Annual reports sent to the EMCDDA (European monitoring center for drugs and drug addiction), giving an overview of the latest developments on the drug problem in France.

National annual reports on drug issues

2015 report

The 2015 report adopts a renewed framework and is now 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

The current overarching general principles of French drug policy were stated in a mission letter on 17 October 2012. The Government stated its vision for the actions to be taken in this policy area as being of a global and integrated nature, entrusting responsibility for their implementation to the chairperson of the Interministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA). The MILDECA reports to the Prime Minister and is in charge of developing the national strategies and actions plans and coordinating their implementation. France’s Government Plan for Combating Drugs and Addictive Behaviours 2013–17 was endorsed by the Interministerial Committee chaired by the Prime Minister on 19 September 2013. Its approach is a comprehensive and global one towards illicit and licit drugs (narcotics, alcohol, tobacco, psychotropic medicines and new synthetic products) and other forms of addictive behaviours (gambling, gaming, doping). The 2013–17 strategy is structured around three main priorities:
1. To base public action on observation, research and evaluation.
2. To take the most vulnerable populations into consideration to reduce risks and health and social harm.
3. To reinforce safety, tranquillity and public health, both locally and internationally, by fighting drug trafficking and all forms of criminality related to psychoactive substance use.
The 2013-2017 Government Plan for Combating Drugs and Addictive Behaviours also emphasises the need for developing "evaluative" research, preferably in connection with the academic world in order to obtain reliable, independent and useful results for the public authorities to improve the effectiveness of public action. Hence, an external evaluation of this plan, based on a qualitative analysis of four measures of the 2013-2015 Action Plan, will be conducted by a team from the Sciences Po institution. In addition, the evaluation of the degree to which the objectives of the plan have been achieved was entrusted to the OFDT.
In 2013 total drug-related expenditure represented 0.1% of gross domestic product (GDP) (approximately €2 billion), with 58% of the total for demand reduction initiatives, 39% for supply reduction activities and 2% allocated for crossed activities (research, training, observation, evaluation, coordination and international cooperation).

Legal framework

Use or possession of illicit drugs is a criminal offence in France. An offender charged with personal use faces a maximum prison sentence of one year and a fine of up to €3,750, though prosecution may be waived or a simplified procedure of a fine of up to €1,875 can be ordered in minor cases. The possible sentence increases to five years and a fine of €7,500 if endangering transport or if the offence is committed by a public servant on duty. Users in simple cases may receive a caution, but this should usually be accompanied by a request for a compulsory drug awareness course, introduced in March 2007, for which the non-addicted offender may have to pay up to €450. Addicts would continue to receive the therapeutic injunction directing them to treatment. The application of educational and health measures is prioritised for simple drug-law crimes and for minors. Drug supply is punishable with imprisonment of up to 10 years, or up to life in prison if offences are particularly serious, and a fine of up to €7.5 million.
The law itself does not distinguish between possession for personal use or for trafficking, nor by type of substance. However, the prosecutor will opt for a charge relating to use or trafficking that is based on the quantity of the drug found and the context of the case.
Convictions handed down for drug-related offences represent 9% of all convictions recorded in criminal records, i.e. 56,700 convictions. These offences are broken down as follows: illegal use (59%), possession, acquisition (23%), commerce-transport (12%); import-export, dealing and selling, aiding and abetting account for the last 6%.

