

Prevention workbook

2022

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T0. Overview

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

- National profile
- Summary of T1.1 on Policy and organization
 - Overview of how prevention is addressed in your national drug strategy or other relevant drug policy document;
 - Highlight the organisations and structures responsible for developing and implementing prevention interventions in your country.
- Summary of T1.2 on prevention interventions:
 - Provide a succinct overview of prevention interventions in your country categorised by environmental, universal, selective and indicated prevention activities (focus on evaluated and evidence-based activities, with examples of most important programmes implemented).
- Summary of T1.3 on quality assurance of prevention interventions: e.g. training and accreditation of professionals and certification of evidence-based programmes, registries of interventions, conditional funding.
- Trends
- New developments

Policy and organisation

In France, the addictive behaviour prevention policy refer to licit (alcohol, tobacco and psychotropic medicines) and illicit psychoactive substances, but also to other forms of addiction (gambling, gaming, ...). Under the Prime Minister responsibility, this strategy is 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 Plan for Mobilisation against Addictions emphasises the implementation of evidence-based approaches in the field of prevention, particularly those focusing on psychosocial skills for children and adolescents, and on the early detection of addictive behaviours so that people in need can be guided more effectively to specialised support services.

In the prefectures, the MILDECA project managers outline, within the framework of regional roadmaps, their objectives to prevent addictive behaviour and share them with the State's territorial departments, local authorities and NGOs. They dedicate funding to prevention activities granted by the Finance Act and appropriated to them by the MILDECA as well as funding from the Interministerial Fund for Crime Prevention (FIPD). The intervention funding from the Regional Health Agencies (ARS), particularly the Regional Intervention Fund (FIR), and now the Fund for Combatting Addiction to Psychoactive Substances, constitute other sources of financing prevention.

At local level, school prevention activities are implemented by a range of professionals. Prevention in schools relies, in particular, on programmes to strengthen the individual and social skills of pupils (from nursery to secondary school) in order to resist the desire to use drugs, peer pressure and the supply of psychoactive substances.

Prevention interventions

In France, environmental strategies to reduce alcohol and tobacco consumption are well established and enjoy strong political support. School-based universal prevention (including those in agricultural education) 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. Major efforts have been made to develop collective prevention measures in the workplace as well (private companies and public services) beyond the remit of occupational physicians as well as in universities through health services and student liaison officers on health. However, preventive responses were enhanced towards priority publics, like youth in deprived urban areas, youth in the care of the judicial youth protection and child welfare services. National media social marketing campaigns against alcohol or tobacco consumption are regularly broadcast, but these are less frequent on the subject of drugs. Two campaigns on cannabis were organised in 2022.

Quality assurance

During the 2010s, professionals and policymakers are showing increasing interest in the quality of prevention services and programmes offered and how to improve them. Special efforts are being made to extend versions adapted to the French context of the *Unplugged* and *GBG [Good Behaviour Game]* programme to primary school classes, as part of a cross initiative between professional organisations and decision-makers. Prevention stakeholders are encouraged but free to refer to guidelines on drug prevention in school or other settings. The ASPIRE grid (Assessment and selection of prevention programmes arising from "EDPQS" quality standard overview) the French adaptation of the EDPQS, remains relatively unknown and appears to not be used very frequently. Since the end of September 2018, a directory of effective or promising prevention interventions that promote health « [Répertoire des interventions efficaces ou prometteuses en prévention et promotion de la santé](#) », managed by the French Public Health Agency (SpF-Santé publique France), has been available and is still being expanded (See T1.3).

New development

The 2018-2022 National Plan for Mobilisation against Addictions 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 from the questionnaires on Universal and Environmental Prevention and on Selective and Indicated Prevention, which are collected every three years.

Please structure your answers around the following questions.

T1.1.1 Please summarise the main prevention-related objectives of your national drug strategy or other key drug policy document (Cross-reference with the Policy workbook).

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 psychoactive drugs or not (Internet, video games, gambling, etc.). These general objectives are supported by several programming texts at national level, first and foremost the governmental plans coordinated by the Interministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA).

The 2018-2022 National Plan for Mobilisation against Addictions (MILDECA 2018) emphasises the need for evidence-based approaches, particularly those focusing on psychosocial skill, and on the qualification of professionals in contact with young people in terms of early detection of addictive behaviours (See T.1.1.1 of the 2018 'Drug policy' workbook).

The national health strategy emphasises the need to prevent the onset of addictive practices, including behavioural addictions (Ministère des Solidarités et de la Santé 2017). The "Priorité Prévention. Rester en bonne santé tout au long de sa vie" [Priority Prevention. Staying healthy for life], the first national prevention plan, develops measures for the national health strategy with regard to prevention. It encourages, in the field of addictive behaviours, the establishment or reinforcement of partnerships between schools (secondary schools and colleges) and Youth Addiction Outpatient Clinics (CJC) (Direction générale de la santé 2018). Advanced consultations by CJsCs (consultations by CJC professionals in schools, youth protection centres and other youth care facilities) have been developed in this context.

The 2021-2030 ten-year cancer control strategy (INCa 2021) aims to significantly reduce the French population's exposure to tobacco and alcohol products by consolidating environmental prevention measures (e.g. the leveraging of tobacco prices or the control of bans on selling to minors). It also calls for the development of social communication and marketing related to tobacco and reinforcement of the marketing and supply regulations for alcohol, as well as the reinforcement of psychosocial skills.

The national anti-narcotics plan, adopted in September 2019, includes a national prevention campaign addressing both the health and criminal risks of drug use (Ministère de la Justice *et al.* 2019). The 2020-2024 National Crime Prevention Strategy supports the involvement of care and harm reduction structures for drug users in the focus groups for the local and inter-communal crime and criminality prevention councils (CLSPD/CISPD) in order to take better account of health issues for young people (Ministère de l'Intérieur 2020).

The "national poverty strategy" provides for the renewal of social centres' missions to provide more services to families and to strengthen a universal welcome, in particular by taking better account of the problems of prevention and the fight against addictions and by strengthening the role of social centres in terms of guidance and training for parenthood (DIPLP 2018).

T1.1.2 Please describe the organisational structure responsible for the development and implementation of prevention interventions.

Organisation

At which level are strategic decisions (contents, priorities) predominantly made?	Multi-level (Only use if it is not possible to set a predominant level) (if other ↓)
<p>The national addictive behaviour strategy is designed at different levels of governance. As part of a national government policy, it is implemented in the framework of national measures and local interventions with regard to a regional variation of national guidelines through various programming or financial measures and signed by the Prime Minister.</p> <p>The prevention of addictive behaviours is one of the pillars of the national strategy for mobilising against licit or illicit drugs, which is defined in the framework of multi-annual governmental plans. The current plan was defined for the period 2018-2022. Government action is coordinated by the Interministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA), which reports to the Prime Minister. In a local approach, the national prevention guidelines are implemented at a territorial level (regions and departments), in the light of regional roadmaps, in accordance with local priorities or specificities (population or geopolitical), under the direction of the MILDECA project managers (see T.3.1 of the 2022 "National Policy and Strategy" Workbook). The MILDECA project managers are appointed within the cabinets of prefects, who are the representatives of the State at local level.</p> <p>The French Ministry of Health has a structured operator, <i>Santé publique France</i> (SpF), to support the implementation of the priority prevention plan and the National Tobacco Control Programme, in conjunction with the 2018-2022 National Plan for Mobilisation against Addictions: The SPF agency is entrusted with defining communication and social marketing strategies and their implementation, including in the field of addictive behaviours, with a view to reducing inequalities within the French population.</p> <p>The Regional Health Agencies (ARS) define Regional Healthcare Programmes (PRS) which specify strategic priorities relating to licit drugs (alcohol, tobacco) and illicit drugs.</p> <p>In secondary education, in each academy (regional educational authority), the Academic Committee for Health, Citizenship and Environmental Education (CAESCE) and the Departmental Committees for Health, Citizenship and Environmental Education (CDESCE) in their area consider the ministerial guidelines for the prevention of addictive behaviour. However, as is also the case for agricultural education, headteachers have a certain amount of independence in defining annual prevention objectives and actions. Higher education organisations continue the prevention approach, in particular by supporting preventive actions during student parties and other festive occasions for students and within the framework of the University Health Services (See T.1.2.2).</p>	

