

Best practice workbook

2024

France

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2024 National report (2023 data) to the EUDA by the French Reitox National Focal Point

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Definitions

Best practice: the best application of the available evidence to current activities.

Evidence base: a concept imported from the medical field, defined as 'the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients' (Sackett, 1996). When applied to drug demand reduction, this refers to the use of scientific results to inform interventions decisions.

Guidelines: 'statements that include recommendations intended to optimise patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options' (Institute of Medicine, 2011).

Protocols: documents that specify the procedures to follow for the performance of certain tasks.

Standards and quality standards: principles and sets of rules based on evidence (Brunsson and Jacobsson, 2000), used to implement the interventions recommended in guidelines. They can refer to content issues, processes, or to structural aspects.

Accreditation: the process by which an institution delivering a service is independently assessed for quality against pre-defined criteria and standards, which are set by the accrediting body.

Benchmarking: the process of comparing service processes and performance to best practices from other services. Dimensions typically measured are quality, time and cost.

Certification: is a process to recognize that a specific service provider is in line with predefined quality standards.

T0. Summary

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

Summary of T1.1.1

- State whether your National Drug Strategy addresses quality assurance.

Summary of T.1.2.1

- Report the type of organization(s) responsible for quality assurance (or promotion of Best Practices) in your country.

Summary of T1.2.2

- State whether an accreditation system for intervention providers in drug demand reduction exists in your country.

Summary of T1.2.3

- State if an academic curricula or continuing education programmes for professionals working in the field of drug demand reduction exist in your country.

[T1.1.1.] France's national anti-drug strategy aims at strengthening its effectiveness by relying on robust scientific data. The **Interministerial Strategy for Mobilisation against Addictive Behaviours 2023-2027** establishes as principles for action the need to build on robust knowledge in order to increase the efficacy of public action in terms of prevention, risk reduction, treatment, the criminal justice response and the fight against trafficking (MILDECA 2023). It supports the need to encourage research, particularly in the area of public policy evaluation.

[T1.2.1.] 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.

The **French National Authority for Health (*Haute autorité de santé, 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). In recent years, recommendations to prevent the risk of overdose when using opioids to treat chronic pain have occupied an important place. In particular, the misuse of Tramadol has been of important concern.

The HAS has also been working for several years on the issue of addictions and harm and risk reduction in institutions and services in the social and medico-social services (ESSMS). It has first published guidelines for low threshold services (CAARUD) and for drug treatment centres (CSAPA). These CSAPA and CAARUD will be subject over a period from 2023 to 2027 to a new evaluation, common to all ESSMS.

More recently, in 2022, the HAS has published recommendations on addictions prevention for ESSMS professionals, not specialised in addictology, that are supporting child protection, persons with disabilities, the elderly and precarious people. A synthesis of these recommendations has been shared in 2023.

The French Public Health Agency (*Santé publique France* - SpF) disseminates evidence in drug prevention research and supports the local experimental transfer of international evidenced-base programmes like Unplugged (Lecrique 2019), Good Behavior Game (GBG), Strengthening Families Program (SFP), etc.

Many professional federations are also engaged in developing quality and professional supports, in particular by developing internet portals for sharing public health knowledge on care towards drug users, risky behaviours, prevention programs and best practices in the field of addictions. In recent years, an important dynamic has been engaged to develop psychosocial skills.

[T1.2.2.] Despite the fact there is no real accreditation system for intervention providers in drug demand reduction in France and despite a lack of resource services in prevention engineering at local level, there is a noticeable willing at national level to enhance quality in the programmes and services delivered, especially in prevention.

T1. National profile

T1.1. Policies and coordination

The purpose of this section is to provide a brief summary of quality assurance-related objectives, if any, within your national drug strategy.

T1.1.1. Please summarise the main quality assurance-related objectives of your national drug strategy or other key drug policy document.

