# WB 3.1 Prevention

## *France*

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

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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.

## Workbook Prevention Contents

## T0. Summary

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

- National profile

Drug use prevention policy in France is coordinated at central level by the Interministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA). The Ministries of National Education, Agriculture (responsible for agricultural education), Health and Interior are the other main central stakeholders in this field. Since 1999, the French prevention policy embraces all psychoactive substances, both illicit and licit (alcohol, tobacco and psychotropic medicines), and other forms of addiction (gambling, gaming, doping). General goals are not only to prevent first use or delay it, but also to curb use or abuse of these products.

The use of existing guidelines on drug prevention in school settings is strongly encouraged, but is not compulsory. The main focus of the school-based prevention activities, within the area of health education, is to develop students' individual and social skills to resist drug use.

The MILDECA territorial representatives ("*chefs de projet*") coordinate the implementation of the national prevention priorities at the local level (regions, cities). These ones and the independent Regional Health Authorities (ARS) allocate decentralised credits for prevention activities, while the French national health insurance system also provides funding for prevention.

There is no prevention monitoring system in France and therefore information about the scope and coverage of prevention activities remains limited.

- Environmental strategies on alcohol and tobacco use are well developed and have substantial political support.
- At local level, prevention activities are implemented by a large number of professionals. They are mostly universal prevention activities carried out in secondary schools, with school communities involved in commissioning, planning and sometimes in implementing activities. In most cases, external interveners (NGO staff and/or specialised law enforcement officers) address pupils.
- Selective and indicated prevention is mainly the responsibility of specialised NGOs. About 300 Youth Addiction Outpatient Clinics (CJC) deliver 'early intervention' towards young users and their families throughout France.
- Community-based prevention is carried out in youth counselling centres. Prevention in the workplace covers both licit and illicit drug use and is primarily in the remit of occupational physicians. Implementation varies across companies/services, according to their sizes (scarcer in small/medium companies) and the lines of business. Formally, it also engages human resources and staff representatives, as part of the legal obligation to ensure and preserve employee safety and health, but the later have timidly taken hold of this issues so far. Still, psychoactive substance uses are quite taboo in the work world. For some years, jurisprudence has laid the ground for the recognition of screening as a legal mean of control. Screening is implemented in some companies/services. But public authorities advocate that, to be effective in a preventive purpose, screening needs to be integrated in comprehensive in-house prevention policies, including training, awareness-raising, counselling and support towards treatment.
- National media campaigns to prevent alcohol, tobacco or illicit drugs are regularly issued by the National Institute for Prevention and Health Education (INPES).

- Trends

Over the 2010's, there has been a growing concern among practitioners and decision makers to enhance quality in the delivered prevention programmes and services. The creation of the Interministerial Commission for the Prevention of Addictive Behaviours (CIPCA), in 2014, is a symbolic sign of this awareness-raising. The strengthening of quality in addictive behaviours prevention through the promotion of evidence-based methods and the professionalization of practitioners results from a quadruple juncture: (i) the evolution of both levels et patterns of use, especially among adolescents; (ii) the improvement of knowledge on harms related to early consumption; (iii) the easier access to substances and synthetic drugs through Internet; (iv) the growing awareness of the gaps and ineffectiveness of a policy that is solely focused on the ban of any drug use so as to prevent addictive behaviours and the related risks.
If young people are definitely the core target public of prevention policies, the two last Government plans (2008-2011, 2013-2017) have clearly set forth priorities towards specific segments of this public, such as youth in deprived neighbourhoods or in contact with the judicial system, or female publics.
Over the last ten years, the most salient engagement of French public authorities in drug prevention is the support provided for the development of the Outpatient Clinics for Young Users, so-called CJCs ("*Consultations jeunes consommateurs"*). These CJCs are the main indicated prevention system in France.
The institutional support for the development of prevention in the workplace is getting important.

