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National annual report on drug issues

Annual report sent to the EMCDDA (European Monitoring Centre for Drugs and Drug Addiction) giving an overview of the latest developments on the drug problem in France.

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2020 report

The 2020 report is divided in 10 workbooks: Drug Policy, Legal Framework, Drugs, Prevention, Treatment, Best Practice, Harms and Harm Reduction, Drug Market and Crime, Prison and Research.

Drug policy

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Driven by a clear public speech on the risks and harm that psychoactive substance use and high-risk use can cause, the 2018-2022 National Plan for Mobilisation against Addictions, which was introduced by the government in December 2018, focuses on prevention and pays particular attention to the most vulnerable groups based on their age or other qualities that make them more at risk. It improves the quality of responses to the consequences of addiction for individuals and society and demonstrates a strong commitment to combatting trafficking. It suggests new measures for research, observation and developing international cooperation. Finally, it creates the conditions for effective public action in different regions, by improving coordination between different state departments and involving local authorities and civil society. Following on from the previous action plan on drugs and addictive behaviours (2013-2017), the 2018-2022 National Plan for Mobilisation against Addictions promotes an approach targeting all psychoactive substances (alcohol, tobacco, illegal drugs) and other forms of addictive behaviours (gambling, doping) with emphasis on screens. It will be implemented over a 5-year period compatible with its objectives notably in terms of

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prevention. A striking aspect is its commitment to working in harmony with other governmental plans (health, prevention, road safety, child poverty, students, housing, doping, overseas). This plan is accompanied by indicators summarising the main challenges in terms of the envisaged results, and defining the targets to be reached. At regional and departmental levels, the orientations of the National Plan for Mobilisation against Addictions are set out in regional roadmaps for the period 2019-2022.

The most recent evaluation concerned the 2013-2017 government action plan on drugs and addictive behaviours. An external team of academics was entrusted with the task of evaluation. Four key measures of the 2013-2017 plan have been selected: the “Student liaison officers on health” scheme implemented in a university setting, a trial among inhabitants in the southern districts of Marseille (mothers, professionals, integrated young people and pre-teens) and local partners (council, police, prevention associations involved, etc.), the new partnership between MILDECA and the National Family Allowance Fund (CNAF), introduced with a view to taking over the main public relations campaign targeting the “general public” and, lastly, two regional intervention programmes aiming for the prevention and early treatment of foetal alcohol syndrome. The final evaluation report was published on 16 January 2018. These guidelines served as inspiration for the directions of the 2018-2022 National Plan for Mobilisation against Addictions, which is both committed to long-term approach and to cross-sectional local involvement, with a view to creating a real local dynamic in terms of the policy for combating and preventing addiction.

The directions of public policy in the field of drugs and addictions are defined by the "Interministerial Committee for Combatting Drugs and Addictive Behaviours", on the authority of the Prime Minister. This committee is made up of ministers and secretaries of State. Prior to this stage, MILDECA is responsible for drafting the decisions of the interministerial committee, then coordinating French government policy for combatting drugs and preventing addictive behaviours, and for ensuring that the decisions of the interministerial committee are implemented. On the authority of the Prime Minister, its scope of action includes prevention, treatment, harm reduction measures, integration, trafficking, law enforcement and research, monitoring and training of staff involved in activities to reduce supply and demand. A network of approximately 101 territorial representatives (generally the senior local government officers’ general administrators of the “département” or “region”) on a national scale guarantees the consistency of the implemented actions.

Following the enactment of an implementation decree on 24 May 2020, experimentation with the introduction of a lump-sum fine for drug use began in 4 cities (Créteil, Boissy-Saint-Léger, Reims and Rennes) in June 2020. This new procedure, which applies to all drugs but primarily targets cannabis users is due to be extended to Lille and Marseille in mid-July before gradually covering the whole of mainland France. The Social Security Financing Bill for 2020 (promulgated on 24 December 2019) provides for experimentation with the use of cannabis for therapeutic purposes for a period of two years, which will be implemented by the ANSM.
A parliamentary information mission on cannabis also began its work in January 2020 with the aim of proposing an inventory and exploring the issues related to the various uses of cannabis. The French regulation on CBD is expected to be addressed there, pending the forthcoming (probably September) judgment of the Court of Justice of the European Union on French legislation. The year 2019 was also marked by a desire to step up the fight against trafficking with the presentation in Marseille on 17 September of the National Anti-Narcotics Plan and the creation of the Anti-Narcotics Office (OFAST).
Finally, the issue of crack cocaine remains a matter of concern in Paris, and is reflected in the programmes for the 2020 municipal elections, both in terms of health and public safety.