Note: Regional (provinces, federal units); Local (counties, municipalities)

At which level are prevention funds predominantly located and spent?	Multi-level (Only use if it is not possible to set a predominant level) (if other ↓)
<p>See the second paragraph of the commentary on T1.1.3</p>	

Note: Regional (provinces, federal units); Local (counties, municipalities)

Factual cooperation of the different policy sectors ministries at national level (real: not on paper):	High
<p>An interministerial body, MILDECA, which reports to the Prime Minister, leads and coordinates the French national drug action strategy. The 2018-2022 National Plan for Mobilisation against Addictions was signed by the Prime Minister, marking the cross-sectoral nature of this strategy. MILDECA brings together the representation of</p>	

<p>ministries involved in drug supply reduction and demand reduction as well as foreign affairs and the state budget. Inter-ministerial cooperation focuses on the definition of multi-annual governmental orientations and this is further illustrated by the shared governance of public funds for the financing of local actions.</p> <p>Various governmental programmes in the field of addiction or related areas (health, poverty, security, etc.) are being developed in response to each other in order to refine and strengthen the efforts being made to combat addiction.</p>	
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Note: **High** = almost all sectors / ministries involved and engaged; **Medium** = some are not or less involved; **Low** = most sectors / ministries are not engaged / not facilitating access. Rate always **medium** if either Education, Interior (police) or Economy (Taxation) are not collaborating. Rate **low** or if more than one of these don't.

Needs assessment:

<p>How common is it that the local level (municipalities / districts) is consulted in order to define the need and content of different interventions or strategies at regional or local level?</p>	<p>Often</p>
<p>Explanations, if applicable describe:</p>	
<p>The Regional Health and Autonomy Commission coordinated by the ARS. In each region, the Regional Health and Autonomy Commission (CRSA) is a consultative body, coordinated by the ARS (Regional Health Agencies), which participates in the definition and implementation of the PRS (Regional Healthcare Programmes). The CRSA relies on the consultation of various territorial authorities, including municipal authorities, represented by elected officials from large cities. It includes a specialised commission in the field of prevention.</p>	

<p>Diagnosis of risk/protective factors at local level: do (some) municipalities / districts have a system of establishing risk profiles of certain geographic areas or of population segments? (Please, tick 2 most relevant)</p>	<p><input type="checkbox"/> By youth surveys (e.g. CTC¹, Planet Youth²)</p> <p><input type="checkbox"/> By rapid qualitative assessment methods (stakeholder meetings, key informants)</p> <p><input checked="" type="checkbox"/> By having access to the sub-datasets of national surveys</p> <p><input checked="" type="checkbox"/> Other, please specify: official zoning of what are known as 'urban policy' neighbourhoods (QPV), priority education networks (REP), reinforced priority education networks (REP+); use of the Human Development Index (HDI-2)</p> <p><input type="checkbox"/> Does not apply</p>
<p>Explanations, if applicable describe:</p>	
<p>National surveys of the school population provide epidemiological benchmarks on use levels and associated factors, from which regional analyses can be extracted. Locally, the Regional Health Observatories are likely to provide data on a smaller geographical scale, particularly with regard to large metropolitan areas and their conurbations.</p> <p>Urban policy and priority education policy are organised respectively according to a respective geographical zoning of priority intervention based on demographic, socio-professional, socio-economic (e.g., rate of pupils receiving grants) and academic indicators (rate of pupils repeating a year before the sixth grade (Year 7 in England and Wales)). The zoning of priority education networks (REP) takes into account the rate of pupils residing in one of the priority urban policy neighbourhoods (QPV).</p>	

¹ The CTC Youth Survey is a tool to provide community-based partnerships with reliable information about the prevalence of youth behaviour problems as well as the prevalence of underlying factors risk and protective factors.

² Planet Youth questionnaire: This comprehensive survey examines the lives and lifestyles of young people (15–16-year-olds) in the target community and asks questions about the risk and protective factors that influence their behaviours.

The communal data needed to calculate the Human Development Index (UNDP 2022) (HDI-2, including indicators on health, education and income) are available on the INSEE website to support local health contracts at the communal level. The ARSs (Regional Health Agencies) refer to the estimated HDI-2 for their territories to define regional health priorities. A more detailed diagnosis is used to define local health contracts at the municipal level.

T1.1.3 (Optional) Please provide a commentary on the funding system underlying prevention interventions.

In the field of addiction prevention, the actions and programmes implemented at local level are mainly based on public funding from national funds in various sectors, supplemented in accordance with sectoral or cross-sectoral strategic guidelines. The examination of some of these credits (MILDECA, FLCA, FIPD credits, see below) is delegated to the regional prefectures (decentralised State services).

In December 2021, the scope of the “Fund for Combating Addiction to Psychoactive Substances” was extended to non-substance-related addictions, mainly those related to gambling and video games. As a result, it became the “Fund for Combating Addiction” (FLCA) (Article 84 of [Law 2021-1754 of 23 December 2021](#)). The FLCA is financed, for the most part, by the taxes levied on tobacco products. It is governed by the National Health Insurance Fund, the National Health Directorate (DGS), the Directorate of Health care supply (DGOS), the Directorate of Social Security (DSS) and the MILDECA. Supplemented with up to €130 million for 2021 (€115 million in 2020), the FLCA is now the primary source of funding for addiction prevention actions in France, including the national social marketing campaigns deployed by *Santé publique France* (SpF). In 2020, €32 million from the FLCA was paid into the Regional Intervention Fund (FIR).

The Regional Intervention Fund is distributed among the 18 Regional Health Agencies (ARS) according to their needs and population in order to better adapt the financing of regional health measures to the needs of the territories in terms of health and medico-social care supply, prevention or facilitating access to care. The FIR supports the implementation of Regional Healthcare Programmes (PRS). In 2022, the total amount of funds delegated to the ARS under the FIR is €4.57 billion, 16% of which (€0.75 billion) is dedicated to prevention in general, including the annual delegation of the FLCA of up to €32 million so that the ARSs can finance addiction prevention actions.

Since 1995, sales of assets seized through drug-trafficking repression have been turned over to the Narcotics support fund, under the MILDECA management. In 2018, 2019 and 2021, part of this fund was used to fund the national call for projects administered by the MILDECA for local authorities: « *conduire à l'échelle d'un territoire une action globale en direction des jeunes contre les consommations à risque d'alcool, de cannabis et de tabac* » [Implementing a nationwide global action programme aimed at young people, targeting at-risk alcohol, cannabis, and tobacco use]. These calls for projects aim to support candidate cities in developing an integrated prevention policy, working with citizens to prevent at-risk behaviour related to psychoactive substances. Special attention is paid to improving compliance with the ban on selling tobacco and alcoholic products to minors (under 18s), and to projects with a strong partnership dimension, involving local economic players (shopkeepers, housing associations, chamber of commerce and industry, etc.), the beneficiaries themselves (users and their families, residents, employees, municipal employees, etc.) and partners in the fight against narcotics.

With regards to funding for intervention that has been granted to them by the Finance Act, the MILDECA appropriates these funds to prevention, health, research and international cooperation actions and delegates nearly three quarters of these funds to the MILDECA project managers to finance local actions for combatting drugs and addictive behaviour (nearly 8.5 million euros).

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 (See T.1.1. « At which level are prevention funds predominantly located and spent? »).