- New developments

In the current Government strategy, priority has been given to drug prevention directed to: young people, especially those in contact with a juvenile court system; pregnant women and female drug-users; and people that are remote from the care system, whether geographically or socially. The new Government plan requires the reinforcement of the Outpatient Clinics for Young Users (CJCs), in particular through professional training.
The year 2015 is a favourable context to the development of addictive behaviour prevention: (i) the issue of addictive behaviours is introduced for the first time in the forthcoming National Plan for Health at Work, as a risk to be addressed in priority; (ii) drug prevention is being officially assigned to the remit of drug treatment centres (CSAPA), within the framework of the preliminary discussions of the forthcoming law on the modernisation of the health system.
In the workplace, priority is granted to the development of collective drug prevention in all workplaces, whether public or private, and in relation to any drug, whether illicit or not, including misused psychotropic medicines. In 2015, a national training scheme on early detection and brief intervention (EDBI) is being developed by the MILDECA in order to enhance its implementation by occupational physicians. The study of the relation between working conditions and working organization and psychoactive substance use is also a prevention-oriented stake as it is intended to favour protective work environments for employees' health.
Specific impetus is put on the promotion of quality in prevention, especially through budding governmental initiative to develop evaluation endeavour among practitioners as well as local funders. Monitoring and evaluation are clearly identified as priorities in the 2013–17 Government plan, at operational and public policy levels.
Many prevention measures have been developed with a double approach of crime prevention and addictive behaviour prevention. These use classical psychological patterns based on self-help, self-expression or information provision.

# T1. National profile

## T1.1 Policy and organization

The purpose of this section is to:

- Provide an overview of how prevention is addressed in your national drug strategy or other relevant drug policy document
- Describe the organisation and structure responsible for developing and implementing prevention interventions in your country
- Provide contextual information useful to understand the data submitted through SQ25 and SQ26.

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 drugs or not (Internet, video games, gambling, etc.). The school-based universal prevention remains the preponderant field of development for drug prevention.
In school settings, the general intervention framework focuses on preventing addictive behaviour, which more generally falls within the province of health education.

T1.1.2 Please describe the organisational structure responsible for the development and implementation of prevention interventions. Information relevant to this answer includes:
- responsible institutional bodies
- organizations delivering different types of interventions
- coordination between the different actors involved (education, health, youth, criminal justice)

*Responsible institutional bodies engaged in coordination and funding*
The policies for preventing legal and illegal drug use are established by long-term Government plans, coordinated by the Interministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA), and then adapted locally by its territorial representatives (the so-called "*chefs de projet*", see Drug policy workbook, part T1.3.1). The later allocate decentralised credits for local drug prevention actions. These governmental priorities can be mirrored by or enhanced with national programmes from various ministries (of National education or Health in particular) or regional plans (e.g. from Regional Health Authorities - ARS).

The National Institute for Prevention and Health Education (INPES) assesses and develops preventive measures, especially national media campaigns. On its website, drug use prevention tools are provided, the quality of which has been validated (http://www.inpes.sante.fr/CFESBases/catalogue/rech_doc.asp [last accessed 29/07/2015]).

Regional health authorities (ARS) define regional public health programmes which generally provide for lines of actions to curb health issues whether related to licit (alcohol, tobacco) or illicit drugs. The ARSs can be additional sources of drug prevention granting.

In secondary schools, including those of agricultural education, headmasters are relatively free to determine their level of commitment to prevention, even though they are strongly

encouraged by their supervisory administrations (at regional and/or central levels) to invest in such efforts. Local administrative authorities provide head teachers with recommendations based on ministerial guidelines.

*Organisations delivering interventions*
Public services have the remit of implementing drug use prevention initiatives, but prevention programmes can be delegated to associations when a local approach is more appropriate.

Since 2006, preventing addictive behaviour has been given a new foothold in the basic missions of the French education system through the "common base of knowledge and skills" (*"socle commun de connaissances et de compétences"*) which encompasses all of the knowledge, skills, values and attitudes that every pupil must master by the end of mandatory schooling. Consequently, the educational, social and health school staffs are quite involved in coordinating prevention or even implementing prevention towards pupils, although external prcatitioners from prevention or health education NGOs and specially-trained law enforcement officers (FRAD and PFAD, respectively from *gendarmerie* or police) are most often entrusted to implement prevention actions.

