the Budget Act, annual Social Security payments (funds disbursed) can be traced to specialised addiction medicine facilities for their annual operations, from the annexes of successive DPT. This information is sourced from the ARS directly responsible for the financial and accounting management of the subsidies paid.

The funds paid out under the Fund for Combating Addiction are identified from the notification orders:

- [Order of 20 August 2020](#) setting out the list of beneficiaries and the amounts allocated by the Substance Abuse Fund for the year 2020.

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

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