

# Drug policy workbook

*France*

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## **2015 National report (2014 data) to the EMCDDA by the French Reitox National Focal Point**

**Supervision:** François Beck

**Coordination and editorial:** Aurélie Lermenier-Jeannet and Anne de l'Eprevier

### **Contribution to the workbooks**

- 1.1 *Drug Policy:* Cristina Díaz-Gómez
- 1.2 *Legal Framework:* Cristina Díaz-Gómez
- 2 *Drugs:* Eric Janssen, Olivier Le Nézet, Magali Martinez
- 3.1 *Prevention:* Carine Mutatayi
- 3.2 *Treatment:* Anne-Claire Brisacier, Christophe Palle
- 3.3 *Best Practice:* Carine Mutatayi
- 3.4 *Harms and Harm Reduction:* Anne-Claire Brisacier
- 4 *Drug Market and Crime:* Michel Gandilhon, Magali Martinez, Thomas Néfau, Caroline Protais
- 5.1 *Prison:* Cristina Díaz-Gómez, Aurélie Lermenier-Jeannet, Ivana Obradovic
- 5.2 *Research:* Maitena Milhet

### **Proofreading (French version)**

Julie-Émilie Adès, François Beck, Aurélie Lermenier-Jeannet (OFDT)

Marie Jauffret-Roustide, Aurélie Mayet (OFDT Scientific Committee)

Danièle Jourdain Menninger, president of the Interministerial Mission for Combating Drugs and Addictive Behaviours, and all the project managers of the MILDECA

### **Proofreading (English version)**

Julie-Émilie Adès, François Beck, Anne de l'Eprevier

**Documentation:** Isabelle Michot

**Legal references:** Anne de l'Eprevier

The EMCDDA is investigating how the submission of the workbooks could be made easier through the use of technology. In the first instance, a pilot using templates in Word with defined fields to distinguish the answers to questions is being tried. The outcome of the pilot will be to evaluate the usefulness of this tool and establish the parameters of any future IT project.

Templates have been constructed for the workbooks being completed this year. The templates for the pre-filled workbooks were piloted in the EMCDDA.

1. The principle is that a template is produced for each workbook, and one version of this is provided to each country, in some instances pre-filled.
2. Answers to the questions should be entered into the "fields" in the template. The fields have been named with the question number (e.g. T.2.1). It will be possible to extract the contents of the fields using the field names.
3. Fields are usually displayed within a border, and indicated by "Click here to enter text". Fields have been set up so that they cannot be deleted (their contents can be deleted). They grow in size automatically.
4. The completed template/workbook represents the working document between the NFP and the EMCDDA. Comments can be used to enhance the dialogue between the EMCDDA and the NFP. Track changes are implemented to develop a commonly understood text and to avoid duplication of work.

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## T0. Summary

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

- National profile

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

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

The 2013-2017 Government Plan for Combating Drugs and Addictive Behaviours also emphasises the need for developing "evaluative" research, preferably in connection with the academic world in order to obtain reliable, independent and useful results for the public authorities to improve the effectiveness of public action. Hence, an external evaluation of this plan, based on a qualitative analysis of four measures of the 2013-2015 Action Plan, will be conducted by a team from the *Sciences Po* institution. In addition, the evaluation of the degree to which the objectives of the plan have been achieved was entrusted to the OFDT.

In 2013 total drug-related expenditure represented 0.1% of gross domestic product (GDP) (approximately €2 billion), with 58% of the total for demand reduction initiatives, 39% for supply reduction activities and 2% allocated for crossed activities (research, training, observation, evaluation, coordination and international cooperation).

- New developments

The main recent development in illicit drug policy since last report has concerned the "Projet de loi de modernisation du système de santé" which proposes new prevention and harm reduction measures intended to drug users, in particular the "drug consumption rooms" and the open sale of HIV self-testing kits (see T3.3 in Harms and harm reduction workbook).

## T1. National profile

### T1.1 National drugs strategies

The purpose of this section is to

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

Please structure your answers around the following questions.