Actions intended for students in higher education are organised by (Inter)University Preventive Medicine and Health Promotion Services (S[I]UMPPS). Student associations and complementary student health insurance companies also participate in this area.

*T1.1.3* ***Optional****. Please provide a commentary on the funding system underlying prevention interventions. Information relevant to this answer includes:*
*- alcohol and gambling taxes, confiscated assets*
*- quality criteria linked to funding*

Since 1995, sales of assets seized through drug-trafficking repression have been turned over to the Narcotics support fund, under the MILDECA management. Most of the amount (90%) is used for anti-trafficking purposes, while the remaining 10% are earmarked for prevention actions and endow the grants delegated to the MILDECA territorial representatives to fund local prevention activities.

In addition to these local MILDECA allotments, local grantings for drug prevention can also be allocated according to regional or sub-regional priorities by the independent Regional Health Authorities (ARS). Various cross-territorial local programmes (concerning health, social exclusion, public safety and/or urban policy) also make it possible to redistribute public credits for drug use prevention. Furthermore, the identification of priority areas for education and urban planning (based on socioeconomic, housing quality and educational indicators) makes it possible to channel additional resources into underprivileged populations.

The French National Health Insurance Fund system (*Assurance maladie*) also subsidises prevention actions through the French National Fund for Prevention, Education and Health Information (FNPEIS) and so do -although more sporadically- Mutual health insurance organisations.

Some calls for tenders – co-organised by public health institutions (French Institute for Public Health Research (IReSP), French National Cancer Institute (INCa)…) and central administrations (MILDECA, Health ministry …) – allow financing prevention experimentations, translational or interventional studies (see Research workbook).

## 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.

T1.2.1 Please provide an overview of Environmental prevention interventions and policies. Information relevant to this answer includes:
- alcohol and tobacco policies/initiatives
- delinquency and crime prevention strategies
- environmental restructuring, e.g. of neighbourhoods

**Environmental prevention interventions and policies**

*Alcohol and tobacco policies/initiatives*

Alcohol and tobacco products are historically extensively regulated, as for their use patterns, manufacture, trading / sale and promotion, mainly through 1991-1992 regulations (by the so-called "Loi Évin" [Loi n°91-32 du 10 janvier 1991 relative à la lutte contre le tabagisme et l'alcoolisme] and its related Decree of 1992 [Décret n°92-478 du 29 mai 1992 fixant les conditions d'application de l'interdiction de fumer dans les lieux affectés à un usage collectif et modifiant le code de la santé publique]) and a 2009 law (the so-called "Loi HPST" [Loi n°2009-879 du 21 juillet 2009 portant réforme de l'hôpital et relative aux patients, à la santé et aux territoires]). These legal provisions are integrated into the French Public Health Code.

Today, French law referring to tobacco or alcohol:

- prohibits smoking in public places;
- regulates the composition of tobacco products;
- prohibits the sale or free distribution to minors of alcoholic beverages and tobacco products (including papers and filters);
- prohibits the sale or free distribution of unlimited alcoholic beverages for commercial purposes (open bars), except during traditional festivals or authorised tastings;
- prohibits encouraging minors to habitually consume alcohol, or to consume alcohol to excess or drunkenness;
- prohibits offering alcoholic beverages at temporarily reduced prices (happy hour) without also offering, for the same duration, non-alcoholic beverages at reduced prices;
- regulates advertising, taxation and sales of these substances (alcohol and tobacco).

From 2014 onwards, a new provision in Labour Code authorizes the employer to regulate and even ban the consumption of alcoholic beverages in the workplace if employees' health and safety are at stake (formerly, jurisprudence sometimes made personal freedoms prevail over health and safety concerns).