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The social cost of drugs in France was estimated at three points, in 1996, 2003 and 2010. The most recent estimate of the social cost of drugs was published by the OFDT in September 2015: hence, for 2010, this cost amounted to 8.7 billion euros for illegal drugs, far behind the amount estimated for alcohol (118 billion euros) and tobacco (122 billion euros).
In 2018, total public spending on the fight against drugs and addictive behaviour is estimated at 2.56 billion euros. This estimate has been on the rise (+5%) since 2015 but the rate of increase is for the first time decreasing. The contribution from the State and from Health Insurance accounted for 0.11% of gross domestic product in 2018, with 51% of the total for demand reduction initiatives, 48% for supply reduction activities and almost 1% for the resources allocated to cross-disciplinary activities (coordination and international cooperation).

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Legal framework

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In France, the illegal use of any substance or plant classified as a narcotic is an offence punishable by sentences of up to one year in prison and a fine of €3 750 (Article L.3421-1 of the French Public Health Code - CSP). The sentences incurred may be up to five years in prison and a fine of €75 000 when the offence is committed by a public authority, a person responsible for public services or personnel in a company carrying out duties calling into question transport safety. Persons prosecuted for these offences also face additional penalties such as a compulsory awareness course on the dangers of drug and alcohol use, in accordance with the provisions set forth in Article 131-35-1 of the French Penal Code.
Since the 2018-2022 Programming Act for Justice of 23 March 2019, a lump-sum criminal fine of 200 euros, issued by the law-enforcement services, has been made possible for the offence of drug use. Its experimentation initially forecast in 4 cities (Créteil, Boissy-Saint-Léger, Reims and Rennes) began in June 2020. This new procedure applies to all drugs but is primarily aimed at cannabis users. It was extended to Lille and Marseille in mid-July before gradually covering the whole of mainland France. Its generalisation should take place in the coming months.
Aside from the sentences issued by the courts in compliance with Article L.3421-1 of the CSP, an awareness course may also be proposed by the public prosecutors as an alternative to prosecution or simplified procedure (fixed penalty notice, criminal order). In this context, this measure is particularly intended for occasional narcotics users who do not appear to present health or social integration problems. The course applies to all individuals aged over 13 years. When circumstances show that the respondent requires health care, the legal authorities may require them to undergo court-ordered treatment (Article L.3413-1 of the CSP). Public action is not taken once it has been established that the individual has undergone court-ordered treatment, following the events of which s/he was accused (Article L.3423-1 of the CSP).
Illegal transport, possession, proposal, sale, acquisition or use and the fact of facilitating the illegal use of narcotics are punishable by a maximum of ten years in prison and a fine of €7.5 million (Article L.222-37 of the French Penal Code). The illegal proposal or sale of narcotics to a person with a view to personal use is punishable by five years in prison and a fine of €75 000; however, the prison sentence is extended to ten years when narcotics are proposed or sold to minors, in learning or educational establishments or on government premises, and at or very close to the time when students or the public are entering or leaving these establishments premises, in the vicinity of these establishments or premises (Article L.222-39 of the French Penal Code). The maximum penalties incurred for trafficking are life imprisonment and a fine of €7.5 million (Article L.222-34 of the French Penal Code). The law itself does not distinguish between possession for personal use or for

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trafficking, nor by type of illegal substance.
With regards to cannabis, French regulations stipulate that all activities concerning it (production, possession, use) are prohibited (Art. R.5132-86 I -1° of the Public Health Code). Some forms of hemp without psychoactive properties may, however, be used for manufacturing and commercial purposes, provided that the variety is authorised, the plant contains less than 0.2% THC, and that only the seeds and fibres are used (with the use of the resin, flowers and leaves of the plant being prohibited). Cannabidiol may be advertised if it is addressed through one of the pharmaceutical specialities with a marketing authorisation (art. R.5132-86 III CSP) and if it complies with the relevant drug regulations (CSP, Book 1, Title II, Chapter II, R.5122-1 to 8).
In addition, experimentation with cannabis for therapeutic use was included in the Social Security Financing Act for 2020, enacted on 24 December 2019. It will run for two years from January 2021 and will be implemented by the ANSM. A report to Parliament is planned 6 months before the end of the experiment in order to consider the possible follow-up.
There are no specific laws regulating new psychoactive substances (NPS). The rationale for classifying a NPS on the list of narcotics is both individual (each prohibited substance is named on the list) and generic.

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Drugs

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Drug use, polydrug use and the main illicit drugs

