Treatment workbook

2024

France

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T0. Summary

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

- National profile
- Trends
- New developments

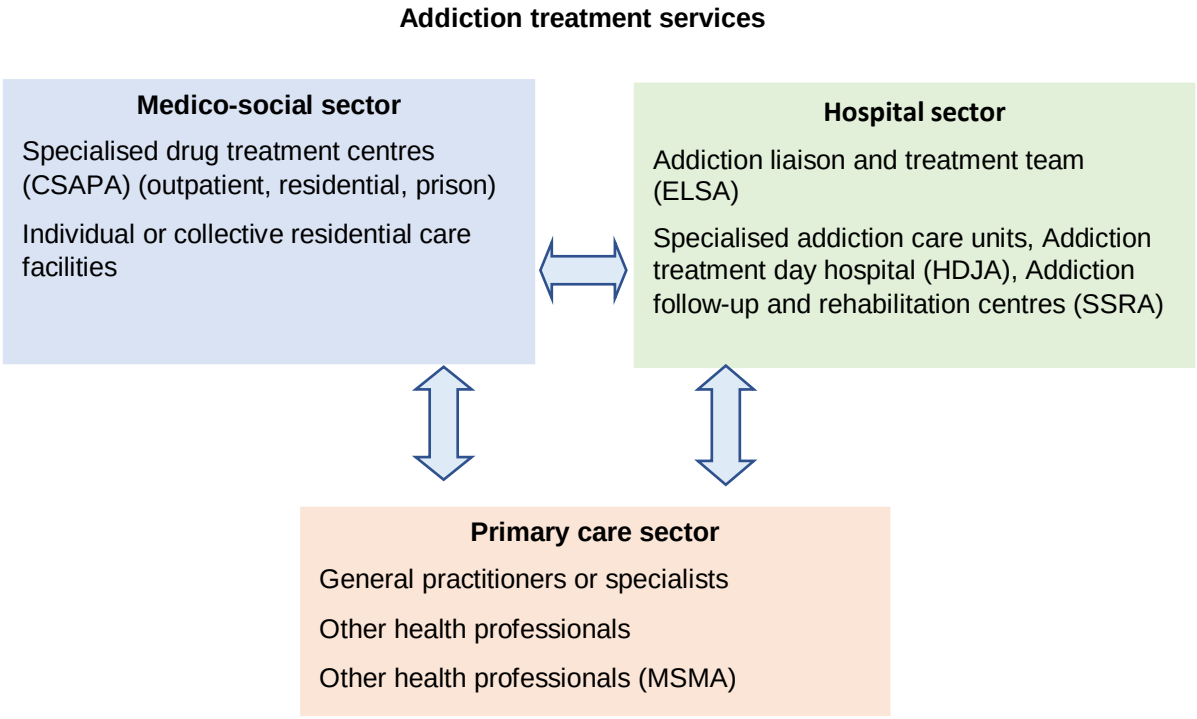
Please include here a brief description of:

- The main treatment-related objectives of the national drug strategy, and the co-ordination bodies responsible for their funding and provision.
- An overview of the main providers of outpatient and inpatient treatment.
- The main treatment modalities available in your country.
- Provide a short description of key data on clients profile and patterns of drug use

National profile

In terms of treatment, the priority defined by the 2023-2027 Interministerial Strategy for Mobilisation against Addictive Behaviours is ensuring that everyone with an addiction receives suitable treatment. This strategic orientation is based on the need to respond to the difficulties encountered by patients and drug users in accessing an early and systematic methodical assessment of their health condition and/or receiving treatment.

The provision of care for drug users is based on the three sectors of the French health system: the primary care sector, the medico-social sector and the hospital sector.



This offer is multidisciplinary and includes the following types of treatment:

- Medicinal treatment: substitution or withdrawal and post-withdrawal
- Treatment for psychiatric and somatic comorbidities
- A psychotherapeutic approach
- Socio-educational care
- Harm reduction
- A specific service for the parents or partner of subjects at risk of addiction or who have become addicted (family approach)

As for treatment methods, the majority of specialised drug treatment centres (CSAPA) employ psychologists and trained educators, who can offer therapies using a variety of approaches, but which are all centred around the psychological and social dimension of addictions. The prescription of opioid substitution treatments (OST) is also one of the core missions of CSAPA. In facilities with accommodation, generally, OST and consultations with a psychologist are rather widely available in France, in addiction hospital services, residential treatment centres, therapeutic communities, and residential therapeutic apartments. In 2021, 43 078 people visiting CSAPA began treatment during the year, almost all visiting CSAPA on an outpatient basis. In total, 22 900 patients were provided with opioid substitution medications in CSAPA in 2019.

In France, any doctor can prescribe opioid substitution treatments (OST), whether they practise in a CSAPA, a local surgery, or a hospital. The majority of OST are prescribed within non-hospital practice and dispensed in local pharmacies. According to the latest data from 2023, almost 158 500 people received an opioid substitution medication delivery in non-hospital practice. The total number of patients receiving an OST in 2019 was estimated at 177 000, including the number of recipients of OST reimbursements in non-hospital practice, prison inmates receiving an opioid substitution medication delivery, and people receiving an opioid substitution medication delivery in CSAPA.

Trends

While the number of people receiving treatment for the first time was relatively stable in 2021 compared to 2020 (43 000 *vs.* 45 700), it was down from previous years (53 900 in 2019).

T1. National profile

T1.1. Policies and coordination

The purpose of this section is to

- describe the main treatment priorities as outlined in your national drug strategy or similar key policy documents
- provide an overview of the co-ordinating/governance structure of drug treatment within your country

T1.1.1. What are the main treatment-related objectives of the national drug strategy? (suggested title: Main treatment priorities in the national drug strategy)

New strategic orientation on treatment defined in the 2023-2027 Strategy (MILDECA 2023): "Ensure that every user receives suitable treatment" - Priority divided into 7 courses of actions for the next five years.

Adopted in March 2023, the new Interministerial Strategy for Mobilisation against Addictive Behaviours (SIMCA) highlights the need to offer suitable, high-quality treatment, which is accessible to all. In particular, the aim is to be able to identify every drug user and refer him to suitable professionals, irrespective of their initial point of entry into the health and social system. To this end, current policy impetus on treatment is geared towards better coordination between primary care professionals and the specialised health and medico-social sectors.

Within the implementation of its key priority on treatment, SIMCA defines six lines of action:

1) Increase the awareness and engagement of primary health care professionals on the detection and treatment of addictions.
2) Provide professionals with reference documents for best practices, to harmonise professional practices.

3) Foster advanced nurse practitioners trained in addiction.
4) Sustainably develop remote assistance.
5) Enhance prevention, detection, and treatment during pregnancy.
6) Integrate the detection and treatment of foetal alcohol spectrum disorder (FASD) into the national autism strategy.

T1.1.2. Who is coordinating drug treatment and implementing these objectives?
(suggested title: Governance and coordination of drug treatment implementation)

Governance and coordination of the implementation of addiction treatments

Currently in France, the framework defining the guidelines of the health policy on addictive behaviours is determined by the 2023-2027 Interministerial Strategy for Mobilisation against Addictive Behaviours (SIMCA), under the coordination of the Interministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA). Beyond the interministerial orchestration of health action by public authorities, regional health agencies (ARS) - pilots of the Ministry of Health's health policies in the regions - are responsible for defining regional addiction prevention strategies.

It is within the context of their regional health programmes (PRS) that ARS organise and implement national health priorities and health supply trends, at regional and local level.

ARS rely on Health insurance funding to fulfil their mission. Regional donations gifted to ARS are used to finance health care facilities for addiction treatment, and medico-social facilities and services treating patients suffering from addictions. Additional credits allow ARS to promote or strengthen certain health objectives, defined in the context of new programmes specific to addictive behaviours within the health plan, or sector-specific programmes involved in addiction treatment.