A new 2023-2027 Interministerial Strategy for Mobilisation against Addictive Behaviours has been adopted in March 2023 (MILDECA 2023). The Interministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA) which reports to the Prime Minister is responsible for its implementation. The strategy reaffirms the need to base public action on the available scientific knowledge across its five areas of action among which one is directly related to observation, research and evaluation. It is aimed at reinforcing quality in responses to the consequences of addictions for the individuals and the society.

The interministerial strategy for 2023-2027 (op cit) aims to support the dissemination of programmes to strengthen psycho-social skills, launched by an inter-ministerial instruction ([Legislative order of 19 August 2022](#)), including by modelling such programmes for older teenagers aged 16 to 18 and by modelling of intervention strategies in different areas of the child's life (agricultural educational settings, youth protection services and child welfare services). This new strategy provides professionals with best practice guidelines to harmonise professional practices for treatment adapted to clients' needs.

T1.2. Organisation and functioning of best practice promotion

The purpose of this section is to describe the organization of best practice promotion in your country

T1.2.1. What are the national organizations/institutions promoting quality assurance of drug demand reduction interventions and their function? Please provide a brief description of each body and their relationship, including the following information: In which of the following areas are they responsible for quality control a) treatment provision, b) prevention, c) harm reduction and d) social integration.

- **The French National Authority for Health (*Haute autorité de santé, HAS*)** is an independent scientific public authority that aims at regulating the quality of the health system. It has a specific remit of developing guidance and disseminating evidence-based information among health professionals. Regarding addictions, the HAS publishes recommendations towards professionals or patients on prescriptions for drugs diverted from their use, risks of overdose, addiction reduction devices, etc. The HAS also supports quality assurance in the service provision of Social and Medicosocial Establishments and Services (ESSMS), including specialised drug treatment centres (CSAPA) and low threshold facilities (CAARUD). It accredits external evaluators to carry out the mandatory two independent external evaluations of the activities and service quality of the ESSMS during the 15-year license period. These evaluations must follow a set of specifications that are defined by decree [[Décret du 15 mai 2007 fixant le contenu du cahier des charges pour l'évaluation des activités et de la qualité des prestations des établissements et services sociaux et médico-sociaux](#)]. The Regional Health Agencies (ARS) decide on the renewal of the operating authorizations for the addiction-related ESSMS against these specifications.

- **The French Public Health Agency (*Santé publique France, SpF*)** falls under Ministry of Health and has a scientific and expertise remit in the health field. Developing health promotion, prevention and health education as well as the reduction of health-related risks are part of its duties. Therefore, it sustains the dissemination of knowledge on science-based prevention methods or evidence-based programmes. But documents are diffused for information purposes only as no drug prevention protocol is imposed to prevention providers or public services. It provides for expertise or funding to support the experimental transfer of several international evidenced-base programmes to local French context, e.g., Unplugged, GBG, PANJO (Nurse Family Partnership - NFP), SFP, Break the cycle. Since September 2018, the National Public Health Agency (SpF) is coordinating an online register of effective and promising interventions in prevention and health promotion (Santé publique France 2023) (See T.1.2.1 Workbook "Best practice" 2021).

- **The Health Insurance (*Caisse nationale d'assurance maladie, CNAM*)** manages the addictions fund (*Fonds de lutte contre les addictions-FLCA*), created within the National Health Insurance Fund, and contributes to the financing of local, national and international actions on all addictions with or without substance. The FLCA, created in 2018 supports the continuation and strengthening of public health actions against addictions, including by providing for financial support to applied research and evaluation of prevention and treatment. The fund provides grants for actions, studies and doctoral studies, consistent with government priorities in the field of addiction prevention (see T.1.1.3 in the 2022 and 2023 "Prevention" Workbooks).

The Health Insurance also publishes the health insurance expenses and income report each year (Assurance Maladie 2023). This report is based on an analysis of the health system and makes proposals for improvement to the health system, within seven major chapters, including a chapter on medicines, among which those diverted from their use.