According to the latest available data (2017), cannabis is still by far the most widely used illicit substance, both among teenagers and the adult population (45% of 18 to 64-year-olds), with overall 18 million people having already tried it. The overall proportion of recent users (in the last month) is 6.4% among adults.
Among last year users aged 18 to 64 years (11%), according to the 2017 Health Barometer Survey of Santé publique France, the proportion of those at high risk of problem cannabis use (according to the Cannabis Abuse Screening Test, CAST – see details in T1.2.3 of workbook 2016) is 25%, i.e. 2.3% of the French population aged 18 to 64 years. Cannabis is also the most frequently reported substance mentioned as the principal reason for entering drug treatment (CSAPA). As far as synthetic cannabinoids are concerned, 1.3% of adults aged 18 to 64 state that they have already used such substances. Their use levels are similar to heroin or amphetamines.
Cannabis use among adults aged 18 to 64 stabilised between 2014 and 2017 (after the substantial rise observed between 2011 and 2014), at a high level, irrespective of age groups and frequency of use: this trend is part of the dynamic context of supply in France, particularly with the local production of herbal cannabis (industrial plantations but also personal cultivation), alongside the innovation and diversification of the resin market (see the Market & Crime workbook).
Cannabis is also the illicit substance most widely used between the ages of 11 and 16 years, particularly among boys. In terms of lifetime use, in 2018, cannabis use accounted for 6.7% of middle school students (average age 13.5) (ENCLASS 2018 data), a lower percentage compared to in 2014 (9.8%). In 2018, a third of high school students (average age 17.1), had already tried cannabis (33.1%), representing 30.0% of girls and 36.3% of boys. In addition, 17.3% used it in the month preceding the survey. These levels are lower than they were in the previous survey in 2015 (44.0% and 22.6% respectively). This downward trend is also evident in the 2017 ESCAPAD survey among 17-year-olds, where 21% reported to have used cannabis over the past month, compared to 25% in 2014.

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In the survey on representations, opinions and perceptions regarding psychoactive drugs (EROPP) conducted at the end of 2018 among people aged 18 to 75, nearly 9 out of 10 respondents (88%) spontaneously reported cannabis as a "drug" they know, even if only by name. Just under half of respondents (48%) considered it to be dangerous to use from the first time.
The spread of cocaine, the second most widely consumed illegal substance, is considerably lower: almost ten times fewer people had already tried it. However, the proportion of 18-64-year-olds with lifetime cocaine use has increased four-fold in two decades (from 1.2% in 1995 to 5.6% in 2017, a stable level compared to 2014). The proportion of last-year users also increased substantially, from 0.3% in 2000 to 1.1% in 2014, then 1.6% in 2017. For the past few years the consumption of this substance once limited to the more well-off, has affected all levels of society, although to varying degrees. The levels of lifetime use for synthetic drugs such as MDMA/ecstasy and amphetamines are 5.0% and 2.2%, respectively among 18-64-year-olds. The proportion of current MDMA/ecstasy users remained stable between 2010 and 2017 (1.0%). Among 18-25-year-olds, the use of this product equals that of cocaine.
Lastly, the prevalence of lifetime use of heroin is 1.3% in the entire 18 to 64-year-old population and current use seems very rare (0.2% of those surveyed).
77% of 18-75-year-olds surveyed in EROPP at the end of 2018 considered cocaine to be dangerous from its first use and 84% thought the same for heroin.
The latest ENa-CAARUD survey, conducted at the end of 2015 in support centres for the reduction of drug-related harms (CAARUD) validated the qualitative findings of the TREND system about the most disadvantaged users turning to less expensive substances, medications and crack cocaine when available.
Overall, substance use in the past 30 days before the survey did not show any major changes in terms of structure. Nevertheless, certain changes can be observed since 2008. As regards opioids, the use of buprenorphine (whether prescribed or misused) has declined steadily (40% vs. 32%), in favour of methadone (24% in 2008 vs. 31% in 2015). The use of heroin stayed stable (30%).
As regards stimulants, the proportion of CAARUD clients having taken freebase cocaine (crack or freebase) continued to increase steadily (22% in 2008, 33% in 2015). No changes were observed for hallucinogens exclusively used by a subgroup of this population (15%).

The use of illicit drugs with alcohol, tobacco and prescription drugs

In both the French Public Health Agency’s health barometer (adult population) and the OFDT’s ESCAPAD survey (17-year-olds), polydrug use is defined as using at least two of the three following substances over the period of a month: alcohol, tobacco and cannabis. These are not necessarily concurrent uses. In 2014 (latest available data), polydrug use is still uncommon since it only concerns 9.0% of the adult population. It reaches a peak among 18 to 25-year-olds, who are one of the age groups with the highest tobacco and cannabis use (13.2%). Regular polydrug use of three substances is rare since this concerns 1.8% of men and 0.3% of women aged 18 to 64.
In 2017, regular polydrug use of alcohol, tobacco or cannabis concerns 9.3% of 17-year old teenagers. Cumulative regular tobacco and cannabis use is more widespread (4.4%), ahead of cumulative regular tobacco and alcohol use (2.8%). Cumulative regular use of the three substances concerns 1.9% of 17-year-olds.
Between 2014 and 2017, regular polydrug use decreased by more than 3 points, returning to the level observed in 2011.
Regarding the public received in Youth Addiction Outpatient Clinics (CJC), outpatients seeking help for cannabis use were also tobacco users (87% of daily smokers) and subject to frequent or massive alcohol consumption. About 10% of these "cannabis outpatients" are regular drinkers. Almost a quarter (22%) declared at least three heavy episodic drinking (HED) in the last month (Protais et al. 2016).
Alcohol use also appears to be predominant among CAARUD clients (active drug users who are not