Credits are delegated by the Ministry of Health to ARS (see T1.4.1 of the 2024 Drug Policy workbook), in accordance with the intended purposes and amounts agreed in the Social Security funding act.

In addition, the Regional intervention fund (FIR) allows for the deployment of priority national action in the region, as well as the delivery of Regional Smoking Reduction Programmes. It is also as part of the FIR that addiction liaison teams and specialised hospital consultations are funded in the regions. Moreover, MILDECA directly contributes to promoting concrete actions at territorial level, in the context of the credits delegated to prefecture project managers, often pooled with other available means in the region, in partnership with ARS.

T1.1.3. ***Optional****. Please provide any additional information you feel is important to understand the governance of treatment within your country (suggested title: Further aspects of drug treatment governance)*

T1.2. Organisation and provision of drug treatment

The purpose of this section is to

- describe the organisational structures and bodies that actually provide treatment within your country
- describe the provision of treatment on the basis of Outpatient and Inpatient, using the categories and data listed in the following tables. Drug treatment that does not fit within this structure may be included in the optional section
- provide a commentary on the numerical data submitted through ST24

- provide contextual information on the level of integration between the different treatment providers (e.g. umbrella organizations providing multiple services, for instance both outpatient and low threshold services)

Outpatient network

T1.2.1. Using the structure and data provided in table I please provide an overview and a commentary of the main bodies/organisations providing Outpatient treatment within your country and on their respective total number of clients receiving drug treatment (suggested title: Outpatient drug treatment system – Main providers and client utilisation)

Outpatient drug treatment system

Outpatient treatment for illicit drug users is provided at health and social care centres specialising in addiction medicine, in primary care settings (mainly by general practitioners), or in hospitals as part of outpatient addiction treatment clinics.

The specialised socio-medical scheme

CSAPA (Specialised drug treatment centres)
CSAPA centres (in French: *Centre de soins, d'accompagnement et de prévention en addictologie*) are multidisciplinary facilities dedicated to treating people with an addiction to illicit drugs, alcohol and tobacco or a behavioural addiction (gambling, Internet addiction). They provide care and prevention. The treatment is multidisciplinary, free of charge and anonymous, and long-term support is provided.

CAARUD (Harm reduction facilities)
Set up in 2006, the CAARUD centres (in French: *Centres d'accueil et d'accompagnement à la réduction des risques pour usagers de drogues*) are front-line facilities for harm reduction. These facilities specialise in the care of people who are unwilling or unable to stop using drugs and who are exposed to health and social risks because of the way they use drugs or the products they use. They are not considered to be treatment facilities but can, in addition to providing harm reduction materials, support these users, guiding them towards access to care.

Primary care settings

Primary care is mainly provided by general practitioners. Since 2019, the College of General Practice (CMG), in partnership with MILDECA, has been committed to supporting general practitioners in the detection and treatment of risky uses of psychoactive substances. Treatment can be provided in the context of individual practice or group practice (multi-professional health centre, group practice), sometimes with an organisation in the form of a Medical addiction microstructure (MSMA).

MSMAs have been developed in France for over 15 years. The MSMA consists of a multidisciplinary primary care team that includes at least a psychologist and a social worker working with a general practitioner in their practice. The microstructures are organised in a regional network in association with specialised addiction treatment facilities and mental health care providers. MSMA dovetail with a medico-social facility specialised in addiction treatment, particularly CSAPA and/or CAARUD. A national micro-structure network coordination scheme was created in 2006. In 2023, the coordination identified 126 facilities located in 5 regions (Bourgogne-Franche-Comté, Grand Est, Hauts-de-France, Île-de-France, and Occitanie), and 9 plans to open MSMA are in progress. In total, these facilities bring together 470 professionals (339 doctors, 65 psychologists, and 66 social workers) (Hospices Civils de Lyon 2023). This structure is being evaluated and must soon be incorporated into the common law on funding by the Social Security Finance bill.

Hospital settings

Hospital addiction services are facilities which specialise in treating patients suffering from addictions within general hospitals and psychiatric hospitals. Users of illicit drugs may be treated on a scheduled basis or within a hospitalisation.

Only people admitted to the CSAPA are subject to data collection in accordance with the European protocol for the registration of treatment requests. In 2021, 43 078 people started treatment during the year, almost all of them in outpatient CSAPAs. Outpatient admissions in CSAPA in 2019 was 137 000 people (See the 2021 Treatment' workbook).

In 2023, OSTs were dispensed to 158 419 people in primary care settings (Open Médic data). The main prescribers of OSTs were general practitioners (Brisacier 2020). According to the results of the DRESS survey which took place from December 2019 to March 2020 (David *et al.* 2021), 66% of general practitioners declared that they had initiated or renewed an OST.

Patients treated in MSMA do not meet the definition set out by European protocol, because they may be seen by these establishments because of their use of alcohol, tobacco, illicit drugs, etc. Nevertheless, between 2020, and spring 2023, 4 542 patients attended MSMA facilities. Of the 2 418 inclusions made on the dedicated platform, 48% of patients were women, 52% were men, and the average age was 45.3 years of age.

T1.2.2. ***Optional****. Please provide any additional information you feel is important to understand the availability and provision of Outpatient treatment within your country (suggested title: Further aspects of outpatient drug treatment provision)*

Table I. Network of outpatient treatment facilities (total number of units and clients)

	Total number of units	**National Definition** (Type of centre)	**Total number of clients***	**National Definition** (Characteristics)
Specialised drug treatment centres (CSAPA) (2019)	374	See above section T1.2.1 about the specialised socio-medical scheme.	137 000	Active file of illicit drug users or misusers of psychotropic medicines having been seen at least once during the year during a face-to-face or remote interview by a care professional employed in a CSAPA within the framework of structured treatment.
General health care (ex. general practitioners)	30 000	Estimated number of general practitioners having claimed to have seen at least one opioid client in the past month.	158 419 (2023)	Individuals having benefited from reimbursement further to prescription of an opioid substitution treatment by a general practitioner.
General mental health care	No data		No data	
Prisons: CSAPA in prison settings	11	Number of prison CSAPAs providing data in 2020. Prison CSAPAs are facilities entirely dedicated to treating prisoners with an addiction to illicit drugs, alcohol and tobacco or a behavioural addiction (gambling, Internet addiction).	5 000**	Number of persons treated during the year for use of illicit drugs or psychotropic medicines

Source: Standard table 24.

* Includes patients already in treatment last year

** treatment for incarcerated drug users is also provided by CSAPAs. Their activity is not limited to intervention in prisons. In 2019, 187 outpatient CSAPAs declared that they worked in prisons. In total, the number of people in prisons treated for illicit drug use or misuse of psychotropic medicines could be estimated at around 16 500 in 2019. This figure is partly included in the 137 000 drug users treated in outpatient CSAPAs.

T1.2.3. ***Optional****. Please provide any additional information on treatment providers and clients not covered above (suggested title: Further aspects of outpatient drug treatment provision and utilisation)*

T1.2.4. Using the structure and data provided in table II please provide an overview and a commentary of the main bodies/organisations owning outpatient treatment facilities in your country
(Suggested title: Ownership of outpatient drug treatment facilities)

In 2023, almost a third (31%) of outpatient CSAPA were managed by public hospitals or public health facilities and around two thirds (69%) by non-profit organisations. CAARUD are most often managed by associations (98%), and some are managed by public institutions (2%). Primary care general practitioners mainly work in private practices.

Table II. Ownership of outpatient facilities providing drug treatment in your country (percentage). Please insert % in the table below. Example: about 80% of all outpatient specialised drug treatment centres are public/government-owned facilities and about 20% are non-government (not for profit) owned facilities.