Over the last 6 years, whereas restrictions on tobacco and alcohol use have been reinforced towards young people, there have been several measures to lessen the legislation on tobacco or alcohol promotion. In 2009, the French legislator ruled that Internet-based advertising on alcohol was authorized provided it was "neither intrusive nor interstitial". So online advertising has to use only classical Internet formats (like banners or "skyscrapers"). The law for the

growth, activity and equality of economic opportunities (so-called *"Loi Macron"*), discussed during the first 2015 semester, initially integrated a provision destined to relax legislation on alcohol promotion but this provision was censured in August 6th, 2015, by the Constitutional Council which considered it as uncorrelated to the general subject of the law. This provision would have meant that references relating to a region of production, a place name, a reference or a geographical indication, a rural land, a route, a production area, a know-how, an history or cultural heritage, gastronomy and landscape associated with an alcoholic beverage or with an identification of quality or origin would not be considered anymore as illegal advertising. It would have strongly hardened legal proceedings against alcohol beverage advertising.

The tax scheme applied in France to alcoholic beverages complies with the minimal taxation level determined by the Council of Europe [Council Directive 92/83/EEC of 19 October 1992 on the harmonisation of the structures of excise duties on alcohol and alcoholic beverages and Council Directive 92/84/EEC of 19 October 1992 on the approximation of the rates of excise duty on alcohol and alcoholic beverages]. The total amount generated through excise duties and social contributions on alcohol goes to finance the healthcare and ageing branches of the social security scheme of farmers. Duties on alcohol are annually revalued by ministerial decree in a ratio equal to the growth rate of the Consumer Price Index, excluding tobacco, recorded the penultimate year.

Tobacco is excluded from the list of products included in the Consumer Price Index. This exclusion has enabled regular price increases on tobacco products to occur for the purpose of restricting tobacco use. From 2014, according to the National Tobacco Smoking Reduction Programme (PNRT, adopted in September 2014) (Ministères des affaires sociales de la santé et des droits des femmes 2014), the Ministry of Health assists the Ministry of Budget in the homologation of tobacco prices.

*Delinquency and crime prevention strategies*
Over the last years, delinquency and crime prevention strategy has been implemented towards addicted/drug user offenders, with a concern for better collaboration and communication between judicial and medico-social stakeholders. In accordance with this strategy, the MILDECA funds many local projects each year, such as prison staff training in the management of addiction issues, detection and support of addicted people; and detainees' awareness raising on addictions.
It has also resulted in specific actions such as the following examples:

- The "Bobigny city project" has been recently introduced by the MILDECA and Ministry of Justice in the Bobigny Court. It is an experimental programme aimed at preventing recidivism among drug users who have been convicted in a court of the Paris region. This programme associates judges, probation officers and medico-social workers. It consists in proposing a deferred sentence to any addicted person convicted for minor offences as an alternative to prison. If accepted, this alternative implies that the offender engaged into the programme is bind to take part in various activities (theatre, writing workshop, sports, psychological and probation interviews, drug treatment-oriented motivational interviews…) coordinated by a multidisciplinary team involving probation officers and addiction treatment practitioners (from CSAPAs, i.e. addiction treatment centres). Any serious lack of attendance may be reported to Court. The implementation evaluation of the "Bobigny project" is on-going and its efficiency will be assessed at its term.

- Some Recidivism Prevention Programmes (RPP) linked to addiction issues are funded thanks to MILDECA credits at local level. Basically, these RPPs are self-help groups of convicted offenders, accompanied by probation officers and addiction treatment practitioners. Participants collectively talk about and reflect on the offences they committed, their negative consequences on victims and society, the keys in their hands to avoid further offences. This dialogue can stress on addictions issues. In any case, RPPs must be lead in addition to more "classical" approaches like individual psychological and probation interviews.
- Video prevention messages on illegal drug use and trafficking have been produced and broadcasted on internal video networks, in some prisons. They complete the information disseminated to inmates about psychotropic medicines misuse and diversion.

Other preventive measures directed to offenders have been developed and are described below in section T1.2.4 as their primarily aim is more focused on preventing addiction rather than recidivism. These measures are off-premise consultations provided by Youth Outpatient Clinics (CJC) in judicial youth protection services.

