Harms and Harm Reduction workbook 2024

FRANCE

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T0. Summary

Please provide an abstract of this workbook (target: 1000 words) under the following headings:

- National profile and trends harms
  Drug-related deaths: number, characteristics, trends and patterns
  Emergencies: number, characteristics, trends and patterns
  Drug related infectious diseases: notifications and prevalence incl. trends
- National profile and trends harm reduction
  Main policies and strategies directed at reducing drug-related health harms; availability, geographical distribution of services, and access:
- New developments

- **National profile and trends harms**

The most recent data from the National registry of causes of death (CépiDc) are from 2017 with 417 deaths. This number is probably underestimated.

In 2022, the specific DRAMES register reported 638 deaths related to the misuse of psychoactive substances and the specific DTA register recorded 136 deaths related to the use of analgesic drugs.

Data of hospital emergency presentations related to drug use of the year 2023 are not available yet, except from data related to cocaine use. Updated results for 2023 for cocaine show a further increase in these emergency presentations, with the **rate rising from 21.2/100 000 visits in 2022 to 28.8/100 000 visits in 2023, an increase of 17% in one year**. Between 2010 and 2023, the passage rate will have multiplied by 3.3.

Injecting drug use was rarely identified as a mode of infection for people who discovered their HIV status in 2022 (1%). At the time of discovery of HIV status, 5% of intravenous drug users were co-infected with hepatitis B virus (HBsAg) and 61% were positive for HCV antibodies.

- **National profile and trends harm reduction**

Harm reduction policy for drug users aims to prevent infections and fatal overdoses linked to substance use and to promote access to care and social rights for drug users. It calls on local actors and relies on:

- A government roadmap for the prevention and treatment of opioid overdose, which includes a naloxone dissemination programme: ready-to-use naloxone kits are available in health care institutions, specialised addiction treatment facilities and in pharmacies.
- A programme for the distribution of prevention materials based on a local offer (CSAPA and CAARUD, pharmacies, automatic distribution machines) and a postal needle exchange programme. The latter makes it possible to improve accessibility by removing obstacles related to geographical distance, opening hours and confidentiality. This programme has seen a 7% increase in 2022 compared with 2021.
- Opioid substitution treatments available in cities, in CSAPAs and in prison.
- National HIV and hepatitis prevention strategies: the actions implemented as part of these strategies focus in particular on strengthening community-based screening and rapid access to treatment and are in line with the objective of eliminating HIV by 2030 and HCV by 2025.

- The drug consumption rooms (DCR) known as “salles de consommation à moindre risque” (SCMR) have become the “Halte soins addiction” centres (HSA).
- Drug analysis as part of harm reduction, offered by two organisations in France, the *Analyse ton Prod'* network and Drug Lab (Bus 31/32).

- **New developments**

Since 1 October 2022, new “Kit Exper’” prevention kits, which have replaced the old “Kit+” and “Steribox” kits, have been offered free of charge by harm reduction facilities and automatic distribution machines. Works to modernise the network of automatic distribution machines were carried out between 2022 and 2023.

T1. National profile and trends

T1.1. Drug-related deaths

The purpose of this section is to:

- Provide a commentary on the numbers of drug-induced deaths, i.e. monitoring of fatal overdoses
- Provide a commentary, if information is available, on mortality among drug users, i.e. findings from cohort studies
- Provide contextual information to the numerical data submitted through ST5/ST6 and ST18

T1.1.1. Please comment on the numbers of overdose deaths provided to the EMCDDA in ST5/ST6. Please comment on the numbers of cases and break down by age, gender and intentionality (suggested title: Overdose deaths)

Overdose deaths

According to the National registry of causes of death, 417 direct drug-related deaths (DDLDs) occurred in 2017. For details, see T1.1.1 of the Workbook « Harms and Harm Reduction » 2022.

In 2022, 774 deaths were registered in the specific registers (638 in DRAMES plus 136 deaths in DTA).