The Interministerial Fund for Crime Prevention (FIPD) is financed from the general budget of the Ministry of the Interior and coordinated by the Interministerial Committee on Crime and Radicalisation Prevention (CIPDR). The amount and priorities of funding are defined annually by circular, according to a three-year framework set by the 2020/2024 National Crime Prevention Strategy (SNPD) (Ministère de l'Intérieur 2020). A partnership has been established between MILDECA and CIPDR since 2017, with a view to promoting the joint funding, at department level, of preventive actions targeting young people at risk of falling into criminality ([legislative order of 30 April 2021](#)). The FIPD amounts to €80 million in the 2022 Finance Act (€69 million in the 2021 Finance Act) ([legislative order of 11 February 2022](#)).

- Note:** Information relevant to this answer includes:
- alcohol and gambling taxes, confiscated assets
 - quality criteria linked to funding

How important are non-public sources of funding (health insurance, charities, foundations, industry)? Choose an item.	Choose an item.
Explanations, if applicable describe:	
No information available	

T1.2 Prevention interventions

The purpose of this section is to provide an overview of prevention interventions in your country. **Please structure your answers around the following questions.**

T.1.2.0 Overview on intervention types

Prevention culture, interventions and discourse are rather dominated by (select not more than 2)	informational ³ approaches <input checked="" type="checkbox"/> developmental ⁴ approaches <input type="checkbox"/> environmental ⁵ approaches <input checked="" type="checkbox"/>
Explanations, if applicable describe:	
<p>Over the last ten years, many efforts have been made by public authorities and health authorities to support the spread of evidence-based approaches and programmes for the prevention of addictive behaviours. The 2018-2022 National Plan for Mobilisation against Addictions aims to deploy validated psychosocial skills (PSS) development programme in each academic region (regional administrative level of the National Education). Nevertheless, these actions are gradually being scaled up in the 10 700 secondary schools (<i>collèges</i> and <i>lycées</i>) and even more so in primary schools, which are also encouraged to develop these programmes. Informational approaches are still in the majority, but many local experiments are taking place, contributing to the development of PSS through actions to improve the school atmosphere. In addition, France has a strong environmental prevention base, particularly with regard to alcohol and tobacco.</p>	

³ Information, persuasion, awareness, education

⁴ Skills and competence training, capacitation (making people capable of, e.g. self-control, goal setting, etc. <http://www.behaviourchangewheel.com/>); i.e. intervention fostering healthy social and personal development of youth

⁵ Strategies targeting the contexts for behaviour through changing the prompts and cues that guide behaviour, such as regulatory, physical and economic measures applied to prompt more adaptive, healthier, behaviours

Are there registries (online) or catalogues?	of all kind of interventions	<input type="checkbox"/>
	of manualised prevention programmes	<input type="checkbox"/>
	of evidence-based manualised programmes only	<input checked="" type="checkbox"/>
	of officially recommended programmes (other criteria than evidence)	<input type="checkbox"/>
	no	<input type="checkbox"/>

Is there a certification system for programmes (i.e. only such programmes can be used)?	No
If yes, based on which criteria?	

What behavioural domains beyond substance use (e.g. violence, mental health) do the existing manualised prevention programmes⁶ address, if applicable?	
Manualised programmes remain in the minority in France. Among those in development (Unplugged, GBG, PFSP, TABADO) (see Prevention Workbook from previous years), organised mainly in schools, there are multiple underlying areas: promotion of health, academic success, citizenship and community skills, through personal development, care for others, empathy and communication among other psychosocial skills. They favour a comprehensive policy aimed at the health and well-being of students and staff, in support of the 'schools for health' approach. In manualised programmes for vulnerable families, parenting is the central behavioural approach.	
In which settings are they predominantly applied?	Primary Schools <input type="checkbox"/> Secondary schools <input checked="" type="checkbox"/> Technical/vocational schools <input type="checkbox"/> Universities <input type="checkbox"/> Parents/Families <input type="checkbox"/> Community <input type="checkbox"/> Other settings (specify below)

Manualised programmes are taken to refer to programmes that are based on a written manual, and have a fixed number of sessions with defined content.

At which scale are these manualised programmes mostly implemented?	Small local (if other ↓)

Note: Rather large implementation (e.g. at regional level, e.g. by regional school or social agencies); Small local implementations by individual schools or municipalities.

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

<p>Public consumption, manufacture, trade, sale and promotion of alcohol and tobacco have been largely regulated in France for a long time. The main provisions are contained in the 1991 "Évin" law (loi n° 91-32 du 10 janvier 1991 relative à la lutte contre le tabagisme et l'alcoolisme [law on the fight against smoking and alcoholism]) and its 1992 implementing decree (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 [decree laying down the conditions for implementing the ban on smoking in places used for collective purposes]), as well as in the HPST Act of 2009 (loi n° 2009-879 du 21 juillet 2009 portant réforme de l'hôpital et relative aux patients, à la santé et aux territoires [law on hospital reform and on patients, health and territories]) and in the 2016 Act to Modernize Our Health System (law n° 2016-41 of 26 January 2016).</p>

⁶ **Manualised programmes** are taken to refer to programmes that are based on a written manual, and have a fixed number of sessions with defined content.

In summary, French legislation on tobacco and alcohol regulates:

- use in public places;
- the ban of selling to minors;
- manufacturing and packaging;
- advertising;
- lobbying;
- tax on alcohol and tobacco products, governed by European directives and, in terms of French regulations, the General Tax Code (CGI) and the Social Security Scheme Code (CSS).

In the context of the health crisis, extraordinary legal restrictions on the availability of alcohol have been adopted in 2021 in order to limit excesses and festive gatherings (See the [2021 'Prevention' workbook](#)). **These restrictions were lifted in early 2022.**

Hard seltzers appeared on the French market in 2020. Hard seltzers are fermented drinks made from cane sugar or fruit, flavoured and then carbonated, which are usually around 5% alcohol. These beverages fall under tariff heading 2208, the heading for spirits or, for example, premixes (DGDDI 2020). Some may also be subject to the so-called "premix" tax, depending on their specific composition. In terms of marketing, these products are presented as 'natural', 'organic', and less calorific and less expensive, arguments that are particularly targeted at young and/or female audiences. Many irregularities were found regarding these hard seltzers, such as the lack of a warning pictogram for pregnant women, the absence or lack of visibility of the mandatory legal health warning on online sales sites (Basset and Rigaud 2020).

Delinquency and crime prevention strategies

The National Crime Prevention Strategy 2020-2024 (SNPD in French) (Ministère de l'Intérieur 2020) aims to enhance collaboration between judicial and medico-social stakeholders. It urges law enforcement services and prefectures to better integrate health issues including in the field of addictions by initiating new collaborations with treatment services (CSAPA) and harm reduction facilities (CAARUD) (measure 8), for example around the TAPAJ programme, mentioned in successive FIPD calls for tender since 2017 (See T 1.2.3).

Furthermore, in November 2020, in three French towns - Loos (North, Belgian border), Sarcelles (Val d'Oise, Paris region) and Saint Laurent du Maroni (French Guyana) - the MILDECA together with the prefects and mayors for these areas, launched an experimental scheme aimed at preventing young people from becoming involved in drug trafficking and encouraging their exit from networks of those 'little hands' already involved with traffickers, among other things by means of alternatives for educational and vocational integration or cultural or sports activities. An external evaluation will measure the effects of this experimentation.

Note: Information relevant to this answer includes:

- Alcohol and tobacco policies/initiatives (including at local level, where possible)
- Delinquency and crime prevention strategies
- Environmental restructuring, e.g. of neighbourhoods and of nightlife settings

Examples of strategies (environmental) at local level

How often have you heard of or read about the following initiatives **at local level**:

Creating and supporting protective school policies/environments	Frequently
Regulations on alcohol use in public (outside establishments/in public view)	Frequently
Regulations on cannabis use in public (outside establishments/in public view)	Frequently
Regulating nightlife settings (e.g. access, opening hours, limiting promotions, physical conditions)	Frequently
Integration with violence prevention and security strategies	Often
Attention to neighbourhood environments, e.g. self-organisation, safety, illumination and cleanliness	Sometimes

Other kinds of objectives or targets:

T.1.2.2 Please comment on **universal** prevention interventions as reported to the EMCDDA in the Intervention Mapping Questionnaire or complement with information on new initiatives (activities/programmes currently implemented) or interventions (particularly their contents and outcomes).