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undergoing active treatment or have withdrawn from the care system, vulnerable from a socioeconomic perspective) : 71% reported last-month alcohol use, and among them nearly half claimed to have drank the equivalent of at least 6 glasses on a single occasion, every day or nearly every day in the past year. As regards medications, in compliance with qualitative findings, the use of buprenorphine (whether prescribed or misused) has declined steadily (40% vs. 32%), in favour of methadone (24% in 2008 vs. 31% in 2015), which is more widely prescribed, and morphine sulphate, which is more frequently misused (15% in 2010, 17% in 2012 and 2015). The use of substances containing codeine has been gradually increasing since 2010, when this was measured for the first time (5% vs. 9%), whereas the use of other opioid medications (for instance, fentanyl), studied for the first time in 2015, reached 7%. Only 4% of users took diverted methylphenidate, although this situation was highly concentrated geographically. However, benzodiazepine use rose sharply between 2012 and 2015 (30.5% vs 36%) (Lermenier-Jeannet et al. 2017).

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Prevention

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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 State 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, 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. 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. Within the area of educative health pathway for pupils, school stakeholders are involved in commissioning, planning and implementing activities. In many cases, external interveners (NGO staff and/or specialised law enforcement officers) are solicited to address pupils. Prevention measures in schools focus on developing students' individual and social skills, teaching them to resist peer pressure and the temptation to drink and take drugs. Long-term educational projects are encouraged.

Prevention interventions

School-based universal prevention mostly in secondary schools 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. However, these previous years, preventive responses were enhanced towards priority publics, like

youth in deprived urban areas, school drop-out kids and youth in contact with the judicial system. Major efforts have been made to develop collective prevention measures in the workplace as well (private compagnies and public services) beyond the remit of occupational physicians. Environmental strategies to curb alcohol and tobacco use are well developed and have substantial political support. National media campaigns to prevent alcohol and tobacco are regularly issued, less often on illicit drugs.

Trends & 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.

New development

The 2018-2022 National Plan for Mobilisation against Addictions involves numerous new objectives in terms of prevention in the coming years.

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Treatment

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National profil

Treatment for illicit drug users may be provided in health and social care centres specialising in addiction medicine, the CSAPA (specialised drug treatment centres), in primary care settings (mainly by general practitioners), or in hospitals, including some psychiatric hospitals. The place of addiction medicine in hospitals varies. Some have addiction medicine departments with several hospital practitioners who take care of patients on an outpatient basis, but mostly on a full inpatient or day admission basis. Others have one or two withdrawal beds and an addiction medicine outpatient clinic. ELSA (addiction liaison and treatment teams) exist in many of the hospitals with emergency care services.
However, only persons received at the CSAPA are subject to data collection in accordance with the European protocol for recording data processing requests. In 2019, about 54 000 users starting a course of treatment in a CSAPA were actually included in TDI data. However, these figures account for only a proportion of users corresponding to exhaustive data collection. Given the participation rate of the CSAPA in collecting TDI data (64%), the total number of people starting treatment at the CSAPA could be in the range of 84 000.
The total number of people cared for in a CSAPA during the year, which also includes people already receiving treatment last year, is 136 000 according to the latest available data going back to 2017 .

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The activity of community doctors in the field of addiction treatment mainly involves prescribing opioid substitution treatments (OST). These doctors are not the only ones who prescribe these treatments, but they provide the highest proportion of them. These treatments are most often dispensed in pharmacies.
In 2017, 162 300 persons received opioid substitution treatment dispensed in community pharmacies . Almost 22 000 received treatment dispensed in a CSAPA in 2017.
Sources on hospital-based addiction treatment are incomplete and difficult to interpret. Data is only available for inpatients, as outpatient care is not reported. In 2017, 11 500 people were hospitalised in general hospitals with a primary diagnosis of addiction to illicit drugs or psychoactive medicine (hypnotics or anxiolytics). Some of these hospitalisations may, however, be related to the management of acute intoxication in people who are not enrolled in a treatment process for their addiction problem.

In terms of outpatient treatment provision, the public authorities developed specific healthcare for young users by creating youth addiction outpatient clinics (CJC) in 2004. Presently, approximately 540 clinics have opened. Although no national "programmes" intended for other target groups exist, some CSAPA have specialised in healthcare adapted to specific populations (women with children, offenders, etc.).