	Public / Government	Non-government (not for profit)	Non- government (for profit - Private)	Other	Total
Specialised drug treatment centres (outpatient CSAPAs)	31%	69%			100%
Low-threshold agencies (CAARUD)	2%	98%			100%
General primary health care (e.g. GPs)			100%		100%
General mental health care					
Other outpatient units					

Source: OFDT analysis of FINESS tables

Inpatient network

T1.2.5. Using the structure and data provided in table III please provide an overview and a commentary of the main bodies/organisations providing Inpatient treatment within your country and on their respective total number of clients receiving drug treatment (suggested title: Inpatient drug treatment system – Main providers and client utilisation)

Inpatient drug treatment system

Residential care in CSAPAs

The CSAPA's residential treatment offer includes:

- Collective residential treatment facilities: residential treatment centres (CTR in French), therapeutic communities (TC);
- Individualised residential treatment facilities: residential therapeutic apartments (ATR in French);
- Emergency or transitional accommodations (CAUT in French) may be collective (such as in a residence) or individual (hotel stays).

(See table III for the description of the structures)

Full hospitalisation, both scheduled and emergency, are either for withdrawal or for the treatment of addiction-related somatic and/or psychiatric complications. Almost all public hospitals have inpatient beds for withdrawal, sometimes offering aftercare activities (follow-up and rehabilitation care or SMR-A in French) including addiction medicine. The aim of SMR-A is to support a care plan requiring hospitalisation, in order to reduce the impacts (operational, physical, cognitive, etc.) for patients and foster their rehabilitation and reintegration.

Inpatient drug treatment system

Data on the number of people treated in these facilities is only available for medico-social facilities. The overlap with drug users seen in outpatient CSAPA is undoubted quite large: a large proportion of the individuals received are, in fact, referred by an outpatient CSAPA and have already been registered in these structures.

T1.2.6. ***Optional****. Please provide any additional information you feel is important to understand the availability and provision of Inpatient treatment within your country (suggested title: Further aspects of inpatient drug treatment provision)*

Table III. Network of inpatient treatment facilities (total number of units and clients)
Number of units and clients treated in 2023-2024

	Total number of units	**National Definition** (Types of centre)	**Total number of clients**	**National Definition** (Characteristic)
Full hospitalisation	n. a.		n. a.	
Residential drug treatment (CTR)	37	CTRs offer all the services of a CSAPA in the framework of a collective accommodation. It is aimed at individuals, including those on OST, who need a structured framework together with temporary distancing, a break from their usual environment. It offers socialisation (activities and community life) and socioprofessional reintegration. The duration of the initial stay is often several weeks but may also vary and last up to one year.	n.a	Individuals housed in residential treatment centres
Therapeutic communities (TC)	11	TCs are long-stay residential centres offering accommodation for 1 year, which can be extended up to 2 years. CT may also deal with therapeutic care. They target users dependent on one or more psychoactive substances, aiming for a goal of abstinence, with the specific feature of placing the group at the heart of the therapeutic and social integration project. The therapeutic programme is based on community living with peer groups of residents.	n.a	Individuals housed in experimental therapeutic communities
Prisons	n. a.		n. a.	
Follow-up therapeutic apartment housing (ATR)	42	ATR are designed for adults who are addicted to psychoactive substances, particularly those who are receiving treatment (OST, HCV, HBV). In need of support on harm reduction, these patients may face relationship problems and negative group experiences, or continue their social integration after a stay in TC/CTR. They are able to live alone and manage their daily lives.	n. a.	Individuals housed in follow-up therapeutic apartment

	Total number of units	National Definition (Types of centre)	Total number of clients	National Definition (Characteristic)
Therapeutic coordination apartment (ACT)	231	They are intended for people in socially vulnerable situations who suffer from a serious chronic pathology and do not only deal with addictions. It particularly aims at individuals receiving major treatment (OST, HCV, HIV). Housing allows individuals followed up in the context of medical and psychosocial care to re-establish their social and professional relationships. This type of housing aims to prolong and reinforce the therapeutic action undertaken	n. a.	
Emergency or transitional accommodation (CAUT)	4 (3 of which welcome people leaving prison)	They offer a short stay (less than 3 months) with medical, psychological and educational treatment aimed at setting up an integration or healthcare project. They meet the needs of emergency accommodation for homeless drug users or transitional accommodation. They allow for a break from the usual environment and stabilise the treatment process and/or transition period (initiation of an OST, waiting for withdrawal, release from prison, etc.) that is favorable to the initiation of a treatment process. These CAUT therefore bridge the gap between the prison environment and a tailor-made treatment offer.	n.a	Individuals housed in emergency or transitional accommodation

Source: CNAM, Fédération addiction, MILDECA
n.a.: not available

T1.2.7. Using the structure and data provided in table IV please provide an overview and a commentary of the main bodies/organisations owning and operating inpatient treatment facilities in your country (Suggested title: Ownership of inpatient drug treatment facilities)

In France, nearly all facilities that offer therapeutic shelter to drug users are either managed by public hospitals or CSPA which are managed voluntarily but funded by the social security scheme. However, there are a small number of private clinics that may offer clients withdrawal services or a stay of abstinence following withdrawal services. Nearly all residential withdrawal services take place in public hospitals. Therapeutic shelter without withdrawal services is most often offered by CSAPA through voluntary management.

All therapeutic communities are managed by CSAPA on a voluntary basis. CSAPA which offer accommodation are mostly managed by non-profit organisations (>90%) and some are managed by public hospitals or public health facilities.

Table IV. Ownership of inpatient facilities providing drug treatment in your country (percentage). Please insert % in the table below. Example: about 80% of all Therapeutic communities are public/government-owned facilities and about 20% are non-government (not for profit) owned facilities.

	Public / Government	Non-government (not for profit)	Non- government (for profit - Private)	Other	Total
Hospital-based residential drug treatment	n.a	n.a	n.a		100%
Residential drug treatment (inpatient CSAPA)	7%	93%			100%
(non-hospital based)	n.a	n.a	n.a		

	Public / Government	Non-government (not for profit)	Non- government (for profit - Private)	Other	Total
Therapeutic communities	n.a	100%	n.a		100%
Prisons	n.a	n.a	n.a		

n.a.: not available

T1.2.8. ***Optional****. Please provide any additional information on types of treatment providers and its utilisation not covered above (suggested title: Further aspects of inpatient drug treatment provision and utilisation)*

Hospital-based addiction liaison and treatment teams (ELSA) are systems integrated into hospitals, staffed by multidisciplinary teams. Their mission is to improve addiction treatment within all hospital services, through various actions (awareness-raising and training among hospital addiction teams, patient intervention, development of links between hospital and outpatient facilities, to improve patient treatment and follow-ups, etc.).

T1.3. Key data

The purpose of this section is to provide a commentary on the key estimates related to the topic. Please focus your commentary on interpretation and possible reasons for the reported data (e.g. contextual, systemic, historical or other factors but also data coverage and biases). Please note that for some questions we expect that only some key TDI data to be reported here as other TDI data are reported and commented in other workbooks (drugs, prison, harm and harm reduction, etc.). However, please make cross-references to these workbooks when it supports the understanding of the data reported here.

T1.3.1. Please comment and provide any available contextual information necessary to interpret the pie chart (figure I) of primary drug of entrants into treatment and main national drug-related treatment figures (table V). In particular, is the distribution of primary drug representative of all treatment entrants?

Summary of data on patients in treatment and proportion of treatment demands by primary drugs

According to the European definition of treatment demand, around 43 000 patients were treated for a new treatment episode in a CSAPA in 2021. The majority of people who start treatment in the CSAPA are treated because of their cannabis use (56%). The proportion of opiate and cocaine users starting treatment is 24% and 12%, respectively.