T1.2.2 Please comment on Universal prevention interventions as reported to the EMCDDA in SQ25 or complement with information on new initiatives (activities/programmes currently implemented) or interventions (including their contents and outcomes).
Comment, if applicable, on the relevance (i.e. number, money spent) of mass media campaigns

**Universal prevention interventions**

*Schools*
Universal prevention is directed primarily towards secondary students. The reflection and work on the prevention actions planned within the scope of the governmental strategy started in 2013 (MILDT 2013). With regards to school settings, the actions listed hereinafter have been developed in the 2014-2015 period (MILDT 2014):

- a contest has been directed to 400 high school students (*Lycées,* equivalent to sixth-form college in the UK or high school in the USA) for them to write drug prevention messages addressing peers. Pupils were assessed against the conformity of the message produced in respect to the governmental prevention priorities, the propensity of the message to foster psychosocial skills and the quality of the communication support (action 4, 2014-2015);
- over 2012-2016, life skills prevention programmes are experimented in the first four years of French secondary school. In universities, peer-led prevention experiences are supported and aimed to identify addictive behaviours among students and initiate treatment (action 5, 2013-2015);
- road safety actions have been implemented in schools to raise awareness about the dangers of driving under the influence of alcohol or drugs, targeting the young driving licence applicants (action 6, 2013-2017). No precise data on implementation is available.

Further prevention events with educational teams from different kinds of teaching establishments should be organised from 2016 (under next Actions Plan) or are being monitored (data available next year).

According to provisions given by the law of 8 July 2013 on the revision of the national education system [Loi n°2013-595 du 8 juillet 2013 'orientation et de programmation pour la refondation de l'école de la République], these actions are part of a global approach to educational, social and health policy for students facing the risk of addictive behaviours.
The on-going reflection lead by Ministry of Education on the "school climate" (in particular under the aegis of the ministerial delegation for preventing and combating violences at school) considers the need of not breaking up responses developed for preventing risk behaviours (drug use, violence, bullying, unsafe sexuality, etc.).

*Higher education students*
Actions directed to higher education students are organised by (Inter)University Preventive Medicine and Health Promotion Services, student associations or complementary health insurance companies. They mainly consist in: (i) self-evaluation of drug use as a mean to refer users or abusers towards help services; (ii) risk reduction measures (designated sober driver, preferential/discounted price for non-alcoholic beverages, chill-out spaces, etc…); (iii) peer-based information during parties; (iv) guidelines for organising students parties, providing event organisers with useful advice to help them ensure party goers safety and comply with current legal requirements on alcohol use and on public events.

*Families*
The Government plan for combating drugs and addictive behaviours 2013-2017 (MILDT 2013) foresees entrusting the national addiction help-line (ADALIS, Drugs and Alcohol Addiction Information Service) with implementing a parenting support help line and an "Addiction info service" web portal. From 2014 and over 2015, the protocol of such a deployment has been developed. The opening of the help-line is planned for 2016. The operational work to create the general addiction web portal will be engaged in 2016, after the migration of the help-line on gambling to the wider hosting platform of the INPES (the INPES is the supporting structure of ADALIS and the owner of the technical tools). Nevertheless, the electronic directory on specialised drug treatment services, managed by the ADALIS national addiction help-line, needs more visibility.

*Communities*
The 2013-2017 Government plan aims to implement and assess specific strategies to adapt prevention actions to populations that are not easily reached by help services. It intends to develop peer prevention programmes (through school activities, after-school activities, sporting events and festivals). These measures are postponed to the next Actions Plan 2016-2017. The government strategy aims at developing the training of educators at recreational centres to help them implement awareness-raising actions on addictive behaviours and risky sexual practices among children and teenagers. This measure will be developed under the next Actions Plan.

*Workplace*
In line with Government plan for combating drugs and addictive behaviours 2013-2017, the Labour Code (article R.4228-20) was amended in 2014 [Décret n°2014-754 du 1er juillet 2014 modifiant l'article R. 4228-20 du code du travail] to explicitly authorise employers to limit or prohibit the consumption of alcohol at the workplace. Regional directorates of businesses, competition, consumption, labour and employment (DIRECCTE) will be informed about the administrative and practical implications of this revision, by means of circular.