- The association **Fédération Addiction** is a network of associations and professionals of addictology (it includes more than the half of CSAPA and CAARUD). Its ambition is to fight against the stigmatization of people affected by addictions and build with them responses adapted to their needs. It publishes guides, available on demand, on various subjects (in 2023 a guide on a parenting support program for 12-16-year-olds, tools for accompanying cocaine users, a guide on the support of addictive behaviours in housing structures, a note health-justice cooperation, and a note on empowerment and peer support). Fédération Addiction also coordinates a multi-partnership portal for health professionals willing to engage in early

intervention or outpatient care towards drug users (drug must be understood as licit or illicit drugs (alcohol, tobacco, cannabis, psychotropic medicine, etc.): <https://intervenir-addictions.fr/>. This portal provides common law practitioners from the community, school, workplace or emergency settings with guidance and tools to detect problematic drug use, to refer to specialised services or to prescribe/initiate opioid substitution treatment. Training materials and networking indications are also available.

- The association **Addictions France** is an association whose mission is to support people in difficulty with addictions and their entourage by managing structures, raising awareness and acting in health promotion, training and advising field actors and advocating for a coherent health policy on addictions.
- **The Addiction prevention network (*Réseau de prévention des addiction, RESPADD*)** raises awareness on addictive practices (drugs, tobacco, alcohol, gambling, etc.) in health establishments (hospitals, clinics, medico-social establishments, etc.) to prevent such practices and their complications for their patients and staff. It also aims to support establishments in caring for the people concerned and to promote a network dynamic in the field of addictology. The RESPADD offers health and social staff (medical and paramedical) and managers training to update their skills and responses in relation to addictive practices.
- **The French Federation of Addiction Care (*Fédération Française d'addictologie, FFA*)** promotes and supports education, training, research and studies in the various fields of addictions and the **National University College of Addictology Senior Teachers (*College universitaire national des enseignants en addictologie, CUNEA*)** promotes teaching on addiction in medicine and in the various health professions.
- **The French Society of Public Health (*Société française de santé publique, SFSP*)** gathers many disciplines for collective and interprofessional reflection. It formulates proposals for decision-makers and, via the media, to inform public opinion on health policy issues, the strengths and weaknesses of their implementation. In the field of addictions, it promotes the development of psychosocial skills, support for parenthood and the reduction of health social inequalities.
- **The Federation Promoting Health (*Fédération Promotion Santé*, former *Fédération nationale d'éducation et de promotion de la santé, FNES*)** (a non-profit NGO) finalised the development of a national resource website on psychosocial skills (Sirena-CPS) in order to improve the understanding of the concept of psychosocial competencies by professionals and its application in different life settings (<https://www.sirena-cps.fr/>). Intended for professionals involved in the prevention of risky behaviours, it provides validated intervention materials and tools, easy access to information, training and support adapted to the different social environments in which they work.
- In August 2022, the CAPS portal Capitalization of experiences in health promotion, coordinated by the *Fédération Promotion Santé* (former National Federation of Education and Health Promotion, FNES) and the French Society of Public Health (SFSP) was launched (<https://www.capitalisationsante.fr>). This tool is a national mechanism for sharing public health knowledge. It is part of the national initiative InSPIRe-ID (Public Health Initiative for the Interaction between Research, Intervention and Decision, *Initiative en Santé Publique pour l'Interaction entre la Recherche, l'Intervention et la Décision*), coordinated by the French Health Directorate. With the help of a simplified search engine, the portal offers 121 (in May 2024) different prevention programs that have been the subject of at least one process of evaluation and 11 more transversal sheets.