T1.1.2. If information is available, please comment on the substances involved in the overdose cases.
If detailed toxicology is reported to the EMCDDA, please comment and elaborate on these findings. If detailed toxicology is not reported, please explain why and comment on available information (suggested title: Toxicology of overdose deaths)

Toxicology of overdose deaths
Deaths related to psychoactive substance abuse

For the year 2022, the specific DRAMES register reported 638 deaths directly related to substance abuse (CEIP-Addictovigilance Grenoble 2024a). Opioids were the main substances involved in deaths. In terms of opioid drugs outside of opioid substitution medications, morphine was still the molecule most often involved. In total, 11 deaths were directly caused by new psychoactive substances.

The details of the characteristics of deaths related to psychoactive substance abuse will shortly be made available and entered into Fonte Standard Table 6. Only preliminary data is available at present.

Deaths related to the use of analgesic drugs

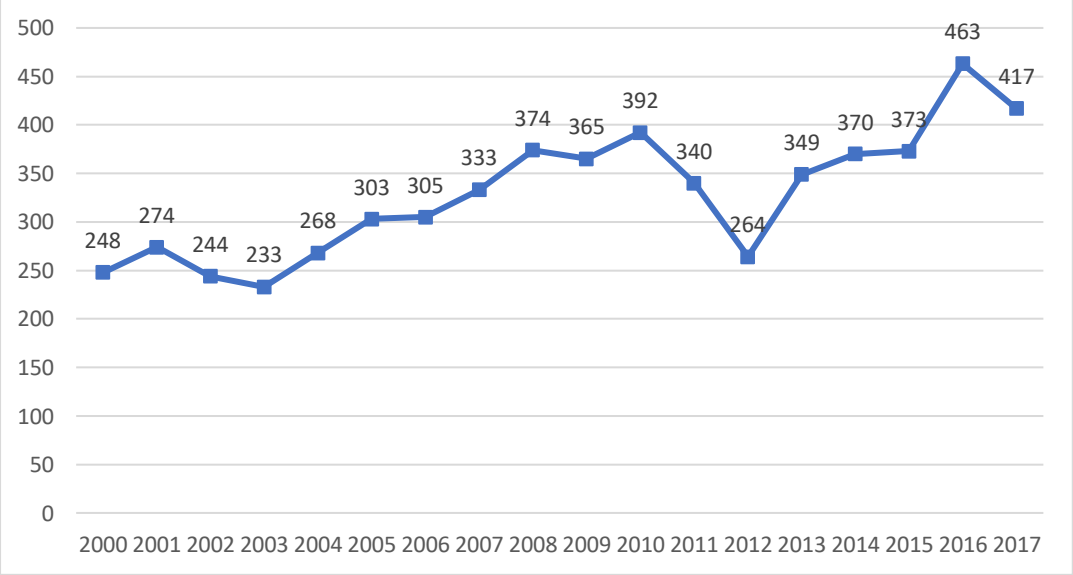
For the year 2022, the specific DTA register reported 136 deaths related to the use of analgesic drugs (CEIP-Addictovigilance Grenoble 2024b). Tramadol was still the main drug involved in direct deaths (35% of deaths), while morphine and oxycodone were involved in 25% and 20% of cases respectively. Fentanyl was involved in 4% of deaths.

T1.1.3. ***Optional.*** *Please comment on the overall and cause specific mortality rates observed through cohort studies among drug users.*
If detailed results from the cohorts are available and reported in ST18, please comment considering age and gender breakdown where appropriate. If detailed findings are available and not reported in ST18 (e.g. reference to published paper without direct access to the raw data) please comment on the available information (suggested title: Mortality cohort studies)

T1.1.4. Trends: Please comment on the possible explanations of short term (5 years) and long term trends in the number of drug-induced deaths among adults, including any relevant information on changes in specific sub-groups. For example, changes in demography, in prevalence and patterns of drug use, in policy and methodology, but also in the data completeness/coverage; case ascertainment, changes in reporting

In 2017 there was a 10% decrease in the number of DRDs compared to 2016. The proportion of men among the deaths remained stable compared to 2016 (74% *vs* 78%).