In order to disseminate knowledge on and give an impetus to workplace drug prevention, a national conference on preventing addictive behaviours in the workplace is planned for October 22, 2015 (the previous one was in 2010). Under the aegis of the MILDECA, an organisational committee, set up in April 2015, gathers competent Health or Labour directorates and institutions to develop the programme of this event (under development in July 2015). The aim is to assemble a large audience of 500 work world stakeholders, from public or private sectors, business leaders, human resource managers, occupational physicians, prevention practitioners, syndicates as well as public health professionals. The conference should provide these stakeholders with (new) keys helping them overcome preconceptions and taboos about drug prevention, and to give an impetus to prevention especially collective prevention.

The forthcoming occupational Health Plan 2015-2019 acknowledges the prevention of addictive behaviours as a factor promoting workers' health that needs to be implemented in close interaction with public health stakeholders.

The national strategy includes specific prevention objectives toward professional branches more at risk for psychoactive substance misuse or addiction. As an example, specific communication tools (specific website) and prevention media campaign targeted at sea farers are under development.
The 2013-2015 Actions Plan also foresees to include compulsory prevention training for tobacconists, dealing with rights duties related to the sale of tobacco products, prevention and protection of minors, on the model of what is done for bar owners (article L. 3332-1-1 of Public Health code). In June 2015, public authorities discussed about the concrete implementation patterns of such a training module on health for tobacconists, that could be implemented after the law on the modernisation of the health system is adopted (the draft law is currently in reading in Parliament).

T1.2.3 Please comment on Selective prevention interventions as reported to the EMCDDA in SQ26 or complement with information on new initiatives (activities/programmes currently implemented) or interventions (including their contents and outcomes).

**Selective prevention interventions**

Selective prevention is mainly implemented by specialised associations or law enforcement services, particularly in neighbourhoods (outside of the school environment).

*Deprived neighbourhoods*
According to the 2013-2015 Actions Plan, the addictive behaviours theme should be incorporated into the prevention actions developed within the scope of the city policy, in particular through City-Health workshops ("*Ateliers santé-ville*", which serve as interfaces between local elected officials, heath authorities and local residents) and various organisations working in integration, education, mediation for youth in deprived neighbourhoods, local social services, youth counselling centres, and other organisations involved in urban policies. In 2014, 600 000 euros from urban policy funds were allocated to addictive behaviour prevention actions (twice the amount planned by governmental plan).

Improving training of "Urban policy" professionals on addictive behaviours is planned for 2016: in this framework, the MILDECA will deliver an attestation of training on prevention. In 2015, upon request from MILDECA, the "Urban policy" directorate has implemented an interactive mapping that allows spotting medico-social addiction structures in the defined priority districts

in order to better refer young people to addiction specialised professionals and to develop prevention. This mapping is now accessible from the "Urban policy" Directorate website (http://sig.ville.gouv.fr/Cartographie/1193). There is still a need for analysing whether the existing services meet the population's needs, especially among young people, and a need for promoting partnerships between Youth Addiction Outpatient Clinics (CJC) and the City-Health workshops (see above paragraph).

*Publics under judicial youth protection*

Best practices for the Judicial youth protection service (PJJ) will be drafted to help prevent the massive heavy episodic drinking and narcotics trafficking involvement seen in minors in the juvenile court system.

*At-risk families*

The MILDECA supports the experimental implementation of the PANJO programme (Promotion of health and attachment between newborns and young parents), an early parenting support programme developed by the INPES[1].

The PANJO nurses-oriented tools have been pre-tested in three departments (*Rhône*, *Loire-Atlantique, Hauts de Seine*) and reviewed in Spring 2015. The second phase of development could start during Winter 2015-16. Its implementation will be coordinated and funded by the INPES and entrusted to a NGO ("*Agence des nouvelles interventions sociales et de santé*") which will be the interlocutor of the local authorities.