T1.2.2. Please **provide a reference to any national practice guidelines published in the last five years** in the areas of control a) treatment provision, b) prevention, c) harm reduction and d) social reintegration (URL, PDF, English Title).

a) Treatment provision:

As part of the roadmap “Preventing and Responding to Opioid Overdoses. Roadmap 2019-2022” (Ministère des Solidarités et de la Santé 2019) defined by the French Ministry of Solidarity and Health (DGS), the HAS published recommendations for good practices on the prevention and management of opioid overdoses in March 2022 (see best practice workbook 2023). In order to reduce overdose and physical dependence to opioids the aims of the recommendations are to:

- recall general principles for opioids medicine use
- promote the appropriate use of analgesic opioids in the management of acute or chronic pain
- promote the appropriate use of opioid agonist therapy and naloxone in the management of opioid substance use disorder and overdose (HAS 2022a).

In 2023, a note towards patients have been released by the HAS to prevent the risk of overdose when using opioids to treat chronic pain (HAS 2023a).

Beginning 2024, the HAS has also issued a notice in favour of reimbursement of Ventizolve (naloxone for adults in one-dose nasal spray solution) for immediate administration in the emergency treatment of known or suspected opioid overdoses, manifested by respiratory depression and/or central nervous system depression, in a medical or non-medical context (HAS 2024).

In recent years, misuse of tramadol has steadily increased and has become a major public health problem. Since 2022, in order to stem the opioid crisis and its misuse, the prescription period for these drugs is limited to three months (compared to twelve months previously). The HAS published in March 2022 recommendations of good use in order to accompany professionals in the prescription of these analgesics at risk of misuse or dependence and in the management of dependent patients. In 2024, the Health Insurance and the representative unions of pharmacists could rely on these recommendations to develop a dedicated support. This “opioid” accompaniment would remind patients of the rules of proper use, identify and alert patients in case of disorder related to the use of these drugs and accompany patients in case of detection of misuse.

For other documents related to treatment provision published earlier, refer to T1.2.2 a) in the Workbooks “Best practice” 2021 to 2023.

b) Prevention:

In 2022, the HAS has published recommendations on addictions prevention for ESSMS professionals, not specialised in addictology, that are supporting child protection, persons with disabilities, the elderly and precarious people (HAS *et al.* 2022a, b, c, d). In 2023, a synthesis of these recommendations has been shared by the HAS for social and medico-social institutions to provide professionals with benchmarks in order to prevent or delay the entry into the addictive behaviours of people in care, to reduce the risks and damages related to consumption/use and to improve the quality of life of patients (HAS 2022b).

Several other recommendations deal with the risks associated with alcohol and tobacco consumption (HAS 2023b, c; HAS *et al.* 2023).

In 2023, an “addiction” kit for general practitioners has been published by the *Collège de la Médecine Générale*, with the support of the MILDECA, to help health professionals identify and manage at-risk drug use among their patients (<https://lecmg.fr/addictionsmg>). Based on thematic fact sheets, GPs are provided with pragmatic, referenced information and tools tailored to real-life situations and to medical and scientific knowledge.

In 2024, Addictions France has published the final version of a guide on advanced consultations in Youth Addiction Outpatient Services (*Consultations Jeunes Consommateurs Avancées*, CJCa). Created in 2004, the mission of the Youth Addiction Outpatient Services (CJC) is to provide information, evaluation, brief support and guidance if necessary to young consumers and their entourage. In the continuity, the CJCa have been created to develop the ‘going towards’ approach, by going to the places where young people are. The guide published in 2023 aims to understand the factors that influence the arrival of young people at CJCa and improve their effectiveness (Association Addictions France 2024).

In January 2023, the French National Research and Safety Institute for the Prevention of Occupational Accidents and Diseases (INRS) published a brochure aimed at those involved in prevention stakeholders in occupational settings, bringing together elements of understanding on the mechanisms of addictive practices, their impact and the relevant approaches to prevention in the workplace (INRS 2023).