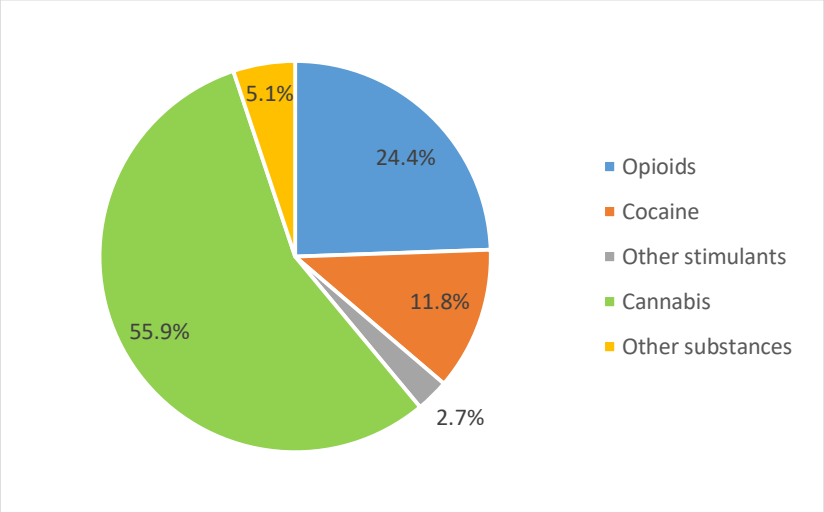
Breakdown by products for individuals starting treatment with a community doctor is likely different from that observed for the CSAPA. Given the role of community doctors in prescribing opioid substitution treatment, it is likely that the share of opiate users is overwhelmingly higher and the share of cannabis users much lower than in the CSAPA.

Table V. Summary table - Clients in treatment

	Number of clients
Total number of clients in treatment	n.a
Total number of OST clients in 2019	177 000
Estimated total number of all clients entering treatment in an outpatient CSAPA in 2021	43 078

n.a.: not available
Source: Standard Table 24 and TDI

Figure I. Distribution of the number of individuals having started treatment in a CSAPA in 2021, according to the primary drug (variable field), in %



Source: TDI

Note : the proportions are calculated taking into account the first mentioned product, which is considered to be the most problematic product for the user.

T1.3.2. ***Optional****. If possible, please provide any available information on the distribution of primary drug in the total population in treatment (suggested title: distribution of primary drug in the total population in treatment)*

T1.3.3. ***Optional****. Please comment on the availability, validity and completeness of the estimates in Table V below (suggested title: Further methodological comments on the Key Treatment-related data)*

Further methodological comments on the key treatment-related data

The total number of patients treated is estimated mainly on the basis of a survey of CSAPAs. As indicated in the section describing the healthcare system in France, in addition to patients treated in CSAPAs, people who use drugs may also be treated in the general healthcare system, hospitals, general practitioners or mental health establishments.

The CSAPA attendance rate according to the 2021 RECAP survey was lower than in previous years (23% in 2021 *vs.* 64% in 2020). The total number of patients treated was therefore estimated, in order to best assess total patient intake.

The estimate of the total number of recipients is made from the number of recipients of OST reimbursements in non-hospital practice, prison inmates receiving an opioid substitution medication delivery, and people receiving an opioid substitution medication delivery in CSAPA. To avoid the possibility of overestimating, due to double or even triple counts, an initial estimate of the proportion of people having received a methadone delivery in CSAPA and non-hospital practice in the year is made, on the basis of practices reported by the prescribing doctors in CSAPA. A second estimate of the proportion of prisoners treated with OST having received opioid substitution medication reimbursements in non-hospital practice or deliveries in CSAPA in the same year is then made, taking into account the number of prisoners being released from prison in the year.

*T1.3.4. **Optional**. Describe the characteristics of clients in treatment, such as patterns of use, problems, demographics, and social profile and comment on any important changes in these characteristics. If possible, describe these characteristics of all clients in treatment. If not, comment on available information such as treatment entrants (TDI ST34) (suggested title: Characteristics of clients in treatment)*

*T1.3.5. **Optional**. Please provide any additional top level statistics relevant to the understanding of treatment in your country (suggested title: Further top level treatment-related statistics)*

T1.4. Treatment modalities

The purpose of this section is to comment on the treatment services that are provided within Outpatient and Inpatient settings in your country. Provide an overview of Opioid Substitution Treatment (OST) in your country

Outpatient and Inpatient services

T1.4.1. Please comment on the types of outpatient drug treatment services available in your country and the scale of provision, as reported in table VI below.

Outpatient drug treatment services

The type of therapies and services offered by facilities to the outpatient drug users has not yet been documented in detail. The elements provided below are mainly based on expert opinions.

CSAPA

All CSAPA must provide medical, psychological, social and educational treatment for people struggling with addictive behaviour. Thus, most CSAPAs employ trained psychologists and specialist teachers who can offer therapy based on different approaches but who address the psychological and social aspect of addiction.

The prevalence of psychiatric comorbidities among the people treated at the CSAPA has not been measured rigorously, but these pathologies are perceived by the health care teams of most CSAPA as being strongly present among the people monitored. According to the data collected through RECAP, out of all individuals treated at the CSAPA for a problem with illicit drugs other than cannabis, about 28% had ever been hospitalised in a psychiatric unit for a reason other than withdrawal (RECAP 2021 data).

Prescription of opioid substitution treatments is also one of CSAPA's main objectives (see below). This kind of treatment is therefore available in all CSAPA in principle.

General practitioners

General practitioners (GP) are all likely to prescribe opioid substitution treatment (buprenorphine or methadone). Buprenorphine treatments can be initiated by these practitioners, but those on methadone can only be prescribed after starting this treatment in a CSAPA or in a hospital. However, GPs rarely provide psychological and social care.

Mental health in psychiatric hospitals

Until the 1970s, people with addiction problems were treated in psychiatric hospitals. These facilities lost this central role with the creation of specialised outpatient centres in the 1970s and the adoption, later on, of a policy aimed at having people with addiction problems also treated in general hospitals. Nevertheless, some psychiatric hospitals have continued to develop specialised addiction treatment. In addition, all psychiatric hospitals encounter substance use problems among people with psychiatric disorders. As with the CSAPA, these institutions are confronted with the issue of addiction treatment either internally or in liaison with facilities specialising in addiction treatment. The same difficulties of coordination between the two sectors mentioned for the CSAPA also appear for psychiatric hospitals.

Table VI. Availability of core interventions in outpatient drug treatment facilities.
Please select from the drop-down list the availability of these core interventions (e.g. this intervention is available, if requested, in >75% of low-threshold agencies).

	Specialised drug treatment centres	Low-threshold agencies	General primary health care (e.g. GPs)	General mental health care
Psychosocial treatment/ counselling services	not known	not known	not known	not known
Screening and treatment of mental illnesses	not known	not known	not known	not known
Individual case management	not known	not known	not known	not known
Opioid substitution treatment	not known	not known	>75%	not known
Other core outpatient treatment interventions (please specify in T1.4.1.)	not known	not known	not known	not known

N.B. Data on the availability of outpatient services are not available.

T1.4.2. ***Optional****. Please provide any additional information on services available in Outpatient settings that are important within your country (suggested title: Further aspect of available outpatient treatment services)*

T1.4.3. Please comment on the types of inpatient drug treatment services available in your country and the scale of provision, as reported in table VII below. (Suggested title: Availability of core interventions in inpatient drug treatment services)

Inpatient drug treatment services

As a general rule, OST and appointments with psychologists are fairly widely available in France in hospital addiction medicine departments, residential treatment centres, therapeutic communities and residential therapeutic apartments. The difficulties encountered by outpatient CSAPA in the detection and treatment of psychiatric problems mentioned above appear in a similar way for CSAPA with accommodation.