With support from the MILDECA, several experiences of Multidimensional Family Therapy (MDFT) have been tested out as pilot stage in different places, including some judicial youth protection services. The next step is now for the MILDECA to collect MDFT first results before any extension of this approach into CJCs.

[1] It is based on international experiments (e.g., CAPEDP study on Parenting Skills and Attachment in Infants: Reducing Mental Health Risks and Promoting Resiliency) and the long experience of the French Mother and Child Health services (PMI). The purpose of this programme is to enhance home visits by the motherhood and child care services to promote health in vulnerable families by offering extended follow-up, from the prenatal period until the child's sixth month of life, or beyond for households in need, up to the child's twelfth month of life. So PANJO aims at providing fragile parents with early parenting intervention and helping them better access to support and health services. The target-public is more particularly (future) parents who have social difficulties, drug-related troubles or who distrust health institutions (http://www.inpes.sante.fr/CFESBases/equilibre/numeros/91/parentalite_accompagner_les_familles.asp [last accessed 29/07/2015].

T1.2.4 Please provide an overview of Indicated prevention interventions (activities/programmes currently implemented).
Information relevant to this answer includes:
- interventions for children at risk with individually attributable risk factors e.g. children with Attention Deficit (Hyperactivity) Disorder, children with externalising or internalising disorders, low-responders to alcohol, etc.

**Indicated prevention interventions**

As for selective prevention, indicated prevention is mainly delivered by specialised associations or law enforcement services, often as part of a legal response.

*Young users*

Young users can be directed to Youth Addiction Outpatient Clinics (CJC) and drug awareness courses. The purpose of CJCs is to provide young users and their families with information and customised advice, to support them in attempting to stop taking drug or to have longer-

term care, if necessary by referring them to other specialised services. In 2014, 30,000 young people have been to the 540 consultation points throughout France (mainland and overseas), in the 260 CJC premises or in "advanced" consultations i.e. outside the main premises (e.g., in schools) (Obradovic 2015). Clients are aged 20.1 in average and predominantly males (81%). As for their recruitment, 15% have come to consult voluntarily (spontaneously) whereas 40% have been referred by the judicial system, vs 21% by their family, 9% by schools (by school health professionals, school consultation points or by school authorities within the framework of a sanction). In the last few years, the number of referrals of drug users by the judicial system to CJCs (and to health structures in general) has been on the rise.

*Users among law offenders and delinquents*
Over the last years, several cases of collaboration have been experienced to develop partnership between judicial youth protection services and CJCs, either instigated by the MILDECA (for example: the "advanced" CJCs) or decided locally. An on-going study commissioned by the MILDECA is assessing the cost of such a partnership, and thus the funding required to carry on what has been initiated.

The 2013-2017 strategy sets forth specific prevention objectives for offenders. New programmes for the prevention of drug-related subsequent offence have been initiated (see section T1.2.1).

*T1.2.5* ***Optional.*** *Please provide any additional information you feel is important to understand prevention activities within your country.*

A national media campaign on CJC (Youth Addiction Outpatient Clinics) was launched in January 2015 (from January 12 to February 8) with the aim of making these services better known by the general public (young people, parents, relatives) as a location where it is possible to talk about drugs and take stock before evolving in addiction. The campaign stages the gap of perceptions between a young person and his/her relatives about his/her drug or video game consumption. By means of posters, web, radio and TV spots, the campaign has focused on cannabis, video games and alcohol, and illustrated the expertise of the CJC staff in restoring the dialogue on the basis of each other's concern (http://inpes.sante.fr/30000/actus2015/002-cjc.asp).

## T1.3 Quality assurance of prevention interventions

The purpose of this section is to information on quality system and any national prevention standards and guidelines.

Note: cross-reference with the Best Practice Workbook.

Please structure your answers around the following question.