Launched in 2021, the AIPAUC project (*Améliorer l'information, la prévention et l'accompagnement des usagers de cocaïne* - Improving information, prevention and support for cocaine users), conducted by the Federation Addiction, mobilises addictology stakeholders and non-specialist professionals on new tools and collective responses to provide to cocaine users, whether they use powdered cocaine or crack. In 2023, several regional conferences have been organised (Fédération Addiction 2023a).

In 2023, the FLCA (addictions fund) has commissioned an evaluation on the “*Mois sans tabac*” program (Month Without Tobacco), which concludes that the second phase to be undertaken for the deployment of *Mois Sans Tabac* involves the need to consider a more complex approach to addictions (poly-consumption) and to reposition the operation in a more comprehensive regional tobacco prevention policy (Assurance Maladie 2022a). The FLCA has also launched an evaluation of the “*Lieux sans Tabac*” (Places Without Tobacco) prevention program, which provides a cross-sectional analysis of the different approaches for non-smoking premises (Pluricité and Sedetiam Conseil 2023).

c) Harm reduction:

In February 2023, the Federation Addiction and AIDES have created a group of exchanges and skills sharing on chemsex. This group is reserved for professionals in care, addictology and risk reduction (Fédération Addiction 2023b).

For other documents related to harm reduction published earlier, refer to T1.2.2 c) in the Workbooks “Best practice” 2021 to 2023.

d) Social reintegration:

The above-mentioned guidelines on prevention and risk reduction for social and medico-social institutions are the latest issued in relation to social reintegration. Indeed, taking better account of addiction problems among the public in these establishments is presented as a means of supporting the social inclusion and empowerment of people (HAS *et al.* 2022a, b, c, d).

e) Peer support:

The FLCA has commissioned an evaluation of the peer-based prevention programmes that it has funded. This evaluation, which was published in May 2022, provided recommendations to funders and decision-makers on the components to be taken into account with regard to peer prevention programmes and to be required from project developers (Assurance Maladie 2022b).

In September 2020, the Fédération Addiction published the guide “Participation of users: from involvement to cooperation”, with the support of the Ministry of Health (Fédération Addiction 2020). This guide was created by a joint working group – composed of as many care professionals as users – including mutual aid and self-help associations. It provides an overview of how drug users are involved in their care pathway, within their care and support structure, towards their peers and in society, and it shows the diversity of practices. It aims to promote drug users’ empowerment, to help them co-build a care pathway that meets their needs and improves their quality of life. Peer work is also supported by stakeholders of the social inclusion sector as shown by the manifesto co-written by the Interministerial Delegation for Accommodation and Access to Housing (DIHAL) and the Federation of Actors of Solidarity (DIHAL and Fédération des acteurs de la solidarité 2018). The purpose of this publication is to provide an overview, to open up perspectives and to propose tools to promote the development of peer working practices.

T1.2.3. Do you have any accreditation systems for intervention providers in drug demand reduction? If yes, please provide a brief description of the system. If a list of accredited organizations is published in online (online portal), please provide a brief description of the portal and the URL?

There is no formal system of accreditation or certification for intervention providers in drug demand reduction. Detail on how addiction services are taken into account in the existing system is detailed in section T1.2.3 of the 2021 ‘Best Practice’ workbook.

T1.2.4. Do you have specific education systems for professionals working in the field of demand reduction? If yes, please provide a brief description. Information relevant to this answer includes:

- specific academic curricula
- specific continued education/specialization courses

Specific academic curricula

There is a one-year specialised training in addiction in the third cycle of medical studies. Continuing education programmes for medical doctors and other professional in the field of addiction are also in place. See section T1.2.4 of the 2021 'Best Practice' workbook for details.

Specific continued education/specialisation courses

Specific continuing education is provided to drug specialised law enforcement officers, i.e. FRAD (national *Gendarmerie*) or PFAD (national Police) (see T.1.2 of the 2022 "Prevention" workbook), who are likely to train their colleagues and deliver prevention interventions on topics like drugs, alcohol or violence, in various settings (mainly schools, and also occupational settings, common touristic sites...).