Table VII. Availability of core interventions in inpatient drug treatment facilities.
Please select from the drop-down list the availability of these core interventions (e.g., this intervention is available, if requested, in >75% of therapeutic communities).

	Hospital-based residential drug treatment	Residential drug treatment (non-hospital based)	Therapeutic communities	Prisons
Psychosocial treatment/ counselling services	not known	not known	not known	not known
Screening and treatment of mental illnesses	not known	not known	not known	not known
Individual case management	not known	not known	not known	not known
Opioid substitution treatment	not known	not known	not known	not known
Other core inpatient treatment interventions (please specify in T1.4.3.)	not known	not known	not known	not known

N.B. Data on the availability of outpatient services are not available.

T1.4.4. ***Optional****. Please provide any additional information on services available in Inpatient settings that are important within your country (suggested title: Further aspect of available inpatient treatment services)*

T1.4.5. Please provide any additional information on available services, targeted treatment interventions or specific programmes for specific groups: senior drug users, recent migrants (documented or undocumented), NPS users, gender-specific, under-aged children, other target groups (Suggested title: Targeted interventions for specific drug-using groups)

Senior drug users (>40years old):

NPS users: See below, section T1.4.6 about the guide and app *NPS Psychoactifs.*

Recent migrants (documented or undocumented)

Women:

Other target groups:

Created in 2004, Youth Addiction Outpatient Services (CJC) are designed for under 25s, who are struggling with their use, and those around them. Most of these specific services are run by CSAPAs, but they can also be integrated into hospitals or specialist health counselling facilities for adolescents (*Maisons des adolescents, Points accueil écoute jeunes, espace santé jeunes*).

Specific programmes for cocaine and crack cocaine users:

The AIPAUC ("Improving information, prevention, and support for cocaine users") project, was launched in 2021 by Fédération Addiction, which is a network of organisations and professionals in the field of addiction (Fédération addiction 2023). The main aim of this project is to develop a harm reduction and treatment supply which is suitable for the increase in cocaine use observed in France. In collaboration with health authorities, treatment centres, associations, and addiction experts, AIPAUC aims to develop educational tools, information and awareness campaigns, specific support programmes, and training for health professionals and social workers. An overview of health care facilities was carried out, in order to observe the level of appropriation of recommendations, identify limits and needs, and enhance the dynamics of actors specialised in cocaine.

The Île-de-France Regional Health Agency (ARS)'s 2023-2028 regional health project is implementing a set of strategies for combating crack cocaine use in Île-de-France, the crack cocaine problem being particularly present in north-east Paris. The Île-de-France ARS, the prefecture of Île-de-France and Paris, the police headquarters, the Paris Prosecutor's Office, the city of Paris, and MILDECA have joined forces to lead a protocol to combat crack cocaine use in Paris, also known as the "Crack cocaine plan". The strategic and operational objectives are outlined in the 2023-2028 action plan, which is indicated in the references (ARS Île-de-France, 2023).

T1.4.6. Please provide any available information on the availability of E-health interventions, such as web-based treatment, counselling, mobile applications, e-learning for drug professionals, etc. for people seeking drug treatment and support online in your country (Suggested title: E-health interventions for people seeking drug treatment and support online)

E-health interventions for people seeking drug treatment and support online

The e-Health interventions cited in the 2020 "Treatment" Workbook are still up-to-date, please refer to them for more details.

Online support includes the Drugs and Alcohol Addiction Information Service (ADALIS) managed by the French Public Health Agency (SpF), with counselling services and websites dedicated on drugs, alcohol and tobacco (http://www.drogues-info-service.fr/ ; http://www.alcool-info-service.fr/ ; https://www.tabac-info-service.fr/). Also worth mentioning are Addict'Aide (*The Addiction Village*) and PulsioSanté (on addictive behaviours).

ADALIS offers two helplines from 8 to 2 am, 7 days a week, and a website (https://drogues-info-service.fr) with a live chat tool and Q&A space (the user asks a question; the operator responds to it within 48 hours).

In 2023, the website and the "cannabis" telephone helpline received almost 71 000 handled requests (*vs*. 68 000 in 2022).

Dedicated e-Health platforms for health care professionals in addictive behaviours

Intervenir-Addictions is a portal for health care professionals, created as part of a project backed by the National Health Directorate and MILDECA, and developed in partnership with Fédération Addiction, the OFDT, *Santé Publique France*, the College of General Practice, the Health Insurance system, the IPPSA (Institute for the Promotion of Secondary Prevention in Addiction), the RESPADD (Addiction Prevention Network), the GREA (French-speaking Swiss group for addiction studies), and the RISQ (Quebec Scientific Information Network). It aims to help primary healthcare professionals to tackle the issue of addiction with those suffering, detect the problematic use of psychoactive substances, and take action and refer the individual depending on their situation and needs.

Existing since 2016 and regularly updated, the *NPS Psychoactifs* guide (Karila 2024) aims to comprehensively report all new psychoactive substances. An application with the same name, *NPS Psychoactifs* has been developed for both health professionals and the general public. At the initiative of MILDECA, which coordinates the 2023-2027 interministerial strategy for mobilisation against addictive behaviours, a new 2024 edition of the *NPS Psychoactifs* guide and application is now available (MILDECA 2024). Its objective is to list new psychoactive substances (NPS) with their product sheets, to indicate a course of action for the preventive and therapeutic treatment of NPS-related poisoning and reporting to the Network of the Regional Abuse and Dependence Monitoring Centres (CEIP-Addictovigilance).

*T1.4.7. **Optional**. Please provide any available information or data on treatment outcomes and recovery from problem drug use (suggested title: treatment outcomes and recovery from problem drug use)*

*T1.4.8. **Optional**. Please provide any available information on the availability of social reintegration services (employment/housing/education) for people in drug treatment and other relevant drug using populations (suggested title: Social reintegration services (employment/housing/education) for people in drug treatment and other relevant populations)*

Opioid substitution treatment (OST)

T1.4.9. Please provide an overview of the main providers/organisations providing OST within your country and comment on their relative importance (suggested title: Main providers/organisations providing Opioid substitution treatment)

Main providers/organisations providing opioid substitution treatment

In France, all doctors can prescribe opioid substitution treatments (OSTs), whether they work in a CSAPA, a general practice or a hospital. OST is mainly prescribed in a primary care setting by general practitioners, and dispensed in community pharmacies.

There are two types of opioid substitution medications, methadone and buprenorphine (Subutex®, Orobupré®, Buvidal®, Sixmo® and Suboxone® etc.), which must be prescribed on a controlled prescription.

Any physician can initiate buprenorphine treatment. The maximum duration of prescription is 28 days.

Methadone is a list I drug[1], classed as a narcotic, and has a more stringent prescription framework than buprenorphine, due to the lesser danger involved with buprenorphine (a partial opioid receptor agonist) compared with methadone (a pure agonist). Syrop-form methadone treatment must be initiated by physicians working in a CSAPA or a hospital. Primary care physicians may then provide follow-up. The methadone capsule form, which is more discreet than the large-volume syrup bottles and does not contain sugar or ethanol, is not intended for treatment initiation. It can be prescribed to patients taking the syrup form once they have been stabilised. Initial methadone capsule prescriptions can only be written by CSAPA or hospital physicians specialised in treating drug users. The maximum prescribing duration for the capsule form is 28 days. The syrup form however has a maximum prescribing duration of 14 days.

[1] Medications dispensed only on medical prescription are included on list I (for those presenting high risks), list II (for those perceived as less hazardous) or on the narcotics list. Narcotics carry the risk of addiction with their use and are subject to controlled prescriptions.