In France, universal prevention remains the predominant approach to drug use prevention, particularly in schools, where the deployment of actions to develop psychosocial skills involves every academy and is increasingly well received. Considerable efforts have also been made to develop early intervention in the community in the field of indicated prevention since 2004, through Youth Addiction Outpatient Clinics (CJC) (See the 'Treatment' workbook). The school environment remains the main setting for implementation.

School environment

In schools, the universal prevention of addictive behaviour is part of a global policy of health education and health promotion aimed at the health and well-being of students and staff: the "schools for health" policy. The schools for health must help create a calm and inclusive school environment conducive to student success, particularly through the development of psychosocial skills. Psychosocial skills are a transversal theme that is promoted as part of the support for academic success, the prevention of violence and harassment and the improvement of the school climate. This approach is part of the school project defined annually by the headteacher. It can be based on the social and health education policy for pupils, known as the "Health Education Pathway" (PES in French), which aims to reduce social, educational and health inequalities to enable the success of all pupils and promote a fairer and more equitable school environment. The PES is organised by schools, from preschool to high school.

The 2018-2022 National Plan for Mobilisation against Addictions (MILDECA 2018) supports the principle of an health-promoting school (*schools for health*) and aims to roll out validated programmes in each academic region, for developing psychosocial skills. It 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 ([Note d'information du 7 juin 2019 relative au renforcement du partenariat entre les Consultations jeunes consommateurs et les établissements scolaires](#) [Information note of 7 June 2019 on strengthening the partnership between the Young Consumer Consultations and schools]), 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).

In each secondary school, the Committee for Health, Citizenship and Environmental Education (CESCE in French), chaired by the school principal, defines its measures or programs for the prevention of addictive behaviour on the basis of academic or departmental guidelines (CAESCE/CDESCE, See T1.1.2).

Particular efforts are made to roll out programmes that enhance the life skills of young people in school. In view of the organisational complexity of this type of programme, if only in terms of logistics and staff training, it is important to stress the importance of institutional support from the head teacher for implementation. The *Conseil Scientifique de l'Éducation Nationale* (Scientific Council of National Education) develops pedagogical resources so that primary school teachers can implement "professional gestures" that promote the acquisition of psychosocial skills. Several validated programmes (evidence-based) have been adapted to a local level: the *Unplugged* programme, the PRIMAVERA programme (Diaz Gomez *et al.* 2021), the Good Behaviour Game (GBG) programme (see T.1.2.2 of the [2020 'Prevention' workbook](#)) or the ABMA programme

« *Aller Bien pour Mieux Apprendre* » (Going Well to Learn Better) (see T.1.2.2 of the [2021 'Prevention' workbook](#)).

Initiated in September 2018 (Article D. 4071-2 of the Public Health Code), the Health Service for Health Students (SSES in French) is a 6-week full-time mission during which the 50 000 students in health training (medicine, nursing, pharmacy, etc.) programme and carry out a minimum of 4 interventions in the fields of prevention and health promotion, and evaluate them. A module on the design and implementation of health promotion actions is included in all health training courses, in order to prepare students to intervene, in particular in school, medico-social, social or corporate settings on subjects such as balanced diet, hygiene or addictions. During the Covid-19 public health crisis, the topics of vaccination and safety precautions were given priority. The Health Education Network for French Universities (UNIRèS in French) has developed a remote course to provide these students with a project methodology in health education adapted to the school environment and to foster a common culture of health education between them and the educational community (see also the workbook 'Best Practices'). The *Santé publique France* agency has also made available to students and their trainers a set of online resources, both theoretical and practical, by population (school, prison, etc.) to organise the health service (Arwidson *et al.* 2018). In April 2021, the French High Council for Public Health (HCSP) recommended the continuation and consolidation of the SSES on the basis of available implementation data (HCSP 2021).

University student environment

Students are among the specific priority audiences identified by the 2018-2022 Government Plan for universal prevention. The University Health Services (SSU in French) provide prevention and health promotion activities for students in higher education, including activities to prevent addictive behaviours, in particular with regard to binge drinking, tobacco and cannabis use. The SSU recruits and supports "Student Liaison Officers on Health" who attend the health prevention training courses organised by these services. The mission of the liaison officers is to organise and lead collective health prevention actions on campus with their peers. The Campus and Student Life Contribution (CVEC in French) is partly used by universities to reinforce prevention in the university environment (see T1.1.3 of the [2021 'Prevention' workbook](#)).

The Tobacco-Free Health Care Training School (ESST) project is part of this effort. This research action carried out by RESPADD, with the collaboration of the Paris Hospitals Administration (AP-HP) and the financial support of the ARS Ile-de-France, aims to: promote smoke-free environments and protect non-smokers, train future health professionals in smoking prevention and brief motivational intervention in tobacco treatment, prevent or contribute to the cessation of smoking by students and professionals in the participating schools. Deployed in 9 AP-HP health schools over 3 years, this experiment should make it possible to validate a transferable action methodology, supported by a guide, which contributes to the exemplary nature of tomorrow's professionals. To carry out this research action, RESPADD provides support to the health schools involved by offering them follow-up, communication tools, training and concrete actions. Regular conferences are organised for the SSU in order to promote the exchange of practices for the prevention of addictive behaviours.

Workplace environment

The National Plan for Mobilisation against Addictions 2018-2022 (MILDECA 2018) makes the fight against addictive behaviour a priority of occupational health. The 2016-2020 Occupational Health Plan addressed the prevention of addictions in the workplace for the first time and the 2021-2015 Occupational Health Plan reiterated the attention given to the subject (Ministère du Travail de l'Emploi et de l'Insertion 2021). These programming texts imply prioritising prevention and health promotion over disciplinary measures, favouring a collective rather than individual approach, in connection with working conditions and organisation within the overall framework of quality of life at work and social responsibility (MILDECA 2018). The first objective aims to improve the

knowledge and skills of those involved in the world of work in the field of addiction, in particular human resources managers, staff representatives and occupational health services.

In addition, in order to accompany the implementation and to lift the taboo around addictions in the workplace, a scheme entitled “Entreprises et Services Publics s'Engagent Résolument” [Businesses and Public Services Are Strongly Committed] (ESPER) was created by MILDECA and officially launched in October 2021. It is structured around:

- a charter of commitment proposed to all voluntary private and public employers, based on 18 recommendations illustrating four areas of commitment: 1- Define an overall project for the prevention of addictive behaviours within the framework of occupational health promotion; 2- Establish dialogue and create a climate of trust; 3- Implement a non-stigmatising prevention approach that respects the dignity of individuals; 4- Support vulnerable workers and prevent professional displacement);
- the network of partners identified for their competence, particularly in the fields of health, prevention or work, whose role is also to promote the scheme throughout the country and across the different professional networks;
- an online toolbox that provides appropriate resources from various sites to implement the charter (technical documents, scientific statistics, practical sheets, videos, webinars, studies etc.).

Employers who have signed the charter also benefit from meetings to facilitate collective regional action, in order to share good practices and innovative actions and to capitalise on new resources. The National Agency for the Improvement of Working Conditions (Anact) and its network of regional associations (Aract), partners of ESPER, are responsible for organising these meetings.

In the framework of initial training courses in business and management schools and in civil service schools, training future managers in occupational health, including the prevention of addictive behaviour, is also essential (See T.1.2.2 of the [2020 'Prevention' workbook](#)).