Specific training for peer helpers

In order to better inform and train people and drug service practitioners in first aid and administration of naloxone in case of opioid overdose, the NGO SAFE offers an online short training that explains how to use Naloxone, entitled "One Hour to Save a Life" (<https://naloxone.fr/>).

The association *France Patients Experts Addictions* (FPEA) aims to strengthen the place given to Patients Experts within the processes of care in addictology (treatment, harm and risk reduction) and in other medical specialties. It has also the general purpose to enhance the commitment of civil society in these care processes. The FPEA coordinates a college of holders of the "Patients Experts Addictions" certification. This certification allows the "graduates" to intervene as employees, Liberals, entrepreneurs or volunteer, on a part-time or full-time basis.

T2. Trends. Not applicable for this workbook.

T3. New developments

The purpose of this section is to provide information on any notable or topical developments observed in best practice promotion 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.

T.3.1. Please comment on any notable new or topical developments observed in best practice promotion in your country (eg. new standards/guidelines/protocols developed).

Please see highlighted information (in yellow) throughout the workbook.

T4. Additional information

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

T.4.1. **Optional.** Please describe any additional important sources of information, specific studies or data on best practice promotion. Where possible, please provide references and/or links.

The training in addictology is part of the second cycle of studies of medicine, odontology, maieutic and pharmacy. Addictology is included in the program of national classification tests (ECN) that give access to the postgraduate medical studies. In the third cycle of medical studies, a transversal specialised training (FST) in addictology is the reference path to get an overspecialisation in this field. It offers the possibility for students to have an activity in the medico-social or hospital specialised services.

In addition, various university degrees in addictology exist, some of them being general, and others more specialised (for instance, focused on women, on specific substances, on dual disorders). Some of these degrees are now fully in digital learning. Compared to the initial training during medical studies, these trainings can be followed by a broad range of professionals (e.g., social workers, psychologists).

The National University College of Addictology Senior Teachers (*Collège Universitaire National des Enseignants en Addictologie*, [CUNEA](#)) provides standardised guidelines for students (“référentiels de spécialité”).

T.4.2. **Optional.** Please describe any other important aspect of best practice promotion that has not been covered in the specific questions above. This may be additional information or new areas of specific importance for your country

The public authorities ensure that those involved in prevention and research who receive public subsidies have no links of interest with the tobacco, alcohol, cannabis, gambling and video games industries.

The new Interministerial Strategy for Mobilisation against Addictive Behaviours 2023-2027 presents evaluation an essential lever for implementing effective responses, based on the following examples:

- psycho-social skill enhancement programmes;
- low-risk consumption rooms, the rigorous evaluation of which has led to the drafting of new specifications for future addiction treatment centres;
- experimental programmes to preventing young people from becoming involved in drug trafficking (LIMIT'S programme).

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.

T.5.1. Please list notable sources for the information provided above.

Index based on use of literature and the Internet

Association Addictions France (2024). Guide final - Consultations Jeunes Consommateurs Avancées (CJCA). Association Addictions France, Paris. Available: <https://addictions-france.org/actualites/consultations-jeunes-consommateurs-avancees-cjca-addictions-france-lance-un-appel-a-candidatures-et-un-guide-5252/> [accessed 27/05/2024].

Assurance Maladie (2022a). Fonds de lutte contre les addictions. Evaluation du programme Mois Sans Tabac. Available: <https://www.assurance-maladie.ameli.fr/content/evaluation-mois-sans-tabac-rapport-final> [accessed 27/05/2024].

Assurance Maladie (2022b). Fonds de lutte contre les addictions. Evaluation de la prévention par les pairs. Available: https://assurance-maladie.ameli.fr/sites/default/files/Rapport%20final_Evaluation%20prevention%20pairs.pdf [accessed 07/06/2023].