T1.4.10. Please comment on the number of clients receiving OST within your country and the main medications used (suggested title: Number of clients in OST)

Number of clients in OST

According to French National Health Insurance Fund (CNAM) data from Open Medic, in 2023, 158 419 users received an opioid substitution medication delivery from community pharmacies. The number of people receiving opioid substitution treatment (OST), having risen constantly since it was first introduced in 1995, has remained stable since 2013. More than three-quarters of individuals reimbursed for opioid substitution medications are male. More specifically, in 2023, 84 494 individuals were dispensed buprenorphine (Subutex®, generics or Orobupré®), 72 529 methadone and 4 033 buprenorphine in combination with naloxone (Suboxone® or generics).

According to CSAPA standard activity reports (DGS/OFDT) in 2019, 36 000 CSAPA users were treated with methadone, and 14 500 with buprenorphine (irrespective of the prescriber). In 2019, more than half of users treated with methadone (52%) and almost a quarter of users treated with buprenorphine (26%), were dispensed it in CSAPA.

In total, in 2019, approximately 180 000 clients receive treatment with opioid substitution medications in France, taking into account possible duplicates between those treated by general practitioners, CSAPA, hospitals and in prison.

The opioid substitution medication sales data provides additional information on quantities used. It concerns opioid substitution medications delivered to community pharmacies, CSAPA, and hospitals. The use, expressed as the daily dose for 10 000 inhabitants aged 20-59, slightly decreased for buprenorphine between 2020 and 2022, but remained predominant (representing 57% of all doses in 2022), in spite of the increasing proportion of methadone (43% in 2022 vs.

38% in 2019). (Please see below T2.1 “Opioid substitution medication quantities sold”). Methadone dispensing is mainly provided by pharmacies with 83% of quantities dispensed. The data does not include Buvidal® sales data. Siamois (Gers), Medic’AM, Bouchara-Recordati laboratory, Insee sales data (Ndiaye 2023).

Substitution treatment in prison settings

In 2022, opioid substitution treatment (OST) data was available in 71% of correctional facilities (130 facilities out of 183) containing 67.1% of prisoners. The estimated proportion of prisoners having been treated with an OST by the care system in the year stands at 6.7%, for patients having been imprisoned in a facility where OST data was available. It is therefore estimated that around 11 800 inmates in total have received an OST across all prisons in France.
There was a choice between methadone and buprenorphine treatment in all establishments where data was available. Methadone maintained its momentum and represented 52.9% of OST prescriptions in 2022. (Please see below T2.1 “Distribution of opioid substitution medications in prisons”) (PIRAMIG/DGOS health unit activity reports processed by the OFDT).

T1.4.11 ***Optional****. Describe the characteristics of clients in opioid substitution treatment, such as demographics (in particular age breakdowns), social profile and comment on any important changes in these characteristics (suggested title: Characteristics of clients in OST)*

T1.4.12. ***Optional****. Please provide any additional information on the organisation, access, and availability of OST (suggested title: Further aspect on organisation, access and availability of OST)*

T1.5. Quality assurance of drug treatment services

The purpose of this section is to provide information on quality system and any national treatment standards and guidelines.
Note: cross-reference with the Best Practice Workbook.

T1.5.1. ***Optional****. Please provide an overview of the main treatment quality assurance standards, guidelines and targets within your country (suggested title: Quality assurance in drug treatment)*

Opioid treatment

In recent years, tramadol misuse has continuously increased and is becoming a major public health concern. Since 2022, in order to limit the risks of opioid addiction, the duration of the prescription of these drugs is limited to three months (compared to 12 months in the past). In March of the same year, the French National Authority for Health published (HAS 2022) best practice recommendations to support professionals when prescribing these analgesics which run the risk of misuse or addictions, and when treating patients who are addicted. In 2024, the Health Insurance system and the unions representing pharmacists were able to use these recommendations to develop tailored support. This “opioids” support reminds patients of the best practice rules, identifies and alerts patients in the event of a problem related to these medications, and supports patients if misuse is detected.

In 2023, a note (HAS 2023) to patients was issued by the HAS to prevent the risk of overdose when using opioid medications for chronic pain.

At the start of 2024, the HAS also issued an advisory on the reimbursement of Ventizolve (naloxone for adults, nasal spray solution in single-dose) (HAS 2024) to be immediately administered as part of the emergency treatment of known or suspected opioid-related overdoses, manifested by a respiratory and/or central nervous system depression, in a medical or non-medical context.

For some developments on quality assurance in drug treatment, see T.1.5.1 of the 2020 ‘Treatment’ workbook.

T2. Trends

The purpose of this section is to provide a commentary on the context and possible explanations of trends in treatment data.

T2.1. Please comment on the possible explanations of long-term trends (10 years - or earliest data available) in the following treatment data:

- New treatment entrants (Illustrative figure II),
- All treatment entrants (Illustrative figure III),
- OST sales (Illustrative figure IV)

For example, patterns of drug use, referral practices, policy changes and methodological changes. (suggested title: Long term trends in numbers of clients entering treatment and in OST)

- **Long term trends in numbers of clients entering treatment**

For the trends in constant terms between 2015 and 2020 for first time entrants and all users undergoing treatment, see section T2 of the 2021 'Treatment' Workbook for details and graphs.

Users entering treatment (first-time entrants)

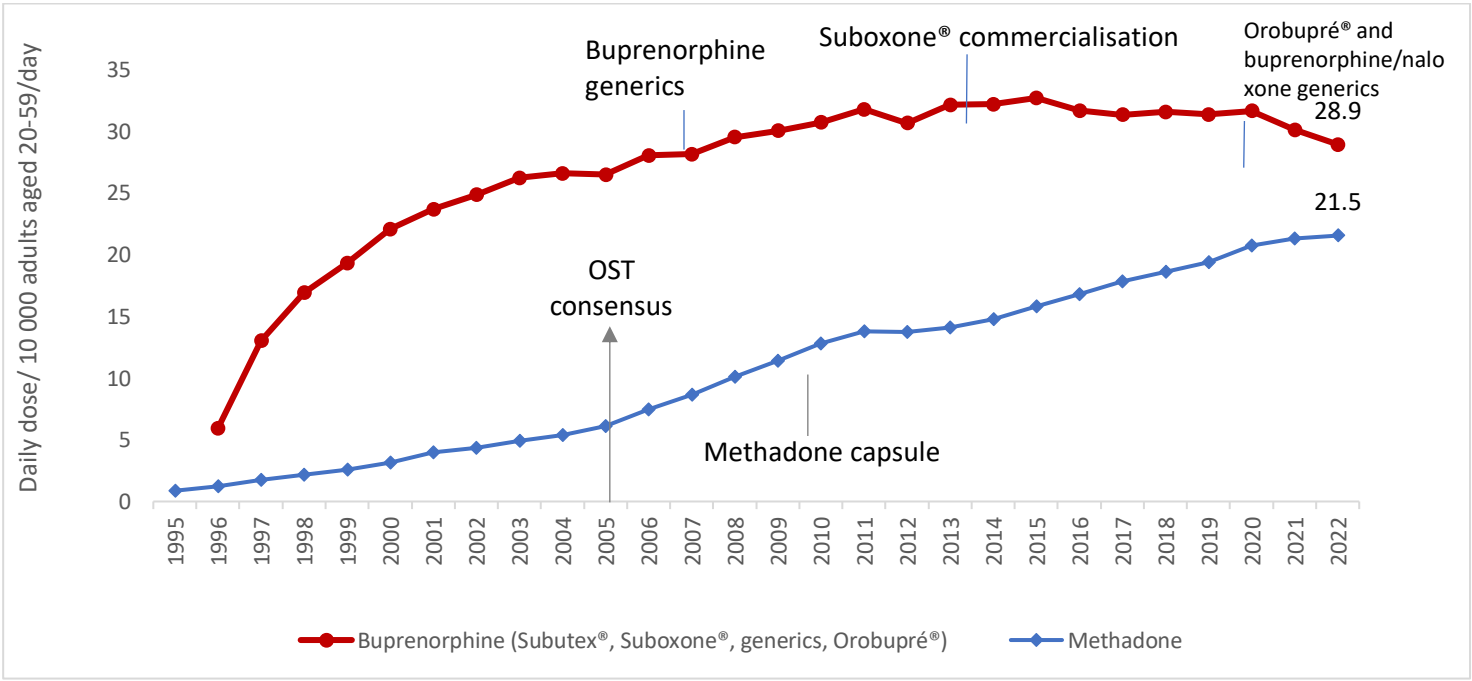
The number of people receiving treatment for the first time fell slightly between 2021 (43 000) and 2020 (45 000), but remains much lower than in previous years (53 900 in 2019).