Overdose deaths due to narcotic and opioid medication use in France (2000-2017)



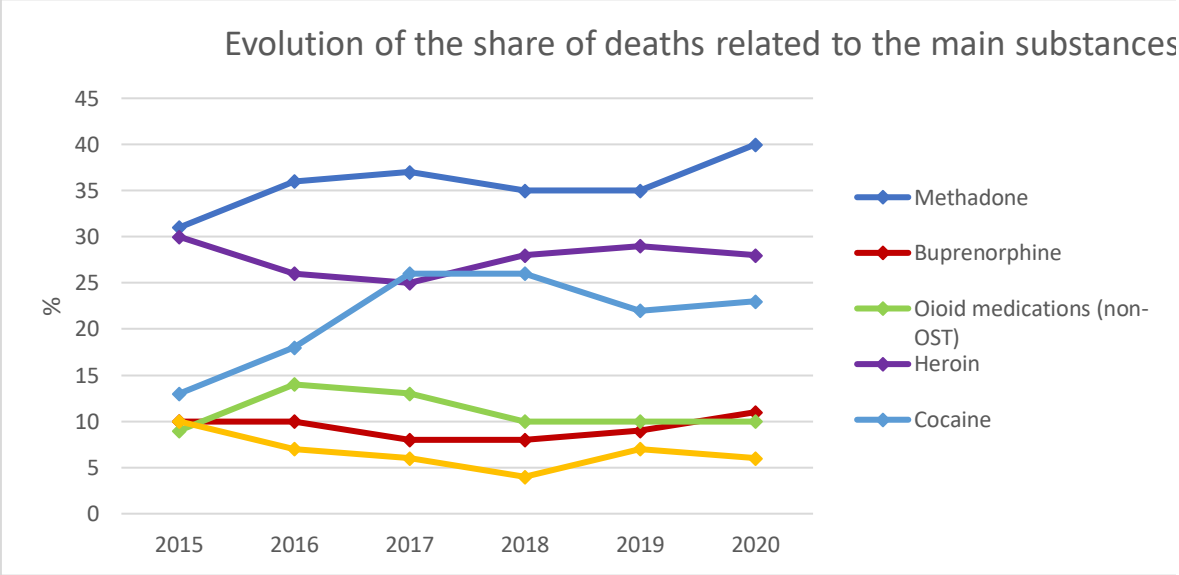
Source: INSERM-CépiDc, processed by the OFDT

Note: French adaptation of the EMCDDA selection B (F11, F12, F14, F15, F16, F18, F19, X42, X62, Y12).

Toxicology of drug-related deaths

DRAMES register. The share of cocaine-related deaths increased between 2015 and 2019. Furthermore, between 2019 and 2020, there was an increase in the share of deaths involving methadone after a period of stability between 2016 and 2019. The increase in the share of deaths involving opioids was linked in particular to this increase. During the period, NPSs were involved in less than 5% of deaths.

It is difficult to interpret variations in the number of deaths collected from one year to the next, as the volunteer-based system is not exhaustive and the participation of toxicological experts varies from year to year.



Source: DRAMES (Centres d'évaluation et d'information sur la pharmacodépendance – addictovigilance - CEIP-A in Grenoble and ANSM)

DTA register (CEIP-A Grenoble 2021) : The share of tramadol-related deaths remained stable between 2016 and 2020, while the share of morphine-related deaths decreased. The stabilisation of the share of oxycodone-related deaths continued in 2020 after a sharp increase in 2017.

Distribution of deaths* according to the substances involved**

	2015 %	2016 %	2017 %	2018 %	2019 %	2020 %
Tramadol	34	44	46	46	43	47
Morphine	32	26	29	29	25	21
Oxycodone	10	9,5	18	17	16	16

Source: DTA (CEIP-A of Grenoble and ANSM)

* Only deaths directly caused by drug use are mentioned.
** Several substances can be involved in a death when no predominant substance has been determined.