- Assurance Maladie (2023). Rapport Charges et produits - Propositions de l'Assurance Maladie pour 2024. Améliorer la qualité du système de santé et maîtriser les dépenses. Available: <https://www.assurance-maladie.ameli.fr/presse/2023-07-06-cp-rapport-charges-et-produits-pour-2024> [accessed 27/05/2024].
- DIHAL and Fédération des acteurs de la solidarité (2018). Développer le travail pair dans le champ de la veille sociale, de l'hébergement et du logement. Available: https://www.gouvernement.fr/sites/default/files/contenu/piece-jointe/2018/12/publication_travail_pair.pdf [accessed 30/05/2023].
- Fédération Addiction (2020). Participation des usagers : de l'implication à la coopération. Fédération Addiction, Paris. Available: <https://www.federationaddiction.fr/wp-content/uploads/2022/08/guide-reperes-usagers-fedeaddiction.pdf> [accessed 30/05/2023].
- Fédération Addiction (2023a). Accompagnement des usagers de cocaïne : les professionnels dans une dynamique d'échanges et de construction [online]. Available: <https://www.federationaddiction.fr/actualites/accompagnement-des-usagers-de-cocaine-les-professionnels-dans-une-dynamique-dechanges-et-de-construction/> [accessed 27/05/2024].
- Fédération Addiction (2023b). Le point sur le chemsex [online]. Available: <https://www.federationaddiction.fr/thematiques/le-point-sur-le-chemsex/> [accessed 27/05/2024].
- HAS (2022a). Bon usage des médicaments opioïdes : antalgie, prévention et prise en charge du trouble de l'usage et des surdoses. Argumentaire ; Recommandations de bonne pratique. Haute Autorité de Santé (HAS), Saint-Denis. Available: https://www.has-sante.fr/jcms/p_3215131/fr/bon-usage-des-medicaments-opioides-antalgie-prevention-et-prise-en-charge-du-trouble-de-l-usage-et-des-surdoses [accessed 27/05/2024].
- HAS (2022b). Prévention des addictions et réduction des risques et des dommages (RdRD) dans les ESSMS. Synthèse. Haute Autorité de santé, Saint-Denis. Available: https://www.has-sante.fr/upload/docs/application/pdf/2023-03/synthese_rbpp_addictions_vd.pdf [accessed 27/05/2024].
- HAS, Chauvel, C., Praca, M. and Trépied, V. (2022a). Prévention des addictions et réduction des risques et des dommages (RdRD) dans les ESSMS. Secteur de l'inclusion sociale. Validé par la CSMS le 29 novembre 2022. Haute Autorité de santé, Saint-Denis. Available: https://www.has-sante.fr/upload/docs/application/pdf/2023-01/rbpp_prevention_rdrd_esms_volet_inclusion_2023_01_24.pdf [accessed 13/02/2023].
- HAS, Chauvel, C., Praca, M. and Trépied, V. (2022b). Prévention des addictions et réduction des risques et des dommages (RdRD) dans les ESSMS. Secteur de la protection de l'enfance. Validé par la CSMS le 29 novembre 2022. Haute Autorité de santé, Saint-Denis. Available: https://www.has-sante.fr/upload/docs/application/pdf/2023-01/rbpp_prevention_rdrd_esms_volet_pe_2023_01_24.pdf [accessed 13/02/2023].
- HAS, Chauvel, C., Praca, M. and Trépied, V. (2022c). Prévention des addictions et réduction des risques et des dommages (RdRD) dans les ESSMS. Secteur des personnes âgées. Validé par la CSMS le 29 novembre 2022. Haute Autorité de santé, Saint-Denis. Available: https://www.has-sante.fr/upload/docs/application/pdf/2023-01/rbpp_prevention_rdrd_esms_volet_pa_2023_01_24.pdf [accessed 13/02/2023].