Trends

In constant terms, after increasing between 2014 and 2016, the number of people receiving care for the first time as part of the specialised service for addiction treatment, declined in 2017 and remained fairly stable since. The increase in these treatment demands between 2014 and 2016 mainly came from cannabis users, who represented an overwhelming majority (73% in 2019). The number of treatment demands related to opiates has been declining since 2016. The number of demands related to cocaine, which were very low in 2014, more than doubled between 2014 and 2019.
Over the 2007-2019 period, the number of cannabis related demands increased between 2007 and 2014 and then stabilised. The proportion of opioid related demands decreased between 2007 and 2014 at the same rate. Since then, the figure has continued to decline but at a fairly slow rate.
Developments in the number of treatment entrants are similar to those for first treatment demands, even though there are less when it comes to cannabis (lower increase and decrease rate).
The distribution according to substances seems fairly stable up to 2010, with a slight downward trend in the percentage of cannabis users. The percentage of these users then increases significantly, peaking at 62% in 2016 to then decrease in 2017 for the first time since 2010 and stabilising in 2018 and 2019 at around 60%. The evolution of the share of opiate users is roughly symmetrical to that of cannabis users. As for first-time treatment demands, the most significant trend is the continued increase in the number and share of treatment demands related to cocaine.
Furthermore, since 2013, the number of persons receiving opioid substitution treatment (OST) has remained stable, after increasing constantly since this type of treatment was first introduced. The number of persons treated with buprenorphine decreased slightly over this period, in favour of patients treated with methadone, in keeping with sales data for these opioid substitution medications.

New developments

As in 2017 and 2018, the amount and proportion of cocaine-related treatment demand continued to increase in 2019. However, the rate of increase was significantly lower than in the previous two years. The number and percentage of treatment demands related to cannabis seem to stabilise after the sharp increase from 2010-2016.

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In 2018, 161 400 people received opioid substitution treatment dispensed in community pharmacies: 96 300 were prescribed buprenorphine (Subutex® or generics, Orobupré®), 63 400 methadone and 7 300 buprenorphine in combination with naloxone (Suboxone® or generics). Furthermore, 21 960 patients were dispensed opioid substitution medications in CSAPA (18 520 methadone and 3 440 buprenorphine) in 2017.

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Best practice

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The new national action plan on addiction for the 2018-2022 period reaffirms the government's willingness to reinforce quality in public responses on the basis of observation, research, evaluation and a reinforced training strategy, with a special impetus on prevention. Under the prevention, care and research strategical pillars, it defines quality assurance objectives with regards to the promotion and the implementation of evidence-based knowledge, evaluation and skill raising through training and scientific mediation.
In France, quality assurance in Drug Demand Reduction (prevention, risk reduction, treatment and rehabilitation) builds on specific advocacy, guidelines or trainings from public health institutions or professional societies. It is in the remits of the French Public Health Agency (*Santé publique France* - SpF) and the French National Authority for Health (*Haute autorité de santé* - HAS). SpF disseminates evidence in drug prevention research and supports the local experimental transfer of international evidenced-base programmes like Unplugged (Lecrique 2019), GBG, SFP, etc. The HAS diffuses professional guidelines/recommendations on risk reduction and treatment addressing: (i) Opioid Substitution Treatment, (ii) Early intervention and risk/harm reduction for crack or free base users, (iii) Clinics for young drug users, (iv) Treatment of cocaine users, (v) Harm and risk reduction in low threshold services (CAARUD) and lastly (vi) Prevention and harm reduction delivered by drug treatment centres (CSAPA) (released in December 2019). The two later guidelines (v and vi) serve as a baseline for compulsory evaluations of drug services but the fulfilment of the other guidelines is not a formal prerequisite for support or subsidies. Some tools exist to help decision makers to select quality prevention programmes (EDPQS materials and the ASPIRE toolkit adapted from them) and practitioners to develop quality programmes but the extent to which they are used is unknown.
Professional federations are also engaged in developing quality and professional supports: the new portal on addictions for primary care professionals (GPs, school nurses, dentists, pharmacists, midwives, emergency doctors) is an example: https://intervenir-addictions.fr. This portal was created by the Fédération Addiction with support from the public authorities, the French Public Health Agency (*Santé publique France*), the OFDT and various other partners in the field of addiction.
The addiction treatment services (so-called CSAPA) are marginally impacted by the existing accreditation and certification systems applied to health establishments and processed by the HAS (French National Authority for Health). However, the CSAPA, most of which were authorised as medico-social establishments at the beginning of the 2010s for a period of 15 years, are required to provide two external evaluations during this period. These evaluations must be carried out by a body approved by the HAS and follow a set of specifications outlined by decree.
In the 2010's, although many resource services in prevention engineering have collapsed at local level, there is a noticeable willing at national level to enhance quality in the programmes and services delivered, especially in prevention.
The National training Institute of the National Police (INFPN) provides specialised law enforcement agents with four-week training on drug issues and prevention intervention towards adults and adolescents. In the recent years, several initiatives were undertaken to:

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- develop knowledge and competence on addictions in medical studies. Endeavours will be extended to other health studies (nursing, pharmacy);
- integrate a module on early detection of addictive behaviours and early intervention in the curricula of future school agents (educational advisers, education professionals and teachers).
An important dynamic has been engaged to support the extension of the Unplugged programme in France: in 2020, about 60 high schools in 5 regions will engaged 3 classes each in average in this experiment. Many guidelines were issued during the covid-19 epidemic to support help services to continue their activities during and after the lockdown while applying prophylactic conditions.