Several online platforms have emerged in recent years:

- All those involved in the prevention of addictive behaviour in companies and public organisations can use the dedicated portal <https://www.addictaide.fr/pro/>, created in 2017, supported by MILDECA and the FLCA, which offers practical information sheets, a FAQ section, a forum, a newsletter, a testimonial section, access to self-assessment tests and communication on social networks.
- In addition, on 31 May 2022, *Santé publique France* launched the “Employeurs pour la Santé”, or [Employers for Health, platform](#) offering permanent access to existing smoking prevention tools and devices, in order to support a sustainable smoking prevention policy among employees. From 2023 onwards, the portal will gradually be extended to other addictive practices and then to other health issues.
- To encourage the integration of addiction prevention into the field of Corporate Social Responsibility (CSR), the President of MILDECA referred the matter to the CSR platform of “France stratégie” (an organisation that studies, forecasts, evaluates public policies and makes proposals, and which reports to the Prime Minister), which in 2020 published a report with recommendations to the government, companies (including companies that produce or distribute alcohol or tobacco) and professional federations. The report, which is available on the CSR platform website, recommends, among other things, that addiction prevention be included in the framework of “quality of life at work”, as well as a comprehensive approach to the prevention and reduction of risks related to psychoactive substances in companies (Uzan *et al.* 2019).

In 2020, under the impetus of MILDECA, the National Agency for the Improvement of Working Conditions (Anact) and the Association “Addictions France”, in partnership with the Central Agricultural Mutual Insurance Fund and the VYV group (a mutual insurance and social protection company) launched three regional centres for the prevention of addictive behaviour in Centre-Val

de Loire, Occitanie and La Réunion in order to co-construct a common methodology for intervention in the prevention of addictive behaviour, a set of tools and transferable methods (MILDECA *et al.* 2022). In each territory, some twenty companies and public bodies were recruited on a voluntary basis to participate in the project. This experimentation made it possible to draw up practical sheets and videos describing the various processes to be implemented in any organisation in order to build a prevention strategy adapted to the workplace and to the problem of addictive behaviour: how to draw up a diagnosis? Who are the actors that should be mobilised within a company? How to work in project mode? A joint Internet section provides access to all these methodological materials for employers and labour market actors: <https://www.anact.fr/agir-autrement-pour-prevenir-les-conduites-addictives-en-milieu-professionnel>.

In addition, MILDECA supports research (in the human and social sciences, addiction treatment, etc.) in order to have useful validated data to guide the development of prevention. In particular, since 2016, it has entered into a partnership with the National Institute for Health and Medical Research (Inserm) in order to use data on addictive behaviours extracted from the national epidemiological cohort Constances (200 000 adults aged 18 to 69 years at inclusion, seen by the Social Security Health Examination Centres (CES)). The usage practices of psychoactive substances within the working population were thus described according to age group, socio-professional category, sex, type of employment and the risks of losing one's job as a result of this use (MILDECA 2021a). Young adults (18-35 years) are the age group most affected by drug use, while the occupational categories most affected are workers and employees. Men in blue-collar or white-collar occupations and women in intermediate or managerial occupations are the most affected by risky alcohol use. All sectors of activity are involved. Among other things, in occupations dealing with the public, which account for a large proportion of the health and education sectors, trade and public services, employees are at increased risk of addictive behaviour. Smoking, alcohol use (defined by an AUDIT score between 8 and 15) and even occasional cannabis use (less than once a month) multiply the risk of losing one's job within a year by up to 3, regardless of gender, age and socio-professional category. A series of videos commenting on these results are available on the MILDECA website (MILDECA 2021b). Three new research projects based on the Constances cohort are underway, relating to the links between psychoactive substance use and integration into employment, between difficult working conditions and substance use and between cannabis use and the risk of loss of employment.

Other specific population groups

Vocational training institutions are encouraged to sensitise and train their employees in the implementation of prevention programmes for young people in training and in referral to early detection and care services.

The 2018-2022 National Plan for Mobilisation against Addictions identifies specific audiences or at-risk groups as the primary targets of universal prevention measures. Among them, in addition to students, are women of childbearing age and young people in vocational training. For example, the aim is to better inform women of childbearing age about the risks of drug use during pregnancy and to increase the knowledge of health professionals in the medico-social sector about these risks and about early detection of drug use.

T.1.2.3 Please comment on **Selective prevention interventions as reported to the EMCDDA in the Intervention Mapping Questionnaire or complement with information on new initiatives (activities/ programmes currently implemented) or interventions (including their contents and outcomes).**

Selective prevention aimed at audiences at greater risk than the general population is based on scattered and poorly evaluated local actions. 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.

School environment (secondary vocational education)

The deployment of the TABADO adolescent smoking cessation program (<https://tabado.fr/le-programme-tabado>) has been supported since 2017 by the National Cancer Institute (INCa). It is intended for young people attending vocational high schools, apprenticeship training centres (CFA) or rural family homes (MFR). The programme consists of three elements: an initial information session for the whole class, and then for smokers who want to, individual consultations are available, where they will be provided with nicotine substitution treatment and motivational workshops. This programme proved to be effective: the adjusted withdrawal rate (by age, gender, training route, dependency score, average amount of tobacco and cannabis smoked) was higher in the establishments that had experienced the TABADO intervention than in reference establishments (17% vs 12%) (Minary *et al.* 2010; Minary *et al.* 2013). An implementation guide is available (Vallata and Alla 2019). **Some 215 schools in 14 regions have rolled out the TABADO programme to 77 000 young people.**

Young people placed with welfare institutions

In terms of selective prevention, the 2018-2022 National Plan for Mobilisation against Addictions pays particular attention to minors in the child welfare system (ASE in French) and judicial youth protection service (PJJ), as well as to individuals under judicial control. In this respect, the Fund for Combatting Addiction supports the development of a national intervention framework for young people entrusted to the judicial youth protection service and the implementation of projects for the prevention of addictive behaviours of children entrusted to the child welfare service with the help of 25 departmental councils.

The Judicial Youth Protection Directorate (DPJJ) confirmed its commitment to promoting general health for young people in its care, over the 2017-2021 period, by extending the implementation of the "judicial youth protection service health promotion" approach launched in 2013. In 2020, it launched a new survey on the health of young people under the jurisdiction of the judicial youth protection service (PJJ) (with an important addiction component) and is piloting, with the FNES (National Federation for Education and Health Promotion) to develop a national intervention framework based on regional experiences in the prevention of addictive behaviour.

In the Île-de-France and Guadeloupe (Overseas) regions, with the support of MILDECA, the *Fédération Addiction* provides early intervention training for professionals working in daytime educational facilities or voluntary collective placement units within the PJJ (Judicial Youth Protection Service). The experiment is based on eight pairs of local PJJ and CJC structures in the departments of Guadeloupe, Seine-Saint-Denis, Seine-et-Marne and Essonne, for the cultural integration and implementation of individual and collective actions. The project will result in a methodological guide for spin-offs.

Recreational settings

The MILDECA project leaders (in the prefecture) are invited to accompany festive life and events in order to ensure crime prevention and public safety in urban and rural areas. Mayors and civil servants have guidelines for implementing an integrated prevention policy throughout their territory, particularly with regard to the management of party events and venues. **MILDECA and the Association of Mayors of France (AMF) have decided to republish the practical guide "Le maire face aux conduites addictives" [The mayor's guide to addictive behaviours] to support elected representatives who wish to take action against addictive behaviour that poses a risk to the health of their constituents and to public peace and safety. The guide provides tools on several key issues that are useful for developing action plans tailored to each municipality. Initially published in 2019, this guide is being reissued in 2022 (MILDECA and Association des Maires de France 2022).**

Launched in September 2019, the "Friends too at night" campaign, mainly based on digital levers, was reissued during the summer of 2022 and is aimed at young people aged 17 to 25 in order to reinforce protective behaviour among peers, with a view to reducing the risks of alcohol and

cannabis consumption in a festive context. THE URL <http://www.amisaussilanuit.fr/> now redirects to the site <https://jeunes.alcool-info-service.fr/> for people looking for information on harm reduction or help.

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. Various local actions of prevention of alcohol and drug abuse in recreational contexts are renewed in French cities. Most of these actions involve "seeking contact" and are carried out by associations at local level (see T1.2.3 of the [2020 'Prevention' workbook](#) for some examples).