T1.1.5. ***Optional****. Please provide any additional information you feel is important to understand drug related deaths within your country (suggested title: Additional information on drug-related deaths)*

T1.2. Drug related acute emergencies

The purpose of this section is to provide a commentary on the numbers of drug-related acute emergencies

T1.2.1. Is information on drug-related acute emergencies available in your country? If yes, please complete section T6.1 (Sources and methodology) and provide in T6.1 the definition of drug-related acute emergencies used and, if available, an overview of the monitoring system in place (suggested title: Drug-related acute emergencies)

Drug-related acute emergencies

Data on hospital emergency presentations related to drug use were obtained from the Oscour® network (*Santé Publique France*) and the emergency room at the *Lariboisière* hospital in Paris, taking part in the Euroden project.

T1.2.2. If information is available, please provide a commentary on the numbers of drug-related acute emergencies by main illicit substances, e.g. cannabis, heroin/ other opioids, cocaine, amphetamine type stimulants, new psychoactive substances. Please feel free to add tables in this section (as most countries already do). This might facilitate the reading.
Where appropriate please provide links to the original reports and studies (suggested title: Toxicology of drug-related acute emergencies)

Toxicology of drug-related acute emergencies

Launched in 2004, the Oscour® network has covered over 93.3% of emergency room visits in France since 2021, as almost all emergency departments in France participate in the network. 73% of these presentations were subject to coding (at least one principal diagnosis). Data of hospital emergency consultations related to drug use of the year 2023 are not available yet, except from data related to cocaine use. Updated results for 2023 for cocaine show a further increase in these emergency consultations, with the rate rising from 21.2/10 0000 visits in 2022 to **28.8/10 0000 visits in 2023, an increase of 17% in one year**. Between 2010 and 2023, the passage rate will have multiplied by 3.3.

Source: Oscour® network

T1.2.3. Trends: Please comment on the possible explanations of short term (5 years) and long term trends in the number and nature of drug-induced emergencies, including any relevant information on changes in specific sub-groups. For example, changes in demography, in prevalence and patterns of drug use, in policy and methodology.

T1.2.4. ***Optional****. Please provide a commentary on any additional information you feel is important to understand drug-related acute emergencies data within your country (suggested title: Additional information on drug-related acute emergencies)*

T1.3. Drug related infectious diseases

The purpose of this section is to

- Provide a commentary on the prevalence, notifications and outbreaks of the main drug-related infectious diseases among drug users, i.e. HIV, HBV and HCV infections in your country
- Provide contextual information to the numerical data submitted through ST9 including prevalence and behavioural data (e.g. sharing syringes)
- Provide a commentary, if information is available, on the prevalence/outbreaks of other drug related infectious diseases, e.g. STIs, TB, bacterial infections, hepatitis A

T1.3.1. Please comment on the prevalence among drug users and on notifications of the main drug related infectious diseases (HIV, HBV, HCV) provided to the EMCDDA (suggested title: Main drug-related infectious diseases among drug users – HIV, HBV, HCV)

Main drug-related infectious diseases among drug users - HIV, HBV, HCV

The most recent data on the biological prevalence of chronic hepatitis C (HCV RNA positive) among people who have experimented with intravenous drugs are from the 2016 Barotest survey (Saboni *et al.* 2019) and the most recent data on declarative HIV and HCV serology are from 2019. (See T1.3.1 of the 2018 'HHR' workbook and T1.3.1 of the 2021 'HHR' Workbook).