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

Information relevant to this answer includes:

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

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

The current strategy is built on an understanding of addictions as multidimensional problems that emerge from the interaction of complex factors, including the biological, psychological, family, socio-economic and environmental status and contexts of individuals. The 2013–17 strategy is based around three main priorities:

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

These priorities are addressed across five areas of action, or pillars, that structure the Actions Plan: (i) prevention, care and risk reduction; (ii) stepping up the fight against trafficking; (iii) improving the application of the law; (iv) basing policies for combating drugs and addictive behaviours on research and training; (v) reinforcing coordination at national and international levels. Through these domains of activity, the new strategy addresses, to differing extents, illicit drug use, alcohol, tobacco, psychotropic medications and other addictive behaviours (doping, gambling, gaming). The Government also adopted a more detailed Actions Plan in 2013 (MILDT 2014) that covers the first period of implementation of the national strategy (2013–15). This first Actions Plan set specific objectives and actions over this period, allocated budget, identified key stakeholders, and detailed the planned timeline and expected outcomes for delivering the strategy. The MILDECA will elaborate the 2016-2017 Actions Plan by the end of 2015.

**T1.1.3 Optional.** Please provide any additional information you feel is important to understand the governance of drug issues within your country.

## T1.2 Evaluation of national drugs strategies

The purpose of this section is to

- Summarise any formal evaluation carried out of your most recent national drug strategy.

Where no formal evaluation exists, please summarise any available progress or final reviews.

Please structure your answers around the following questions.

**T1.2.1** List the titles of the most recent evaluations of national drugs strategies and supporting action plans.

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

- Action 5 "Student liaison officers"
- Action 68 "Easy money"
- Action 22 "Roll-out of the CJC campaign"
- Action 55 "FAS programme trial"

In addition, the evaluation of the degree to which the objectives of the government plan have been achieved (internal evaluation of effectiveness) was entrusted to the OFDT.

**T1.2.2** Please summarise the results of the latest evaluation.

Information relevant to this answer includes:

- who carried out the evaluation,
- the objectives,
- methods,
- main findings
- recommendations

The 2013-2017 Government Plan for Combating Drugs and Addictive Behaviours notably emphasises the need for developing "evaluative" research, preferably in connection with the academic world in order to obtain reliable, independent and useful results for the public authorities to improve the effectiveness of public action (Measure 4.1.3.3 of the Action Plan). This government plan recommends evaluation, by a research team specialising in public policy evaluation, of several schemes or symbolic actions in different areas of public action in terms of combating drugs and addictive behaviours (Measure 5.1.3).

In this context, the MILDECA entrusted the evaluation of four priority measures concerning both licit (tobacco and alcohol) and illicit drugs, to the Laboratory for Interdisciplinary Evaluation of Public Policies (LIEPP, *Sciences Po*). The objective of this research is to contribute to evaluating the role of the MILDECA as a protagonist in coordinating and acting as an impetus for implementing these actions. This evaluation should allow the contributors to make adjustments during implementation of the schemes.

The four actions chosen and the methodology for the evaluation are described in detail below:

Action 5 "Student liaison officers": the student liaison officers mainly intervene during recreational events and universal preventive actions on campus or in student halls of residence. This evaluation will be supported by a comparative analysis of the place and role of the prevention of addictive behaviours in the universities which have implemented the scheme compared to universities which have not yet tried it. This will, moreover, make it possible to measure the links between student liaison officers and other prevention stakeholders in the same region. A qualitative analysis of the impact of student liaison officer training in prevention on their approach to intervention is also planned.

Action 68 "Easy money": this action aims to elicit exchanges on the problem of narcotic trafficking with a view to developing representations and reducing the appeal of trafficking. This evaluation should analyse the conditions for implementing this trial in the southern districts of Marseille, particularly the links between the organisations involved in the programme and the coordination measures set in place: how to present the roles of these protagonists, schools, colleges, young offender establishments? Does the programme meet the expectations expressed by its sponsors and direct beneficiaries? On a wider scale, this will involve analysing the way in which this programme is integrated into the local policy on combating drugs and addictive behaviours.

Action 22 "Roll-out of the CJC campaign": this action plan recommends strengthening communication on Youth Addiction Outpatient Clinics (CJC) notably aimed at parents and family members of the populations targeted by these schemes. As regards the CJC campaign, the MILDECA thus finances its roll-out on the Web and also endeavours to broadly mobilise institutional stakeholders liable to act as effective liaisons with families, the target of the campaign. For this purpose, a partnership will be created with the National Family Allowance Fund (CNAF). Evaluation of this action should make it possible to analyse the conditions for implementing the chosen communication strategy for this campaign. The evaluation will endeavour to analyse the respective roles of national and local stakeholders in implementing this communication strategy.