▸ Download Workbook 6 : Best practice

Harms and Harm Reduction

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National profile and trends harms

The number of overdose deaths in 2016 amounted to 309 among 15-49-year-olds (463 in total) according to the latest available data of the general death register. This number has sharply risen (+31%) among 15-49-year-olds in 2016 compared to 2015. Between 2010 and 2016, opioid substitution medications were the main substances implicated in overdose deaths, ahead of heroin. Cocaine involvement is on the rise in deaths related to drug use since 2014.
In 2018, 573 deaths were registered in the specific registers (464 in DRAMES added to the 109 deaths of DTA). According to the specific overdose death register (DRAMES scheme), 464 overdose deaths were registered in 2018 with opiates implicated in 76% of cases. Opioid substitution medications were implicated in 43% of cases and heroin in 28% of cases. Cocaine was involved in 26% of deaths. Otherwise, the mortality cohort study included 1 134 individuals, and for 955 (or 84%) of these subjects, the vital status was checked in December 2015. For men, the standardised mortality ratio was 5.6. For women, it was much higher (18.5).
Nearly 13 000 hospital emergency presentations related to drug use were reported in France in 2015 (Oscour® network). More than a quarter of presentations were related to cannabis use and less than a quarter to opioid use, whereas cocaine was implicated in 7% of cases, other stimulants in 3% of cases, hallucinogens in 4% of cases and, lastly, multiple or unspecified substances were responsible in 36% of cases.
In 2018, people infected through intravenous drug use represented 1% of new cases of HIV infection. The number of HIV seropositive diagnoses associated with drug use (67 cases in 2018) has been declining since 2010. The number of new AIDS cases related to drug use is also steadily declining since 2010.
Furthermore, between 2012 and 2017, the reported prevalence of HIV and HCV remained stable, both in the harm reduction facilities (CAARUD) and specialised drug treatment centres (CSAPA) context. This stability highlights the end of the declining prevalence of HCV among injecting drug users (IDU) observed since the beginning of the 2000s. The most recent data on biological prevalence are from 2011. The biological prevalence of HIV among drug users having injected at least once in their life was 13.3%, while the biological prevalence of HCV (AC anti-VHC) in this population reached 63.8%. The seroprevalence of AgHB (which indicates chronic hepatitis B virus infection) was 1.4% among drug users surveyed in the Coquelicot survey from 2011 to 2013.

National profile and trends harm reduction

Harm reduction (HR) measures are intended for vulnerable populations whose substance use patterns expose them to major risks. These are notably based on the distribution of sterile single-use

equipment (syringes, crack pipes, snorting equipment, injection and inhalation kits, etc.) and the diffusion of opioid substitution treatment. Preventing infectious diseases also relies on encouragement to undergo screening for HIV, HBV and HCV, as well as HBV vaccination and HCV treatment. Another major objective of HR measures is to promote drug user access to treatment and social benefits (accommodation, training, employment, etc.), particularly for the most destitute and socially isolated individuals.
Approximately 12.9 million syringes were distributed or sold to drug users in France in 2017. It was estimated that 9.8 million syringes were distributed in 2011 (last year available before the discontinuation in collated data). This development represents an 33% increase (i.e. an increase of 3.2 million syringes between 2011 and 2017). Pharmacy syringe sales in the form of injection kits, which represent a quarter of syringes distributed to drug users in 2017, fell by a quarter (a 28% reduction between 2011 and 2017, i.e. 1.2 million fewer syringes), offset by the increase in distribution in specialised drug treatment centres (CAARUDs), harm reduction facilities (CSAPAs), automatic distribution machines and postal Needle and Syringe exchange Programme.

New developments

Updated guidelines on the management of HCV-infected individuals, and on the HIV screening strategy urge the continuation and consolidation of action already taken along these lines, particularly among injecting drug users. 59 000 patients suffering from chronic hepatitis C were treated and cured by direct-acting antivirals (DAA) between 2014 and 2017, including at least 11 000 former or current drug users. During 2017, reimbursement of DAA (100% reimbursed by the National Health Insurance Fund) was extended to all adults with chronic hepatitis C irrespective of fibrosis stage. The most prescribed DAAs have been available in pharmacists since March 2018 and certain DAAs have been available on prescription from all physicians since May 2019, making it easier to treat hepatitis C.
As regards the implementation of a naloxone distribution programme (antidote to opioid overdose) in France, a proprietary medicinal product containing naloxone for nasal use (Nalscue®) obtained a marketing authorisation for use in July 2017. It has been on the market since January 2018 and is only available in CAARUDs, CSAPAs and specialised services. Intramuscular naloxone kits (Prenoxad®) have been available in pharmacists and specialised facilities since June 2019. Between 2016 and 2019, around 21 000 naloxone kits were distributed.
Drug consumption rooms, which were previously reserved for users injecting psychoactive substances, have also been available to inhaling or smoking users since July 2019.