Guidelines have been drawn up under the aegis of MILDECA and the Ministry of Sport and Youth in collaboration with the departments of "urban policy", Health, SpF and the Road Safety Delegation: "Major sports and cultural events: setting up an appropriate risk prevention and reduction scheme" (MILDECA *et al.* 2016). They provide a list of possible resources (municipal or local services, police, sport actors, competition organisers, associations, etc.) and action templates, in particular for setting up prevention zones and mobile prevention teams. It serves as a basis for risk prevention programmes (including information stands and distribution of risk reduction material, awareness raising work) that are organised to cover large gatherings such as music festivals in France ("Le Printemps de Bourges", "Les Eurockéennes", etc.) or major sports events (see also T1.2.3 of the [2020 'Prevention' workbook](#) on the EFUS and MILDECA guidelines).

Priority security zones and deprived neighbourhoods

Prevention policies in the priority urban policy neighbourhoods and the priority security zones (ZSP) are supported by the deconcentrated credits of MILDECA and the Interministerial Fund for Crime Prevention (FIPD) (see T1.1.3). Local health contracts (CLS, established between a regional health agency and a local authority) often concern disadvantaged neighbourhoods because they aim to reduce social and territorial inequalities in health by proposing more coherent and locally adapted health pathways.

Individuals referred by the justice system

As regards individuals referred by the justice system – outside or inside the prison setting, for minors (judicial youth protection service-PJJ) or adults – the National Plan for Mobilisation against Addictions 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. The "Health for imprisoned people (2019-2022)" roadmap sets out guidelines and provides for a series of specific actions (see T1.3.1 of the [2020 'Prison' workbook](#)) (Ministère de la Justice and Ministère des Solidarités et de la Santé 2019).

At-risk families

The MILDECA supports several experiences of Multidimensional Family Therapy (MDFT) through pilot tests in different environments, including within judicial youth protection services (PJJ), in particular for the families of young cannabis addicts and children and adolescents with psychiatric or behavioural disorders. The 2018-2022 National Plan for Mobilisation against Addictions envisages extending the implementation of validated programmes aiming to jointly develop psychosocial skills in young people and parenting skills, in particular the French adaptation of the Strengthening Families Program-SFP in France, entitled « *Programme de soutien aux familles et aux parents* » (PSFP) (see details in the T.1.2.3 of the [2017 'Prevention' workbook](#)).

Persons with a disability or difficulty

The government's Plan for Mobilisation against Addictions considers the issue of disability. It calls for health pathways to be made accessible to people with disabilities (Objective 6.6) including access to Youth Addiction Outpatient Clinics (CJC) (see T.1.2.3 of the [2020 'Prevention' workbook](#)). Thus, the Fund for Combatting Addiction (FLCA) supports a number of projects set up by associations for people with disabilities. Among the approaches explored are: the digital

variation (social networks, interactive cards, chatbots, etc.) of traditional intervention methods (e.g. The Empower Drug User programme aimed at the most remote and vulnerable users); the combination of educational methods, early detection and brief intervention with populations with intellectual disabilities (e.g.: the Adictei programme for people with disabilities); the development of tools and methods for the collective prevention of addictions, particularly for vulnerable workers and people with disabilities (e.g.: Prevention of risks related to addictive behaviours in the workplace, led by ADIXIO); the development of tools and methods for the development of psychosocial skills in medico-social establishments and services for people with disabilities (e.g.: TABACAP: Tobacco prevention for people with disabilities); adaptation of GBG to children with disabilities. Recommendations for good professional practice in prevention and risk reduction for medico-social establishments working with people with disabilities are currently being developed (see T.1.2.2 of the [2021 'Best Practices' workbook](#)).

Low-income or homeless people

The “[Travail alternatif payé à la journée](#)” (Alternative paid work by the day) TAPAJ, (see the [Prevention Workbook 2017](#)) is a personalised support for the professional remobilisation of young people who have no resources, are homeless or live in urban policy areas and suffer from addictions. Due to its transversal nature with multiple social, health, crime prevention and public space management issues, TAPAJ is one of the measures promoted by the SNPLP (National Strategy to Prevent and Combat Poverty) (DIPLP 2018). Its integration into the SNPLP and the National Crime Prevention Strategy (SNPD) is an important lever for strengthening the means and objectives of deployment and consolidating the theoretical model for TAPAJ (DIPLP 2018; MILDECA 2021c). Between January and June 2021, TAPAJ was rolled out in 10 new territories, i.e. some 40 sites in total. The National Strategy encourages stronger partnership between the programmes “TAPAJ” and “*Un chez soi d’abord*” (“Housing first”) and other programmes that encourage similar approaches.

Public covered by AHI (Residential Integration Centres)

In the autumn of 2021, the administrators of FLCA and the Interministerial Delegation for Accommodation and Access to Housing (DIHAL) issued a call for expressions of interest aimed at integrating, in a sustainable manner, by acting on professional practices, combined responses for the prevention of addictive behaviours and harm reduction for the populations received, as well as for the employees within the framework of the current missions of AHI institutions. For a sustainable development, which contributes to the reduction of social inequalities in health, the projects must act on the professional practices of the sector, by involving the managers of these institutions. All addictive behaviours are targeted, especially smoking, and projects must select at least two psychoactive substances, including tobacco. Thirteen projects have been retained for a total of €7 million and an average duration of 2 years, and are led by regional or national coordinators.

T.1.2.4 Please provide an overview of **Indicated prevention interventions (activities/programmes currently implemented).**

Young drug users

Some 550 Youth Addiction Outpatient Clinics (CJCs) are spread across France to support young people in difficulty with their psychoactive substance use and their parents (see T1.2.2 and T1.4.5 of the [2020 'Treatment' workbook](#)). The indicated prevention interventions are the result of local initiatives in this respect or of the reception of young people (specialised youth homes).

In addition to this CJC mission, which is mainly carried out by addictology services, local prevention initiatives are also emerging in the regions for the transfer or adaptation of evidence-based programs, such as the CANDIS program experimented by the CSAPA Kairn 71-

Sauvegarde 71 in Burgundy-Franche-Comté, with the financial support of the Regional Health Agency (See T 1.2.4 of the [2021 'Prevention' workbook](#)).

Note: 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, etc. Brief Interventions in school and street work settings, and in Emergency Rooms

T1.2.5 Warning campaigns

If available in your country, describe the contents (i.e. key message), coverage, target population and possible evaluations of mass media (including social media) campaigns that **aim to increase awareness about the risks and harms of psychoactive substances**.

- From 16 to 25 February 2022, in the context of the resumption of festive occasions, a digital information campaign based on 10 vignettes to prevent and reduce the risks linked to GHB/GBL was disseminated on the Twitter, Facebook, LinkedIn and Instagram pages of MILDECA and [its website](#). The topics covered by these vignettes were: the nature of GHB/GBL, the law, the desired effects, difficulties in dosage, harm reduction, vulnerabilities linked to GHB/GBL use, solidarity between peers and friends, recommendations to people working in the evening economy or party organisers if the product is circulating or in the event of illness.
- From 19 April to 4 May 2022, MILDECA launched a digital information campaign on the dangers of cocaine, which still enjoys a too positive image. Like the GHB/GBL campaign, it was based on 15 vignettes posted on MILDECA's Twitter, Facebook, LinkedIn and Instagram accounts and its website (MILDECA 2022), around the themes of: the environmental consequences of production, the law, methods of use, the spread of the product to different environments, the desired effects, the positive image to be put into perspective, occasional consumption, the variability of side effects, the risks associated with regular use or mixing of products, and harm reduction.
- From 22 August 2021 to the end of September 2021, a government media campaign "[Derrière la fumée](#)" [[Behind the Smoke](#)] is being broadcast to raise awareness of the risks associated with cannabis use and trafficking, through three themes: school dropout, domestic accidents due to negligence (accidental ingestion of cannabis by children) and violence and legal consequences associated with trafficking. It consisted of a video advert broadcast in cinemas, on television and online, inserts in the national and regional press and a poster campaign. Several organisations representing the addiction treatment sector commented on this campaign, considering the message it carried to be insufficiently nuanced and explicit.
- On 24 November 2021, the "[Histoires de joints](#)" [[History of Joints](#)] campaign, the third part of the governmental campaign run by *Santé publique France*, tackled the problems related to cannabis use and certain preconceived ideas, through the prism of illustrated audio testimonies from users or 2-minute "voice notes": sleep problems, lung problems, mental problems, bad trips, cognitive problems (memory, concentration, etc.), other problems and risk factors (product composition, cardiovascular problems, etc.). In addition, experts decipher the questions and preconceived ideas raised in these stories in short educational videos (1 minute). Also, a support campaign was deployed to provide health professionals with useful content for their practice, through a partnership with the *Journal International de Médecine* (JIM) and the *What's Up Doc* magazine (see T1.2.6).
- Each annual edition of the "*Moi(s) sans tabac*" [Month without tobacco] campaign in November (since 2016) or the World No Tobacco Day (May 31) is relayed by an ad hoc media campaign, integrating social marketing approaches. The "*Moi(s) sans tabac*" campaign also provides free tools to help people reduce or stop smoking via the online service <https://mois-sans-tabac.tabac-info-service.fr>.