The proportion of people beginning treatment for their cannabis use, which was declining in 2020, stabilised in 2021. The number of people beginning treatment for opioid use was relatively stable between 2018 and 2021, and also for cocaine use between 2020 and 2021, which was increasing up until 2019.

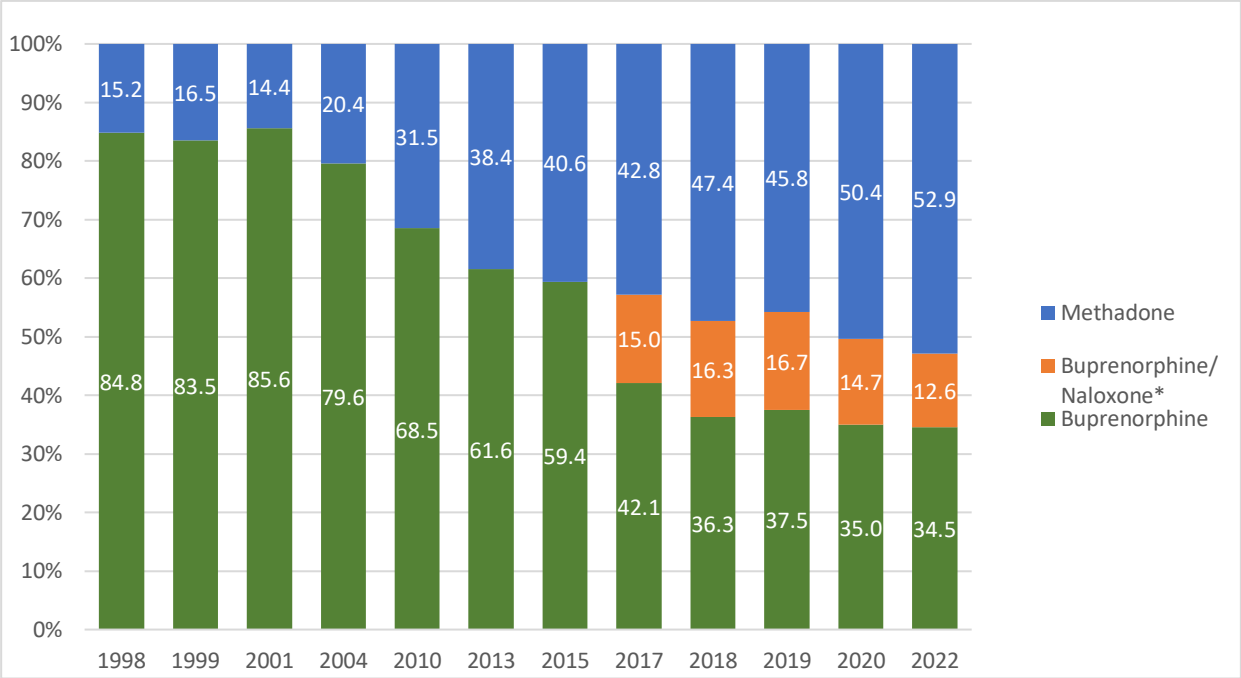
OST clients

- **Quantities sold of opioid substitution medications**

Use of buprenorphine and methadone from 1995 to 2022
in terms of daily dose per 1 000 inhabitants aged 20 to 59 years per day (see T1.4.10)



- **Breakdown of opioid substitution medications in prison between 1998 and 2022 (%)**



* Patients treated with Buprenorphine/Naloxone have only been accounted for separately from those treated with Buprenorphine since 2017. For the years 2013 to 2015, prisoners treated with Buprenorphine/Naloxone were included in the Buprenorphine group.

T2.2. ***Optional****. Please comment on the possible explanations of long-term trends and short term trends in any other treatment data that you consider important. In particular when there is a strong change in trend, please specify whether this change is validated by data and what are the reasons for those trends (suggested title: Additional trends in drug treatment)*

T3. New developments

The purpose of this section is to provide information on any notable or topical developments observed in drug treatment in your country **since your last report**. T1 is used to establish the baseline of the topic in your country. Please focus on any new developments here.
If information on recent notable developments have been included as part of the baseline information for your country, please make reference to that section here. It is not necessary to repeat the information.

T3.1. Please report on any notable new or topical developments observed in drug treatment in your country since your last report (suggested title: New developments)

Two new opioid substitution medications

Two new opioid substitution medications have obtained marketing authorisation since the last report in 2022: Buvidal® and Sixmo® which have been sold since July 2021 and September 2022, respectively.

Buvidal® is a prolonged-release solution for injection, reserved for doctors practising in CSAPA, and hospital doctors. It must be administered by a health care professional on a weekly or monthly basis. Sixmo®, implanted subcutaneously, is reserved for clinically stable adults whose dose of sublingual buprenorphine does not exceed 8mg. The prescription of Sixmo® is reserved for doctors practising in CSAPA. It must be administered in a health care facility by a doctor trained to insert and remove implants. The total treatment time is 12 months. As of July 2024, no Sixmo® units have been distributed yet.

A new application and guide on NPS

Please see T1.4.6 “Dedicated e-Health platforms for health care professionals in addictive behaviours”.

T4. Additional information

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

T4.1. ***Optional****. Please describe any additional important sources of information, specific studies or data on drug treatment. Where possible, please provide references and/or links (suggested title: Additional Sources of Information)*

T4.2. ***Optional****. Please describe any other important aspect of drug treatment that has not been covered in the specific questions above. This may be additional information or new areas of specific importance for your country (suggested title: Further Aspects of Drug Treatment)*

Number of hospitalisations associated with illicit drug use

As for hospitals, according to the data provided by the French Technical Agency for Information on Hospital Care (ATIH) for the year 2023, 17 523 hospitalisations were associated with a main diagnosis of a mental health disorders linked to an illicit drug (ICD10 codes F11 to F19 excluding F17) or the "rehabilitation of drug addicts and after drug abuse" (ICD10 code Z503), 2 705 of which were specifically linked to the use of opioids, 4 440 to cocaine, 1 493 to sedatives or hypnotics, 3 646 to cannabis, and 4 397 to other drugs or polydrug use. Some of these hospitalisations, which are short-term, are the result of a visit to the emergency room and do not necessarily lead to treatment of the addiction problem itself. However, there is no statistical source on the number of drug users treated on an outpatient basis within the framework of outpatient addiction treatment consultations and outpatient consultations in prisons, excluding CSAPA. (ATIH 2023 data on open source, ScanSanté platform).