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Drug market and crime

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Domestic drug market

Herbal cannabis is the only illegal substance for which production is seen in France. While growing herbal cannabis in metropolitan France was mainly the work of small, self-sufficient growers, the situation began to change at the start of the 2010s with the emergence of cannabis factories run by organised crime groups and with individuals investing in its commercial production.
Given France’s geographic position at the heart of Western Europe, it is a transit area for the main illegal substances (cannabis, cocaine, heroin and synthetic drugs) produced worldwide. This is also the case due to its overseas departments on the American continent (Guadeloupe, Martinique and Guiana) close to the major cocaine production (Colombia, Bolivia, Peru) and transit zones (Venezuela,

Brazil, Suriname).
Cannabis resin used in France comes from Morocco and usually transits through Spain while herbal cannabis is imported mainly from Spain, the Netherlands and Belgium.
The cocaine used in France is produced mainly in Colombia. It mainly passes via sea routes through the south via Spain (Algesiras) and the north via the Netherlands (Rotterdam), Belgium (Antwerp) and to a lesser extent Germany (Hamburg). In recent years, cocaine, transiting in particular through Brazil and Venezuela then via the French West Indies, has been entering the European continent through the port of Le Havre. There has also been a major increase in air trafficking by “mules” between Guiana and mainland France since 2011.
The heroin used in France mainly comes from Afghanistan (brown heroin) and passes via the Balkans (Turkey, Greece, Albania). the Netherlands, ahead of Belgium, is the main platform which supplies French dealers.
Synthetic drugs (MDMA/ecstasy, amphetamines) used in France also mainly come from the Netherlands.

National drug law offences

In 2019, the total number of persons accused of narcotic use in France is 151 300 against about 161,300 in 2018. 8 out of 10 people accused of a drug-related offence corresponded to simple use. The number of people implicated in trafficking offences (17 041) increased by 10% compared to 2018, and user-dealers (18 096), increased by 1%. In 2010, 90% of the arrests concerned the simple use of cannabis, 5% simple heroin use, and 3% simple cocaine use (since 2010 national statistics no longer provide details of arrests for each substance).

Key drug supply reduction activities

The National Plan for Mobilisation against Addictions (2018-2022) emphasises the importance of implementing a genuine national strategy based on better coordination between the various services involved (police, customs, Gendarmerie, justice). Money laundering, a key issue in a dynamic French drug market, is a major priority. The challenge of international cooperation, in particular, has also been placed at the forefront, notably the important role of French overseas departments (Guiana, Martinique and Guadeloupe, together with the French overseas territory Saint-Martin) in supplying the mainland market with cocaine. Lastly, emphasis is placed on prevention to stop young people, especially minors becoming involved in local trafficking, firmly established in large cities.
In February 2020, the Ministry of the Interior officially announced the creation of OFAST (Anti-Narcotics Office), which succeeds OCRTIS (Central Office for the Repression of Drug-related Offences). This creation corresponds to the State's desire to increase cooperation between the various services in charge of law enforcement: police, customs, military police [gendarmerie] and justice. OFAST is organised into three divisions, "strategy", "intelligence" and "operations", to respond to the three missions "understand", "target" and "act". They are headed respectively by a customs administrator, a military police [gendarmerie] colonel and a divisional commissioner. At a territorial level, OFAST has eleven regional offices, five territorial detachments and plans to set up 28 operational drug intelligence units (CROSS).

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Prison

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As of 1st January 2020, France had 188 prison establishments with a total operational capacity of 61

080. With 70 651 inmates, there are 115 inmates for every 100 beds in France. The situation of penitentiary establishments was strongly impacted by the health crisis of 2020 (see T3). The only recent surveys on the subject merely provide preliminary or partial data because they are not nationwide. However, studies conducted about a dozen years ago demonstrated that one third of new inmates stated prolonged, regular use of illegal drugs in the year prior to entering prison. Nearly 11% of inmates stating that they used illegal drugs on a regular basis used multiple substances prior to their imprisonment. 10% of inmates were addicted, but the total number of problem drug users (PDU) in prison settings is not quantified in France. More recent surveys, conducted in a more localised manner, estimate the proportion of people using cannabis at between 35 and 40%. Quantification of other products leads to very different results depending on the studies. No studies provide data on NPS use in prisons. Inmates have greater rates of infectious disease than the general population: although declining, HIV infection prevalences vary, depending on the source, from 0.6% to 2.0% (three to four times the prevalence in the general population), while prevalences of HCV are from 4.2% to 6.9% (four to five times higher).
The Ministry of Health has been responsible for healthcare in prison since 1994. Health care in prison is made up of health units in prison settings (USMP) which offer somatic and psychiatric care. Psychiatric care units (regional medico-psychological hospital services - SMPR) coordinate and support USMP. They have hospital places for during the day. To treat people presenting with addictive behaviour and the resulting somatic and/or psychiatric symptoms, these units can benefit from working with a CSAPA in a prison environment, located in eleven of the largest institutions in France (representing around a quarter of the imprisoned population) or other addiction care specialists, depending on the local organisations. A reference CSAPA is designated to each prison. Its aims are to help prepare prisoners for getting out and to promote the necessary monitoring of the inmates on their release. In 2017, 201 CSAPA reported that they had worked in a prison, with 11 CSAPA exclusively working in prisons (previously Antennes-Toxicomanies, created at the end of the 1980s) and 126 being reference CSAPA. These centres worked in 162 different prisons.
To guarantee the application of harm reduction measures, two main ways of preventing the spread of infectious diseases have been implemented in prison settings since 1996. Firstly, inmates have to be able to not only continue their opioid substitution treatment (OST) that was prescribed to them before they were imprisoned but to also start such a treatment if they so desire. In addition to substitution, prison establishments offer prevention and decontamination tools for fighting against HIV and hepatitis’s.
Since 2009, different laws have proposed to step up harm reduction measures in prison. The main lines of improvement concern the increased scope and role of the reference CSAPA, routine implementation of screening tests, and widespread access to all existing harm reduction measures, including needle and syringe exchange programmes. These objectives are reasserted in the 2016 health reform law.