- The [World No Tobacco Day 2022 campaign](#) focused on the theme “Tobacco: a threat to our environment” and appealed to the environmentally aware citizen's conscience, pointing out the harmful effects of the tobacco culture and industry on the environment, in addition to the noxious consequences of smoking. On this occasion, *Santé publique France* also launched the “Les Employeurs pour la Santé” ([Employers for Health](#)) platform to support the prevention of addictive behaviour, primarily smoking, in the workplace (see T.1.2.2).
- Prior to this, throughout May 2022, *Santé publique France* re-broadcast its [“Bienvenue dans une vie sans tabac” \[Welcome to a life without tobacco\] campaign](#) in order to reinforce the movement to denormalise tobacco among the general public, with a stronger focus on the most vulnerable smokers (seniors, women, adolescents). The campaign was rolled out nationally through various channels (audiovisual with three 10-second videos, digital (including Facebook, Instagram, Twitter), urban billboards, including in transport).
- From 14 February to 13 March, *Santé publique France*, in partnership with the Ministry of Health and *Assurance Maladie*, the national health insurance scheme, ran a campaign to encourage smokers to stop smoking, particularly among the most socio-economically vulnerable groups. The aim of this [campaign](#) is to break down the fears associated with quitting smoking by making the idea of “taking the plunge” less dramatic, by highlighting the diversity of reasons and solutions for quitting, based on video testimonials.
- In March 2021, [November 2021 and March 2022](#), the French Public Health Agency SpF “*Santé publique France*” launched again its information campaign under the aegis of the Ministry of Solidarity and Health to remind the general public that all alcohol consumption involves risks and to promote the new recommendations, developed as part of the expert work carried out by SpF and INCa (the National Cancer Institute): “Only a maximum of 2 glasses of alcohol a day and not every day”. The campaign encourages everyone to assess their alcohol consumption using the Alcohol Meter (available on the website www.alcool-info-service.fr) to give everyone the means to make an informed choice about safer drinking.
- The operation “[Le Défi de janvier](#)” (#LeDéfiDeJanvier), the French version of the *Dry January*, was launched in 2020 and renewed in 2021 [and 2022](#) thanks to a collective of about 30 associations and national networks. Co-piloted by the Fédération Addiction, this operation is based on a three-year partnership with the British Charity (*Alcohol Change UK*), which initiated the operation. [In 2022](#) as in 2021, the campaign was based on the *Try Dry* application, translated into French, managed in France by the consortium. The application allows each participant to track their drinks and alcohol-free days, and to set personalised goals based on their consumption. Other communication and social marketing tools are also available.
- In June 2022, the Interministerial Road Safety Delegation launched a [web-series in 7 episodes of 3 minutes 30s each](#), which promoted 7 commitments for a safer road in a humorous way, the first episode being dedicated to drink-driving. The scenario involved a meeting between staff representatives and the HR director and presented concrete and operational solutions to restrain a person who has had too much to drink and prevent them from driving.
- From September 2022, on the occasion of the National Defence and Citizenship Day (JDC), a specific message in the form of a short video will be presented to young people in military service to encourage them not to use psychoactive substances. The JDC is a day of information on French institutions, rights and duties of the citizen in which every person of French nationality must take part before coming of age (between 16 and 18 years old).

T1.2.6 Advocacy campaigns

If available in your country, describe the contents (i.e. key message), coverage, target population and possible evaluations of mass media (including social media) campaigns that **aim to increase the awareness about**

effective preventive interventions, behavioural/educational strategies and policies (e.g. the [ListenFirst Campaign](#)).

Santé publique France has developed a range of content for health professionals that is useful for their line of work. This advice and support campaign was launched on World No Tobacco Day 2022, in addition to the communication campaign for the general public. It was disseminated and promoted through a partnership with the *Journal International de Médecine* (JIM) and the *What's Up Doc* magazine. The website [JIM.fr](#) website provides a thematic space "Cannabis : s'informer pour accompagner vos patients" [Cannabis: information to support your patients] offering a variety of content: a glossary, practical sheets on early detection and brief intervention, and existing resources for identifying and supporting problematic use, a help module to answer the main preconceived ideas about cannabis and a quiz to test your knowledge about cannabis use, a podcast on the health consequences of cannabis, interviews on how to deal with cannabis use in general practice, in companies and in universities. Finally, the website [whatsupdoc-lemag.fr](#) offers a video of an expert psychiatrist (3 minutes) in order to reach the new generations of doctors.

In June 2022, the Alliance Against Tobacco (ACT), *Fédération LGBTI+* and OUtans launched the "[Libre](#)" [Free] awareness-raising campaign with the dual aim of providing information on the little-known specificities of smoking among trans people and advocating for better support for these people to quit smoking and, more generally, for improved access to healthcare. In France, 37% of transgender people are smokers, a figure that is more than 10 points higher than the national average, according to *Santé publique France*, and this high propensity of smokers is explained above all by numerous discriminatory experiences (D'Almeida Wilson *et al.* 2008). In addition, the campaign calls for the funding of studies to develop adequate tools and set up an adapted health care pathway, to roll out a national awareness-raising programme for trans people and to implement training and awareness-raising for health professionals to better accompany transgender people (ACT 2022).

T1.2.7 (Optional) Please provide any additional information you feel is important to understand prevention activities within your country.

Work to strengthen psychosocial skills or harm reduction approaches that promote socio-professional integration, such as the "Alternative paid work by the day" (TAPAJ, see section T1.2.3), are encouraged.

The integration of the TAPAJ system into France's National Strategy to Prevent and Combat Poverty (SNPLP) since 2019 has made it possible to reinforce the association's means of action, which goes hand-in-hand with the deployment of the system, and to set new objectives for 2022 (85 TAPAJ sites throughout the country, 47 sites currently).

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, knowledge transfer, and on conditional funding for interventions or service providers depending on quality criteria.**

Who (which office, ministry) controls the quality of prevention interventions, if applicable?

France does not have a quality control body for prevention interventions. However, quality assurance tools are available to professionals from public health or research bodies, ministerial departments or professional societies, to guide professional attitudes and the design, method, planning and evaluation of addiction prevention programmes (see Best practices workbook).