Action 55 "FAS programme trial": the proposed action is to trial a programme integrated on a regional scale aiming to consolidate the prevention and management of disorders related to foetal alcohol syndrome (FAS). This evaluation should describe and analyse the changes in project content over the same period, the conditions for implementing this trial and, in particular, the links between the stakeholders mobilised by different aspects of the programme. This evaluation will analyse the implementation of the programme in view of its different components: prevention, screening and management among adults and children, training of front-line professionals and school and judicial stakeholders, creation of a management process for women and children.

The field of study for the first phase of the evaluation (actions 5 and 68) was initiated in March 2015. The results and conclusions of this research will be presented to the MILDECA by the end of 2015. Evaluation of the second phase (actions 22 and 55) is planned at the end of the first phase of the research.

The evaluation process entrusted to the OFDT involves monitoring performance indicators which endeavour to translate the progress made along the lines of the government objectives during the course of the 2013-2017 plan. This monitoring of performance indicators comprises comparable, relevant indicators. It is associated with a synopsis to give the MILDECA and authorities useful lines of reflection with a view to drawing up the next action plan. This synopsis will be presented as part of the "Standing Committee on the Fight Against Drug Addiction" chaired and periodically convened by the MILDECA (see T1.3).

### T1.3 Drug policy coordination

The purpose of this section is to

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

Please structure your answers around the following questions.

T1.3.1 Please describe the different coordination bodies involved in drug policy in your country indicating their role, hierarchical relationships, and the ministries they are attached to. If available, please include a summary table or graphic.

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

The MILDECA is tasked with the organisation and coordination of France's policies against drugs and addictive behaviours. Reporting to the Prime Minister, it focuses on a range of areas, including prevention, treatment, harm reduction, reintegration, traffic, law enforcement and research, monitoring and training for those involved in demand or supply reduction activities. The MILDECA also prepares, coordinates and partly implements the decisions of the Interministerial Committee, and developed the Government Plan for Combating Drugs and Addictive Behaviours 2013–17 at the Prime Minister's request. Throughout France and its territories there is also a network of one hundred MILDECA territorial representatives (*chefs de projet*) who are responsible for providing leadership and implementing the drug policy. Twenty-two of them are responsible for coordinating the MILDECA drug-policy at regional level.

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

### T1.4 Drug related public expenditure

The purpose of this section is to

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

Please structure your answers around the following questions.

T1.4.1 Please comment on the availability of data on drug-related expenditure and if possible provide a brief summary of recent estimates.

The total drug-related social costs were estimated on two occasions, for 1996 and 2003 (Kopp and Fenoglio 2004; Kopp and Fenoglio 2006). A new estimate of the social costs of drugs in France was released in September 2015 (Kopp 2015): for the year 2010, this cost would amount to €8.7 billion for illicit drugs. Two other studies have focused on drug-related public expenditure (Ben Lakhdar 2007; Díaz Gómez 2012; Díaz Gómez 2013). Since 2008 the total expenditure of the central government is presented annually in a budgetary document submitted to the Parliament (Service du Premier ministre 2015). The French social security system funds also treatment for drug users. Information gathered from these sources shows that estimate of drug related public expenditure accounted for €1.29 billion

in 2008, €1.47 billion in 2009 and €1.50 billion in 2010 (Díaz Gómez 2013). This estimate amounts for €2.03 billion in 2013.

In 2013 total drug-related expenditure represented 0.1% of gross domestic product (GDP) (approximately €2 billion), with 58% of the total for demand reduction initiatives, 39% for supply reduction activities and 2% allocated for crossed activities (research, training, observation, evaluation, coordination and international cooperation).

The 2013–15 Actions Plan has an associated budget. It provides an extra planned budget of €59 million for the period 2013-15. The allocation by type of action shows that most of the planned spending is allocated to treatment (62% over the period 2013–15), followed by prevention and communication (15%), international cooperation (9%), research, training and observation (9%) and anti-trafficking and law enforcement actions (5% of the total).

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

Drug related expenditure is estimated at €2.03 billion for 2013. This estimate relies on total funds spent in 2013 by the French Government and the social security system for providing public services and implementing drug-related activities to deal with the drug problem. 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. Much of the public health expenditure is covered by the social security system. Because of the methodological difficulties, only the labelled expenditure of the social security system is included in the estimate below. It includes expenditure for funding the specialized agencies providing treatment and harm reduction services and implementing prevention, recovery and social reintegration's activities (CAARUD, CSAPA and TC). It also covers reimbursement figures for the substitution treatments to drug users and extra budget for public hospitals under the impulse of the "Plan de prise en charge et de prévention des addictions (2007-2011)" (Ministère de la santé et des solidarités 2006).