Drugs

The main illicit drugs and polydrug use

Cannabis is still by far the most widely used illicit substance, both among teenagers and the adult population, with 17 million people having already tried it (i.e. 41% of 15 to 64 year-olds). The overall proportion of recent users (in the last month) is 6.6%, and regular use (at least 10 times per month) concerns nearly 1.5 million people in France.
Among last year users aged 18 to 64 years, according to the 2014 INPES Health Barometer Survey, the proportion of those at high risk of problem cannabis use is 21%, i.e. 2.2% 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, 1.7% 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 has been on the rise since the beginning of the 2010s, regardless of age group and frequency of use: this rise is part of a context of a marked increase in cannabis supply in France, particularly home cultivation and local production of herbal cannabis, while the cannabis resin market is still very dynamic.
The use of cocaine, the second most frequently used illicit substance, is far below that of cannabis and concerns approximately one tenth the number of people. However, the proportion of lifetime cocaine users aged 18 to 64 has increased four-fold in two decades (from 1.2% in 1995 to 5.6% in 2014). This statistic includes those who have used cocaine at least once in their life (lifetime users) or at least once in the last year. This variation indicates the wider diffusion of a substance once limited to well-off categories, and affecting all social groups in recent years. The levels of lifetime use for synthetic drugs such as MDMA/ecstasy and amphetamines are 4.3% and 2.3%, respectively. The proportion of current MDMA/ecstasy users increased significantly between 2010 and 2014 (from 0.3% to 0.9%), thus reaching a peak since the last decade.
The prevalence of lifetime use of heroin is 1.5% in the entire 18 to 64 year-old population and current use seems very rare (0.2% of those surveyed).

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

In the INPES Health Barometer (adult population), like in the OFDT ESCAPAD survey (17 year-olds), polydrug use is discussed through regular use of at least two of three substances, alcohol, tobacco and cannabis, without being able to determine whether this involves concomitant use. In 2014, this type of practice 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 males and 0.3% of females aged 18 to 64.
In 2014, regular polydrug use of alcohol, tobacco or cannabis concerns 12.8% of 17-year old teenagers. Cumulative regular tobacco and cannabis use is more widespread (5.0%) than in 2010, slightly ahead of cumulative regular tobacco and alcohol use (4.5%). Cumulative regular use of the three substances concerns 3.0% of 17 year-olds.
Between 2011 and 2014, regular polydrug use rose by 2.9 points. This concentration of regular use has become more pronounced among young girls, with polydrug use practically increasing by half relative to 2011, from 5.8% to 8.4%.
Regarding the public received in Youth Addiction Outpatient Clinics (CJC), outpatients seeking help for cannabis use were also tobacco users (80% of daily smokers) and subject to frequent or massive alcohol consumption. Thus, one outpatient out of five stated drinking alcohol often to get drunk, especially among young adults (19% of minors, 26% of 18-25 year olds, 16% over 25 years). About 10% of these "cannabis outpatients" are regular drinkers. Almost half (48%) declared at least one heavy episodic drinking (HED) in the last month, 21% repeated HED (at least 3 in the month) and 4% regular HED (at least 10 in the month).

Prevention

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).

Treatment

There are two schemes available for dispensing treatments to illegal drug users: the specialised addiction treatment system (in socio-medical establishments) and the general healthcare system (hospitals and general practitioners). Approximately 104,000 individuals were received in outpatient CSAPA (specialised addiction treatment centres) in 2010 for problems with illegal drugs or diverted psychotropic medications.
A large proportion of new patients are treated for cannabis problems (58%). This was already the case in previous years; however, the inclusion of all illegal drug users treated in former alcoholism treatment centres in TDI data as from 2013 further reinforced the weight of cannabis.
OST is mainly prescribed in a primary care setting by general practitioners, and is usually dispensed in community pharmacies. In 2014, 147,000 people received opioid substitution treatment: 99,000 were prescribed buprenorphine (Subutex® or generics), 49,000 methadone and 6,500 buprenorphine in combination with naloxone (Suboxone®). Moreover, 20,000 patients received methadone dispensed at a CSAPA in 2010.
In terms of outpatient treatment provision, the public authorities developed specific healthcare for young users by creating youth addiction outpatients 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.).

Best practice

In France, quality assurance in Drug Demand Reduction (prevention, risk reduction, treatment and rehabilitation) builds on specific advocacy, guidelines or trainings from professional societies or organisations or public health institutions but it is not strongly institutionally structured nor imposed. As for risk reduction and treatment, different guidelines exist (on Opiate Substitution Treatment, Early intervention and risk/harm reduction for crack or free base users, Clinics for young drug users and Treatment of cocaine users). However their implementation of which is not compulsory: there is no formal prerequisite of fulfilling guidelines to get support or subsidies. The compliance to these guidelines is not as a label. The addiction treatment services (so-called CSAPA) are marginally impacted by the existing accreditation and certification processes directed to health establishments.