- HAS, Chauvel, C., Praca, M. and Trépied, V. (2022d). Prévention des addictions et réduction des risques et des dommages (RdRD) dans les ESSMS. Secteur handicap. Validé par la CSMS le 29 novembre 2022. Haute Autorité de santé, Saint-Denis. Available: https://www.has-sante.fr/upload/docs/application/pdf/2023-01/rbpp_prevention_rdrd_esms_volet_ph_2023_01_24.pdf [accessed 13/02/2023].
- HAS (2023a). 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 (2023b). Agir en premier recours pour diminuer le risque alcool : repérer tous les usages et accompagner chaque personne. Guide. Haute Autorité de Santé, Saint-Denis. Available: https://www.has-sante.fr/jcms/p_3326877/fr/agir-en-premier-recours-pour-diminuer-le-risque-alcool-reperer-tous-les-usages-et-accompagner-chaque-personne [accessed 27/05/2024].
- HAS (2023c). Arrêt de la consommation de tabac : du dépistage individuel au maintien de l'abstinence en premier recours. Actualisation - Note de cadrage. Validée par le Collège le 14 juin 2023. Haute Autorité de Santé, Saint-Denis. Available: https://www.has-sante.fr/jcms/p_3452901/fr/arrêt-de-la-consommation-de-tabac-du-dépistage-individuel-au-maintien-de-l-abstinence-en-premiers-recours-actualisation-note-de-cadrage [accessed 27/05/2024].
- HAS, Gloanec, M., Sitruk, A. and Morin, S. (2023). Évaluation de la prise en charge du tabagisme rapportée par les patients. Bilan des expérimentations menées sur le questionnaire patient. Validé par le Collège le 6 juillet 2023. Haute Autorité de santé, Saint-Denis. Available: https://www.has-sante.fr/upload/docs/application/pdf/2023-07/iqss_2023_tabac_rapport_bilan_2023.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].
- INRS (2023). Pratiques addictives en milieu de travail. Comprendre et prévenir. Institut national de recherche et de sécurité, Paris. Available: <https://www.inrs.fr/media.html?refINRS=ED%206505> [accessed 20/04/2023].
- Lecrique, J.-M. (2019). Résultats de l'évaluation du programme "Unplugged" dans le Loiret. Projet de l'Association pour l'écoute et l'accueil en addictologie et toxicomanies (Orléans), évalué en 2016-2017 par Santé publique France. Santé publique France, Saint-Maurice. Available: <https://www.santepubliquefrance.fr/docs/resultats-de-l-evaluation-du-programme-unplugged-dans-le-loiret> [accessed 30/05/2023].
- 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 17/07/2023].
- Ministère des Solidarités et de la Santé (2019). Prévenir et agir face aux surdoses d'opioïdes : feuille de route 2019-2022. Ministère des Solidarités et de la Santé, Paris. Available: <https://solidarites-sante.gouv.fr/prevention-en-sante/addictions/article/prevenir-et-agir-face-aux-surdoses-d-opioides-feuille-de-route-2019-2022> [accessed 30/05/2023].
- Pluricité and Sedetiam Conseil (2023). Évaluation de la démarche d'espaces sans tabac. Accord-cadre relatif à la réalisation des prestations d'évaluations portant sur des thématiques cibles du fonds de lutte contre les addictions. Assurance Maladie. Available: https://www.assurance-maladie.ameli.fr/sites/default/files/Rapport_%C3%A9valuation_EST_VD.pdf [accessed 27/05/2024].
- Santé publique France (2023). Répertoire des interventions efficaces ou prometteuses en prévention et promotion de la santé [online]. Available: <https://www.santepubliquefrance.fr/a-propos/services/interventions-probantes-ou-prometteuses-en-prevention-et-promotion-de-la-sante/repertoire-des-interventions-efficaces-ou-prometteuses-en-prevention-et-promotion-de-la-sante> [accessed 20/04/2023].

T.5.2. Where studies or surveys have been used please list them and where appropriate describe the methodology?

None