T1.3.2. ***Optional.*** *Please comment on notification data (e.g. notification of new HIV and AIDS cases among drug users). Short descriptions of outbreaks/clusters, specific surveys or other relevant data can be reported here (suggested title: Notifications of drug-related infectious diseases*)

Notifications of drug-related infectious diseases

In 2022, injecting drug use was identified as the mode of infection in 1% of HIV-positive discoveries. Approximately 30 injecting drug users discovered their HIV status when they were already at an advanced stage (AIDS stage or CD4 count < 200/mm3 excluding primary infection). At the time of discovery of HIV status, 5% of intravenous drug users were co-infected with hepatitis B virus (HBsAg) and 61% were positive for HCV antibodies (Santé publique France 2023).

T1.3.3. ***Optional***. *Please comment on any information on prevalence of HIV, HBV, HCV among drug users from other sources. Where appropriate please provide links to the original studies (suggested title: Prevalence data of drug-related infectious diseases outside the routine monitoring)*

T1.3.4. ***Optional.*** *Please comment on available behavioural data (e.g. sharing, slamming…). Where appropriate please provide links to the original studies (suggested title: Drug-related infectious diseases - behavioural data)*

T1.3.5. ***Optional****. Please provide, if information is available, a comment on the prevalence of other infectious diseases e.g. STIs, TB among drug users. Where appropriate please provide links to the original studies (suggested title: Other drug-related infectious diseases)*

T1.3.6. ***Optional****. Please provide any additional information you feel is important to understand patterns and trends in drug related infectious diseases within your country (suggested title: Additional information on drug-related infectious diseases)*

T1.4. Other drug-related health harms

The purpose of this section is to provide information on any other relevant drug related health harms.

T1.4.1. ***Optional****. Please provide additional information on other drug-related health harms including co-morbidity (suggested title: Other drug-related health harms)*

T1.5. Harm reduction interventions

The purpose of this section is to

- Provide an overview of how harm reduction is addressed in your national drug strategy or other relevant drug policy document
- Describe the organisation and structure of harm reduction services in your country
- Comment on the harm reduction provision (activities/programmes currently implemented)
- Provide contextual information useful to understand the data submitted through SQ23/ST10.

T1.5.1. Please summarise the main harm reduction-related objectives of your national drug strategy or other relevant policy documents (cross-reference with the Policy workbook). Include public health policies, strategies or guidelines relevant to the prevention and control of health-related harms, such as infectious diseases among PWID (e.g. HIV and hepatitis action plans or national strategies) and national strategies regarding the prevention of drug-related deaths. Please specify the defined actions and targets and provide references to these documents in section T 5.1. Trends: Please comment on current trends regarding these policies (suggested title: Drug policy and main harm reduction objectives)

Drug policy and main harm reduction objectives

The harm reduction policy towards drug users is enshrined in law (article L3411-8 of the French Public Health Code[1].). It also applies to inmates.

[1] As recognised and regulated by law : loi n° 2016-41 du 26 janvier 2016 de modernisation de notre système de santé.

Its main objective is to keep people suffering from addiction alive. It aims to prevent health-related, psychological, and social harm, the spread of infections, and drug overdose deaths related to use of psychoactive substances or those classified as narcotics.

The national reference framework for harm reduction actions specifies the objectives of harm reduction activities (article D.3121-33 of the Public Health Code, in accordance with the provisions of decree no. 2005-347 of April 14, 2005):

- Preventing severe, acute or chronic infections, especially those related to the use of shared injection equipment
- Preventing acute intoxication, including fatal overdoses from drug use
- Preventing and managing acute and related psychiatric disorders
- Referring drug users to emergency services, general care, specialist care and social services
- To improve their physical and mental health and their social integration.

Beyond the general framework set out in laws and regulations on harm reduction measures geared towards illicit substance users in France, the new Interministerial Strategy for Mobilisation against Addictive Behaviours (SIMCA) deals with new challenges in the field, for the 2023-2027 period (MILDECA 2023).