In drug prevention, the National Institute for Prevention and Health Education (INPES) distributes information on evidence-based prevention methods. However, there is no specific drug use prevention protocol for prevention actors, public servants or associative workers to follow.
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 creation of the Interministerial Commission for the Prevention of Addictive Behaviours (CIPCA), in 2014, is part of it.

Harms and Harm Reduction

249 fatal overdoses were recorded in 2011 among 15-49 year-olds. A mortality cohort study included 1,134 individuals, and for 970 (or 86%) of these subjects, the vital status was checked in July 2013. For men, the standardised mortality ratio was 5.2. For women, it was much higher (20.8).
In 2013, people infected through intravenous drug use represented only 1.1% of new cases of HIV infection. Furthermore, the biological prevalence of HIV among drug users having injected at least once in their life was 13.3% in 2011, while the biological prevalence of HCV in this population reached 63.8%. The seroprevalence of AgHB (which indicates chronic hepatitis B virus infection) was 2.1% among male drug users surveyed in Paris during the period from 2011 to 2013.
Harm reduction measures are mainly based on the distribution of single-use injection equipment and on opioid substitution treatments. Preventing infectious diseases also relies on encouragement to undergo screening for HIV, HBV and HCV, as well as HBV vaccination.

Drug market and crime

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. Like many developed countries, where the population has strong purchasing power, France is also a country where there are significant levels of use (for some of these substances), making it a strategic market for drug traffickers, from wholesalers to user-dealers. In recent years, the major changes in terms of supply have concerned cannabis, cocaine and MDMA/ecstasy. These changes notably provide insight into why the levels of prevalence for use of these three substances are showing such a significant increase, as supply dynamics are partly able to explain the dynamics of demand.

Prison

As of 1st January 2014, France had 191 prison establishments with a total operational capacity of 57,516. With 67,075 inmates, there are 117 inmates for every 100 beds in France. 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. The prevalence of injection is high in prisons: in the year preceding imprisonment, 2.6% of new inmates were concerned in 2003. 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). Since 1994, the Ministry of Health is responsible for health in prisons and the treatment of addiction in prison settings is based on a three-tiered system: prison-based hospital healthcare units (UCSAs), which

are responsible for monitoring the physical health of inmates, Regional Medico-Psychological Hospital Services (SMPRs) established in each of the 26 French regions handle the mental health aspects of drug addicts in establishments where no local units exist, and finally, “local addiction units” have been established in the 16 largest establishments in France (and cover approximately a quarter of the incarcerated population). Furthermore, a reference national treatment and prevention centre for addiction (CSAPA) is appointed for each prison so as to offer support for inmates with addiction problems. Drug-related prison health is mentioned in the 2013-2017 Government Plan for Combating Drugs and Addictive Behaviours, which sets forth specific prevention objectives for inmates, and in the 2010-2014 “health/prison” strategic actions plan on health policy for inmates. 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. First, inmates receiving OST must not only be able to continue their treatment in prison, but should also be able to initiate treatment if they wish. In addition to substitution, prison establishments offer prevention and decontamination tools for fighting against HIV and hepatitis’s.

Research

In France, the Ministry of National Education, Higher Education and Research (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 the Fight Against Drugs and Addictive Behaviours (MILDECA) is the central structure responsible to the Prime Minister for coordinating governmental action in the drugs field. Part of its role is to promote and fund drug-related research. In line with the Government Plan for Combating Drugs and Addictive Behaviours 2013–17 (MILDT 2013), the MILDECA supports calls for proposals and extended collaboration with research organisations/universities and with the French Research Agency (ANR). It also promotes clinical research networks and dissemination initiatives towards the scientific community and policymakers. The Ministry of Research together with the MILDECA also supports the ERANID research network, which includes major academic research centres (INSERM, CNRS) and the national monitoring centre for drugs and drug addiction (OFDT).

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