T4.3. ***Optional****. Please provide any available information or data on* psychiatric comorbidity, e.g. prevalence of dual diagnosis among the population in drug treatment, type of combinations of disorders and their prevalence, setting and population*. If available, please describe the type of services available to patients with dual diagnosis, including the availability of assessment tools and specific services or programmes dedicated to patients with dual diagnosis (suggested title: Psychiatric comorbidity)*

T5. Sources and methodology

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

T5.1. Please list notable sources for the information provided above (suggested title: Sources)

Sources

- CSAPA activity reports (CSAPA are specialised drug treatment centres) (DGS/OFDT)
- Open medic: Reimbursement of drugs delivered in non-hospital practice, by health insurance schemes, data retrieved from SNDS (CNAM)
- OST Reports: Annual reports on opioid substitution treatments (OFDT)
- RECAP: Common data collection on addictions and treatments (OFDT)
- SIAMOIS: System of Information on the Accessibility of Injection Equipment and Substitution Products (GERS)
- FINESS: National Directory of Health and Social Establishments

ARS Île-de-France (2023). Projet régional de santé 2023-2028. Agence Régionale de Santé, Paris. Available: https://www.iledefrance.ars.sante.fr/media/116122/download?inline [accessed 22/08/2024]

Brisacier, A.-C. (2020). Tableau de bord « Traitements de substitution aux opioïdes ». Mise à jour septembre 2020. OFDT, Paris. Available: https://www.ofdt.fr/BDD/publications/docs/TabTSO200916.pdf [accessed 14/06/2024].

David, S., Buyck, J.-F. and Metten, M.-A. (2021). Les médecins généralistes face aux conduites addictives de leurs patients. Résultats du Panel d'observation des pratiques et conditions d'exercice en médecine générale. DREES, Paris. Available: https://drees.solidarites-sante.gouv.fr/publications/les-dossiers-de-la-drees/les-medecins-generalistes-face-aux-conduites-addictives-de [accessed 14/06/2024].

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HAS (2023). Douleurs chroniques - Prévenir le risque de surdose d'opioïdes. Haute Autorité de Santé, Saint-Denis. Available: https://www.has-sante.fr/upload/docs/application/pdf/2023-04/fu_opioides_douleur_chronique_31_mars.pdf [accessed 27/05/2024].

HAS (2024). Naloxone - VENTIZOLVE 1,26 mg, solution pour pulvérisation nasale en récipient unidose. Primo-inscription. Adopté par la Commission de la transparence le 27 mars 2024. Haute Autorité de Santé, Saint-Denis. Available: https://www.has-sante.fr/jcms/p_3505841/fr/ventizolve-naloxone-antidote-des-surdoses-aux-opioides [accessed 27/05/2024].

Hospices Civils de Lyon (2023). Rapport final Equip'addict. Développement harmonisé du dispositif des microstructures médicales addictions.

Karila, L. (Ed.) (2024). NPS psycho-actifs. Guide Nouvelles Substances Psychoactives, Nouveaux Produits de Synthèse, Nouvelles utilisations. Mission interministérielle de lutte contre les drogues et les conduites addictives, Paris. Available: https://www.drogues.gouv.fr/sites/default/files/2024-05/Brochure_NPS_2024.pdf [accessed 14/06/2024].

MILDECA (2023). Stratégie interministérielle de mobilisation contre les conduites addictives 2023-2027 [Interministerial strategy for mobilisation against addictive behaviours 2023-2027]. Mission interministérielle de lutte contre les drogues et les conduites addictives,

Paris. Available: https://www.drogues.gouv.fr/le-gouvernement-publie-la-strategie-interministerielle-de-mobilisation-contre-les-conduites [accessed 03/06/2024].

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Ndiaye, A. (2023). Traitements de substitution aux opioïdes en France. Bilan 2023. OFDT, Paris. Available: https://www.ofdt.fr/BDD/publications/docs/TabTSO230418.pdf [accessed 07/06/2024].

T5.2. Where studies or surveys have been used please list them and where appropriate describe the methodology? (suggested title: Methodology)

CSAPA activity reports: use of activity reports from the specialised drug treatment centres
National Health Directorate (DGS) / French Monitoring Centre for Drugs and Drug Addiction (OFDT)

Since 1998, CSSTs (Specialised care centres for drug users), and then the CSAPAs that followed them, have been annually completing a standardised activity report and submitting it to their Regional Health Agency (ARS). These reports are then sent to the DGS, which processes them with the assistance of the OFDT. The aim of this data collection exercise is to monitor the activity of the centres and the number and characteristics of the patients received. Epidemiological data are not recorded patient by patient, but rather for all people received in the centre. For the year 2019 (last year available), the reports of 334 outpatient CSAPAs and 11 prison CSAPAs were able to be analysed, which corresponds to response rates of 89% for the former and 100% for the latter. In order to best estimate the number of people received and given the limited average variations, the missing values were replaced by those of the last year available, which in the vast majority of cases is year n-1.

SIAMOIS: System of Information on the Accessibility of Injection Equipment and Substitution Products
Groupement pour la réalisation et l'élaboration d'études statistiques (GERS) / French Monitoring Centre for Drugs and Drug Addiction (OFDT)

The system of information on the accessibility of injection equipment and substitution products (SIAMOIS) was designed in 1996 to monitor trends in terms of access to sterile injection equipment available in pharmacies and opioid substitution medications on a departmental level. No data are available from 2012 to 2015, but only from 2016 onwards.

RECAP: Common Data Collection on Addictions and Treatments
French Monitoring Centre for Drugs and Drug Addiction (OFDT)

This system was set up in 2005 and continually collects information about clients seen in National Treatment and Prevention Centres for Addiction (CSAPAs). In the month of April, each centre sends its results from the prior year to the OFDT, which analyses these results. The data collected relate to patients, their current treatment and treatments taken elsewhere, their uses (substances used and substance for which they came in the first place) and their health. The common core questions help harmonise the data collection on a national level and fulfil the requirements of the European Treatment Demand Indicator (TDI) protocol. In 2020, approximately 206 000 patients treated for an addiction problem (alcohol, illicit drugs and psychotropic medicines, non-substance addictions) in 257 outpatient CSAPAs, 11 CSAPAs with accommodation and 1 CSAPA in prisons were included in the survey.

FINESS: National Directory of Health and Social Establishments
Ministry of Health and Prevention / Ministry of Solidarity and Family / Digital Health Agency

This site provides access to a range of information on health, social, medico-social establishments, and training on occupations in these sectors, such as CSAPA and CAARUD. FINESS ensures the registration of establishments and legal entities holding an authorisation or approval. The data is updated on a daily basis in line with changes made at territorial level (ARS, DREETS).

Survey on substitution treatment in prison
Directorate of Health Care Supply (DGOS)

The information system, called "Controlling activity reports for general interest purposes" (PIRAMIG), was set up in 2017 to collect data on activity relating to health units in prison and is now handling the tasks previously performed by the Health Facility and Inmate Monitoring Centre (OSSD). The Directorate of Health Care Supply (DGOS) centralises this data. In 2022, opioid substitution treatment (OST) data was available in 71% of correctional facilities (130 facilities out of 183) containing 67.1% of prisoners. The percentage of people receiving OST is calculated by dividing the number of people that have been prescribed an OST by the number of inmates in a prison setting in a given year. The latter number is provided by the Prisons Administration Directorate (DAP).

Open Medic: Additional database on drug medicine expenditure
French National Health Insurance Fund

The Open Medic data supply is composed of a set of annual databases, focusing on the use of drugs, delivered to community pharmacies between 2014 and 2023. It provides additional information to the Medic'AM dossier.

All the data is retrieved from the National Health Data System (SNDS).

Data on the drugs is rendered through the ATC classification. The ATC classification is used to classify drugs using a hierarchical principle. The drugs are divided into different groups according to the organ or system on which they act and/or their therapeutic and chemical properties.