Outreach for vulnerable populations

One of the main objectives at the heart of public action is increasing the ability to "go towards" non-integrated users and improve access to harm reduction tools in line with developments in use practices and populations. The new strategy also reaffirms the Government's desire to strengthen its outreach efforts, which is carried out on the basis of specific protocols, while reinforcing its coordination with care, and particularly withdrawal, "*at every opportunity*". These objectives follow strategies deployed as part of the Covid-19 health crisis, for a greater consideration of addiction issues among the most precarious populations. From this perspective, the change in the representations of professionals, the adaptation of the organisation of services, and the structuring of partnerships to go towards new populations are the top priorities of the current policy. In particular, the intended objective is to sustainably integrate the prevention of addictive behaviours and harm reduction into facility and service projects and professional practices, geared towards populations receiving treatment and professionals from the facilities providing care and support.

Party gatherings

Harm reduction in party settings plays a central role in the new 2023-2027 interministerial strategy. At the initiative of the prefectures, it aims to engage local actors in the deployment of harm reduction efforts within party gatherings, in order to reduce the risky use of psychoactive substances, and the health-related and social harm (violence, disturbance of public order and peace) associated with it.

Harm reduction for people in contact with the criminal justice system

People in contact with the criminal justice system, who are imprisoned or monitored in an open setting, whether they are adults or minors (including minors in conflict with the law who are monitored in public and non-profit facilities and services ensuring judicial youth protection), are particularly vulnerable to addictive behaviours. The 2023-2027 Interministerial Strategy for Mobilisation against Addictive Behaviours (or SIMCA) includes harm reduction for people in contact with the criminal justice system within its strategic guidelines. It aims to strengthen the levers available in prison settings, in order to propose a comprehensive approach with a continuum ranging from prevention to care/support, including harm reduction, which is tailored to the specificities and constraints of the prison environment (see Prison WB).

Specific programmes complementing the framework set out in the new strategy

Moreover, operational programmes outlined by the ministries contributed to the objectives of the cross-cutting government policy (Première ministre 2023), to complement and/or implement the framework set out by the SIMCA, such as programmes by the national health directorate, the Ministry of Justice, etc.

National health directorate (DGS) programme

The National health directorate programme on the prevention of chronic diseases and the quality of life for patients supports the objectives outlined by the 2023-2027 SIMCA, and in particular:

- the deployment of new measures (and particularly the lifetime use of drug consumption rooms, renamed “addiction care drop-offs”).
- the availability of the latest knowledge on this matter among professionals and the general public,
- the distribution of prevention kits to drug users.

Prison authorities Programme

The programme directed at prison populations includes Prison authority guidelines on harm reduction. Cross-cutting objectives contributing to the Interministerial Strategy for Mobilisation against Addictive Behaviours are presented in the people in contact with the criminal justice system health road map (2023-2027), which is currently being finalised. The guidelines provided follow the objectives of the road map for the period 2019-2022:

- Implementation of intensive, coordinated health-justice care arrangements for remand prisoners suffering from addiction.
- Deployment of tools for detecting addictions in prisons and strengthening health-justice cooperation on addiction problems.
- Continuation of treatment and care for addictions upon release from prison.
- Strengthening of the community approach for addiction treatment in prisons.

(See T3.1 Prison WB for additional information on action plans in prison settings)

Infection control

HIV and hepatitis prevention is part of the overall goal of eliminating HIV and HCV by 2030 and 2025, respectively. The objectives are set out in two plans of the Ministry of Health: the Priority Prevention Plan (Direction générale de la santé 2018) and the National Sexual Health Strategy (Ministère des Affaires sociales et de la Santé 2017). This includes reducing the time between infection and initiation of treatment and addressing the specific needs of vulnerable people including drug users.

Harm reduction (HR) plans

Currently implemented, the 2019-2021 multi-year coordinated mobilisation action plan to combat the crack cocaine problem in Paris is divided into 33 harm reduction actions (Préfecture de la région d'Île-de-France - Préfecture de Paris *et al.* 2019). It proposes:

- supporting drug users to reduce harm and foster treatment pathways;
- accommodating, providing shelter, and creating rest areas and dedicated housing and residential care units, to gradually allow drug users to get off the streets;
- taking action within the public space, going out to meet drug users, and responding to the needs of inhabitants, for the purpose of improving public peace and combating drug trafficking;
- improving knowledge.