Is there scientific guidance and methodological advice to those who implement prevention at local level?	Yes
If yes, how is this organised (and by which centres/organisations)?	
<p>A limited number of project engineering support structures for the development of prevention actions may be involved in some territories, but this is hardly a structured network.</p> <p>At the local level, professionals implementing prevention actions can use tools developed and made available at the national level, via digital platforms:</p> <ul style="list-style-type: none"> ▪ The tools developed in the framework of the national study and spin-off support schemes for the Unplugged and GBG programmes (see T1.2.2 of the 2020 'Prevention' workbook) are available or accessible on request for those wishing to implement these programmes. ▪ The “Appreciation for the Selection of Prevention Programmes Issued from the Review of EDPQS” (ASPIRE) checklist, adapted from the European Prevention Standards, is also public and freely available (see below). ▪ In 2018, <i>Santé publique France</i> published an online directory of effective or promising interventions in prevention and health promotion, which includes descriptions of 21 programmes for the prevention of addictive behaviours (alcohol, tobacco, illicit drugs) and 7 programmes for the development of psychosocial skills, which have been evaluated in France or abroad or are being adapted in France (<i>Santé publique France</i> 2022). This directory should gradually be populated with national or local programmes, with reliability indicators, to provide key design and implementation elements for those wishing to set up such programmes. <p>In addition, Mildeca has supported the production of an “addictions” kit by the College of General Medicine, to equip general practitioners in preventing and systematically identifying their patients' addictions.</p>	

How and to what degree are available national or EU prevention standards applied, if applicable?	
<p>As part of its annual circular for 2018 setting the objectives of project managers, MILDECA has made available to its territorial network an online toolbox of methodological and operational support, including the ASPIRE tools to support the appraisal of grant applications related to prevention programmes (https://www.ofdt.fr/aide-aux-acteurs/prevention/grille-aspire-adaptation-francaise-des-edpqs-pour-la-selection-de-programmes-prometteurs/).</p>	

Is there conditional funding (i.e. preferential funding for certified interventions, accredited providers, according to other criteria)?	Doesn't really exist
Additional information, if applicable:	

Is there funding for research and development for Prevention.	Yes (if yes ↓)
If yes, please provide examples.	
<p>The Fund for Combating Addiction (FLCA, see T1.1.3) enables the financing of action research, applied research programmes and local, national and international evaluations in line with government priorities in the field of the prevention of substance or non-substance addiction.</p>	
In the past three years, has there been a change in the funding for research and development for prevention.	Yes (if yes ↓)
If yes, please provide examples.	

The current Fund for Combating Addiction (FLCA), an essential lever for the financing of responses and research into the prevention of addictive behaviour in France, has undergone two major changes between 2019 and 2022. In fact, the scope of the original “tobacco” fund was extended in 2019 to other psychoactive substances (by [Decree No. 2019-622 of 21 June 2019](#)). In December 2021, [Law No. 2021-1754 on the financing of the social security system for 2022](#) extended the scope of the fund’s intervention to “non-substance” addictions (Article 84). The fund thus became the “Fund for Combating Addiction” (FLCA) and now includes the subject of gambling and video games.

Please give examples of the evaluation of interventions resulting from Research & Development funding.

Non applicable

Are there regular, national stakeholders meetings on prevention? Yes

If yes, specify the stakeholders

MILDECA, *Santé publique France*, the Institute for Public Health Research (IReSP), *Assurance Maladie* and the National Health Directorate (DGS), among others, meet several times a year to discuss prevention, innovative experiences or measures to be rolled out across the country. Several of these actors jointly decide on the objectives of the annual calls for projects related to the FLCA, and meet to select projects to support and monitor the implementation of the selected projects.

If YES, is the alcohol industry statutory part of these meetings? Choose an item.

Which of the other industries are statutory part of these meetings (e.g. tobacco, gambling, gaming, cannabis lobby, etc.)?

/

Do non-governmental prevention agencies (NGOs, Associations) need an accreditation in order to be allowed to carry out prevention? No

If yes, which are the criteria?

/

Are they audited or controlled periodically? Choose an item.

What kind of credentials/qualifications prevention workers typically need to have?

The qualification of professionals in the field of addiction prevention is based above all on their initial training. In addition, there is field expertise, professional intervision, and possible continuous education sessions.

What training background do prevention workers typically have(psychology, social work, sociology, etc.)?

Those working in the field of addiction prevention are mainly health professionals (psychologists, nurses, doctors, etc.) or social workers (educators, etc.) from NGOs or specially trained law enforcement officers (FRAD, PFAD).

T2. Trends

The purpose of this section is to provide a commentary on the context and possible explanations of trends in prevention within your country.

Please structure your answers around the following questions.

T.2.1 Please comment on the main changes in prevention interventions in the last 10 years and if possible discuss the possible reasons for change.

Note: For example, changes in demography, in patterns of drug use, in policy and methodology, in target groups or in types of interventions.

T3. New developments

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

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

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

Please structure your answers around the following questions.

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

New developments are **highlighted in blue** throughout the document.

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.

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 prevention, information on work place prevention. Where possible, please provide references and/or links.

In May 2022, the School of Public Health (EHESP) in partnership with Mildeca published the book "Le cannabis et (pas) moi" [Cannabis and (Not) Me] (Bordet-Petillon *et al.* 2022) which is aimed at young people aged 13 and over and offers simple answers about the health effects of cannabis, risks such as a "bad trip" and the possibility of dependence, as well as the penalties for cannabis possession. This illustrated book scientifically deciphers 12 preconceived ideas: cannabis is a soft drug, it is not dangerous / cannabis is herbal, it is natural / smoking a joint is less dangerous than smoking tobacco, etc.

The European project *Frontline Politeia*, financed over 2 years by the European Commission, is led by a collective of 13 organisations representing 12 countries, including RESPADD for France. As a continuation of the EDPQS, UPC-Adapt and ASAP projects, it aims to improve the training

of frontline professionals (police, teachers, social workers, etc.) in prevention and evidence-based interventions through the design and evaluation of an e-learning training module. The project includes the identification and evaluation of prevention interventions already in place in different territories, as well as the assessment of prevention needs among the population. The project remains ongoing in 2022.

Following a broad public consultation on the advertising practices of gambling operators, after the strong advertising pressure that accompanied the European Football Championships (in June and July) 2021, the National Gambling Authority (ANJ) issued guidelines and recommendations on advertising related to gambling, in order to prevent the risk to public order and the risk of addiction and ensure the protection of minors. These recommendations regulate the content of all commercial communications by gambling operators intended to promote, directly or indirectly, their gambling services or a financial reward, including in execution of a sports partnership contract. They have an impact on the prohibition of incitement to excessive or pathological gambling and gambling by minors. By way of illustration, communications should not:

- suggest that gambling contributes to social success, is a solution to personal, professional, social or psychological difficulties, is an alternative to paid work, offers chances of winning or unfounded winnings,
- depict a minor in a purchasing situation, nor personalities or characters from children's popular culture; suggest that gambling is a natural part of minors' leisure time.

The ANJ has a "Prevention of excessive or pathological gambling and protection of minors" division.

On 1st January 2021, 53 Trusted Homes and Protection Centres (MCPF) of the national gendarmerie were created, bringing together the juvenile delinquency prevention brigades (BPDJ) and the Family Protection Brigades (BPF), the units to combat attacks on individuals (CLAP) and the referrals for those who have experienced intra-family violence. The 53 MCPFs are units with departmental skills that constitute a single departmental entry point for domestic violence (VIF). They are also intended to prevent addictive behaviour in the criminal field. In addition to the prevention interventions on drugs, alcohol, the Internet, school bullying, etc. carried out by the BPDJ for the benefit of schools, the MCPFs intervene for the benefit of a wider public (vulnerable people, the associative world and the professional world). They rely on a network of 350 anti-drug liaison trainers (FRADs), non-commissioned officers assigned to the gendarmerie units but also to the territorial services to carry out these interventions (Premier ministre 2021).

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

T5. Sources and methodology

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

Please structure your answers around the following questions.

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

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

Websites

<https://alliancecontreletabac.org/2022/06/17/campagne-libre-2/>

<https://mois-sans-tabac.tabac-info-service.fr>

<https://tabado.fr/le-programme-tabado><https://www.drogues.gouv.fr/actualites/preventionghb-nouvelle-campagne-dinformation-de-prevention-de-mildeca-ghbgb/>

<https://www.addictaide.fr/pro/>

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

<https://www.santepubliquefrance.fr/a-propos/services/interventions-probantes-ou-prometteuses-en-prevention-et-promotion-de-la-sante/repertoire-des-interventions-efficaces-ou-prometteuses-en-prevention-et-promotion-de-la-sante>

<https://www.santepubliquefrance.fr/a-propos/services/service-sanitaire>

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

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