*T1.3.1* ***Optional.*** *Please provide an overview of the main prevention quality assurance standards, guidelines and targets within your country.*

In February 2014, in compliance with the Government plan 2013-2017, the MILDECA has set up the Interministerial Commission for the Prevention of Addictive Behaviours (CIPCA). The purpose of this commission is to promote and disseminate a new prevention policy based on evidence and scientific models as well as on programmes that have proven to be effective. Chaired by the MILDECA, the CIPCA gathers ministerial departments and scientific institutions involved in drug and addictive behaviours prevention. In 2014, the CIPCA

conducted a first call for tenders so as to select prevention programmes with a view to organise their scientific evaluation thereof over 2015-2016. This initiative will contribute to build a national registry of effective prevention interventions. Information on these initiatives and, more generally, on quality and evidence-based approaches is disseminated through annual national information. During the second national day, on June 29, 2015, the European Drug Prevention Quality Standards (EDPQS) project and tools were introduced to participants.
France, represented by OFDT, participated to the EDPQS phase 2 project in 2013-2015. Further reflection on the most relevant ways to adapt, disseminate and support the use of these standards should be lead, in the first instance between OFDT and MILDECA, in order to propose operational programme selection tool for territorial MILDECA representatives.

## 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.

T2.1 Please comment on the main changes in prevention interventions in the last 10 years and if possible discuss the possible reasons for change.
For example, changes in demography, in patterns of drug use, in policy and methodology, in target groups or in types of interventions.

See sub-section “Trends” in “T0. Summary”

## 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.

T3.1 Please report on any notable new or innovative developments observed in prevention in your country since your last report.

See sub-section “New developments” in “T0. Summary”

## 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.

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

*T4.2* ***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.*

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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 Have there been recent relevant changes in tobacco and alcohol policies?

| | |
|---|---|
| YES | **Tobacco**<br>The French National Tobacco Smoking Reduction Programme (PNRT) 2014-2019 defines several preventive measures in compliance with the European directive of April 3, 2014 [Directive 2014/40/EU of the European parliament and of the Council 4 on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco and related products and repealing Directive 2001/37/EC]:<br>(i) make tobacco products less attractive, in particular by establishing neutral packages and forbidding advertising in points-of-sale and attractive aromas (supposedly to facilitate the onset of smoking in young people)<br>(ii) strengthen the respect for the smoking ban in public places<br>(iii) forbid to smoke in cars in the presence of a child under the age of 12 and establish free-smoking children playgrounds. Therefore, municipal police will be authorised to enforce the ban on sale to minors and ban on smoking in public settings.<br><br>The forthcoming law for Public Health modernization will consolidate these measures, notably, according to the project of law: (i) by extending to 18 the car occupants' age under which smoking in car is forbidden and (ii) by requiring tobacco manufacturers, importers or distributors as well as representative companies or organisations to address a detailed report on their expenditure in advertising, propaganda and promotion activities carried out in France, including lobbying. |

Yes/No answers required. If yes please provide brief additional information.
T5.2 Has there been recent research on aetiology and/or effectiveness of prevention interventions?

| | |
|---|---|
| NO | |

## 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.

T.6.1 Please list notable sources for the information provided above.

The report is mostly based on information reviewed by OFDT in collaboration with MILDECA representatives.

T.6.2 Where studies or surveys have been used please list them and where appropriate describe the methodology?

**Methodology**

**CJC survey: Survey in youth addiction outpatient clinics**
*French Monitoring Centre for Drugs and Drug Addiction (OFDT)*

2014 is the third year (after 2005 and 2007) of the survey on clients of youth addiction outpatient clinics (CJC), a scheme created in 2005 to offer counselling for young psychoactive substance users. The 2014 survey is based on the responses by professionals having seen the patients or their families between 24 March and 30 June 2014. It covers metropolitan France and French overseas departments. Out of 260 facilities managing a CJC activity in metropolitan France and the DOM recorded in 2014, 212 responded to the survey, i.e., a response rate of 82%.
The questionnaire comprises four parts: circumstances and reasons for consulting, user sociodemographic characteristics, substances used and evaluation of cannabis dependence by the Cannabis Abuse Screening Test, and decision made at the end of the appointment.
Out of the 5,421 questionnaires collected, corresponding to the number of appointments held during the survey period, 5,407 were considered fit to describe consulting activity. After eliminating questionnaires not stating gender or age, the final user base included 4,958 individuals.

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