Table IV. Breakdown of drug related public expenditure.

Expenditure	Year	COFOG classification	National accounting classification	Trace (Labelled, Unlabelled)	Comments
18 560 487	2013	07.5 - R&D Health	172	Unlabelled	In €
250 000	2013	09.4 - Tertiary Education	142	Unlabelled	In €
4 312 744	2013	09.1 - Pre-primary and primary education	140	Unlabelled	In €
113 252 701	2013	09.2 - Secondary Education	141	Unlabelled	In €
10 314 160	2013	09.2 - Secondary Education	143	Unlabelled	In €
147 348 411	2013	09.2 - Secondary Education	230	Unlabelled	In €
184 650	2013	09.4 - Tertiary Education	163	Unlabelled	In €
232 505 471	2013	07.4 - Public Health services	204	Unlabelled	In €
8 000 000	2013	07.4 - Public Health services	219	Unlabelled	In €
935 542	2013	03.4 - Prisons	107	Unlabelled	In €

1 737 437	2013	03.3 - Law courts	182	Unlabelled	In €
7 050 000	2013	10.4 - Family and Children	304	Unlabelled	In €
379 000 000	2013	07.4 - Public Health services	Security social Budget	Labelled	In €
68 977 167	2013	0.7.1 - Medical products, appliances and equipment	Security social Budget	Labelled	In €
203 000 000	2013	07.3 - Hospital services	Security social Budget	Labelled	In €
109 564 423	2013	03.3 - Law courts	166	Labelled	In €
236 290 851	2013	03.1 - Police services	176	Labelled	In €
199 211 266	2013	02.2 - Civil defence	152	Labelled	In €
5 470 000	2013	09.8 - Education n.e.c.	207	Labelled	In €
239 000 000	2013	03.6 - Public order and safety n.e.c.	302	Labelled	In €
15 616 000	2013	02.2 - Civil defence	178	Labelled	In €
558 986	2013	09.8 - Education n.e.c.	147	Labelled	In €
6 310 000	2013	01.3 - General services	209	Labelled	In €
559 407	2013	01.3 - General services	105	Labelled	In €
19 973 000	2013	01.3 - General services	129	Labelled	In €
653 566	2013	01.3 - General services	307	Labelled	In €

## T2. Trends. Not applicable for this workbook.

## T3. New developments

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

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

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

Please structure your answers around the following question.

T3.1 Please report on any notable new or topical developments observed in drug policy in your country since your last report.

The main recent development in illicit drug policy since the last report has concerned the “*Projet de loi de modernisation du système de santé*” which proposes new prevention and harm reduction measures intended to drug users, in particular the “drug consumption rooms” and the open sale of HIV self-testing kits (see T3 in the Legal framework workbook).

## T4. Additional information

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

Please structure your answers around the following questions.

*T4.1 **Optional.** Please describe any additional important sources of information, specific studies or data on drug policy. Where possible, please provide references and/or links.*

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*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*

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## T5. Notes and queries

The purpose of this section is to highlight areas of specific interest for possible future elaboration. Detailed answers are not required.

Please structure your answers around the following questions.

Yes/No answers required. If yes please provide brief additional information.

T5.1 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.

YES	1 / External evaluation of four key actions of the current national strategy 2 / Annual progress review
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T5.2 Have you provided EUROSTAT with an estimate of the contribution of the illicit drug market to the National Accounts?

NO	
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## T6. Sources and methodology

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

Please structure your answers around the following questions.

T6.1 Please list notable sources for the information provided above.

### Sources

- MILDT (2014). Plan gouvernemental de lutte contre les drogues et les conduites addictives. Plan d'actions 2013-2015. MILDT, Paris.
- Services du Premier ministre (2015) Document de Politique Transversale "Politique de lutte contre les drogues et les toxicomanies", Projet de Loi de Finances pour 2015. Paris.

T6.2 Where studies or surveys have been used please list them and where appropriate describe the methodology?

No study or survey used.

## Bibliography

- 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.
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- Service du Premier ministre (2015). Document de Politique Transversale "Politique de lutte contre les drogues et les toxicomanies", Projet de loi de finances pour 2015. Paris.