New developments

Around 13,700 inmates received opioid substitution treatment in 2017, representing 8% of those who stayed in a prison setting, a figure that has remained stable since 2013.

The COSMOS survey (conducted in institutions in the Pays de la Loire region) provides recent quantification data on drug use before and during incarceration. Where some are close to older data on the issue (particularly with regard to cannabis use, estimated at between 35 and 40% of the prison population, according to the study), others move away from it.

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Research

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National profile

In France, the Ministry of National Higher Education, Research and Innovation (MENESR) designs, coordinates and implements national policy on research and innovation. Two primary academic organisations, the National Centre for Scientific Research (CNRS) and the National Institute for Health and Medical Research (INSERM), cover a wide range of research areas, from neurosciences, through public health and clinical research to social sciences.
The French National Focal Point (OFDT) is the main body involved in drug-related data collection, studies and network development. It collaborates extensively with national and European drug-related research teams. Dissemination of data and research results are also part of its mandate, together with publishing in national and international scientific journals, and promoting the use of research results in practice and policymaking.
The Interministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA) is the central structure close to the Prime Minister responsible for coordinating governmental action in the drugs field. Part of its role is to promote and fund drug-related research.

New development

In line with previous government plans, developing research and observation in the field of addictions is key in order to provide information on the implementation of public policies. It represents therefore one of the 6 major challenges included in the 2018-2022 National Action plan on Addictions (MILDECA 2018). The measures to be implemented focus on two main priorities:
1) Bringing science, political policy-making and citizens closer together;
2) Extending knowledge in all areas of public action.
In order to improve links between the scientific community, policymakers and citizens, the plan aims to increase places and times for meetings about spreading knowledge on addiction, both nationally and regionally. The importance of the focal point (OFDT) is underlined as it enjoys ideal positioning for speeding up transfer of knowledge and its appropriation by decision-makers, professionals and citizens.
Linked to the priority to “bring science, policy-making and citizens closer together”, the MILDECA also wants to create an interministerial forum for discussion categorised by major policy area (science and prevention, science and treatment, science and judicial response and science and counter-trafficking). This forum will focus on planning interministerial meetings to improve programming and dissemination of knowledge. This will involve sharing existing literature with public stakeholders and working with them to determine the gaps in existing research and the necessary studies to be developed in order to determine appropriate intervention measures. Finally, the MILDECA will strive to share the results of this work with the relevant policymakers in order to help them elaborate relevant public responses based on strong scientific data (for example, the meeting organised by the MILDECA on the report "addictions and new technologies" carried out by Pr Reynaud).
The plan highlights several key areas where new knowledge is required: prevalence of use among vulnerable groups (people with disabilities, people living in poverty, people subject to a court order, migrants), influence of environmental factors and available preventive and healthcare supplies on the dependence and treatment trajectories, individual vulnerability factors, gender specific factors, etc.
In order to prevent addictive behaviours, emphasis is placed on carrying out intervention research in schools and workplaces. The plan also promotes the development of knowledge related to marketing

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strategies that influence how the risks of using are perceived among young people. Such information is required in order to deconstruct the discourse conveyed by industrialists and to put in place appropriate responses.
To better reduce risks and improve care and access to care, the plan confirms the need to support clinical and therapeutic research by encouraging a transversal and collaborative approach. Evaluating medico-social and harm reduction interventions is also valued.
Moreover, in terms of questioning the effectiveness of criminal solutions, the authorities stress the need to develop evaluative research in this field in order to encourage solutions to develop the most promising judicial measures. As regards research relating to drug supply, the plan notably encourages improved monitoring of new psychoactive substances and studies on the changes in supply.

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All reports :