T1.5.2. Please describe the structure of harm reduction service organisation in your country, including funding sources. Describe the geographical coverage. Comment on its relationship to the treatment service provision system and the extent to which these are integrated or operate separately. Where possible, please refer to the EMCDDA drug treatment system map (see Treatment workbook) to identify the range of treatment providers that are also delivering harm reduction services. Trends: Please comment on trends regarding harm reduction service organisation (suggested title: Organisation and funding of Harm reduction services)

Organisation of harm reduction services

The organisation of harm reduction is based on medical and social structures (CAARUD, CSAPA). Outpatient structures (pharmacies, primary care) and associations contribute to this.

CAARUDs are low-threshold facilities. Drug users can benefit from counselling, information, provision of harm reduction materials and support in accessing care and rights. The treatment of users is anonymous and free of charge. Depending on the CAARUD, users are received in a fixed location and/or a mobile unit (truck or bus). CAARUDs can also organise “walkabouts” (street interventions) or hold meetings in social housing centres or in prisons. They can intervene in Youth Addiction Outpatient Services (CJC) and occasionally in party settings.

CSAPAs have a harm reduction mission in addition to their medical and psycho-socio-educational treatment of people suffering from addiction. They prescribe opioid substitution treatment (OST). However, the latter relies to a large extent on general practitioners. CSAPAs operate on an outpatient basis and/or with individual or collective accommodation. Consultations are free of charge and confidentiality is guaranteed. CSAPAs can work with prisoners and people leaving prison (See the ‘Treatment’ workbook).

CAARUDs and CSAPAs can be run by associations or public health care institutions. Their authorisation is granted for a period of 15 years. Renewal of the authorisation is subject to an assessment of the quality of the services they provide, according to a procedure drawn up by the National Authority for Health (Article L.313.1 of the French Social Action and Family Code).

CAARUDs and, more rarely, CSAPAs can work in partnership with pharmacies within the framework of syringe exchange programmes. The involvement of pharmacies in the programme is voluntary and unpaid. Partner CAARUDs and CSAPAs provide support to the pharmacies by giving them information on harm reduction and useful information for referring users to the local support network. Pharmacies also participate in harm reduction by selling prevention kits. Automatic distribution machines managed by associations or local authorities complete the scheme for distributing prevention kits (see T1.5.3).

Funding

The recognition of CSAPAs and CAARUDs as medico-social establishments (Article L312-1 of the Social Action and Family Code) secures their status and their funding, which is provided by the national health insurance scheme.

Coverage of the territory

In 2019, 148 CAARUDs were registered in France, including six located in French overseas departments. All departments have CSAPAs and only 5 departments (out of a total of 101) do not have a CAARUD. The facilities are highly concentrated in large urban areas. More than half (51% of CAARUDs, or 75 centres in 2019) are located in a municipality of at least 200 000 inhabitants. There are no centres in rural areas and only three are located in a small urban district (less than 20 000 inhabitants). The strong presence observed of harm reduction facilities in the major urban areas is notably linked to the relatively high number of CAARUDs located in Paris or in the greater Paris region (5% of the total number of CAARUDs identified at a national level).

In 2018, 1 717 pharmacies are involved in the Syringe Exchange Programmes throughout the country (RESPADD 2018).

Created in 2011, the remote syringe exchange programme aims to meet the needs of users who are far from the medical-social system.

T1.5.3. Please comment on the types of harm reduction services available in your country provided through low-threshold agencies and drug treatment facilities (suggested title: Provision of harm reduction services)

a) Describe how **infectious diseases testing** is organised and performed in your country, incl. for which infections drug users are screened, **and if testing is routinely available at drugs facilities**;

b) Describe how **syringe distribution** is organised in your country (reference to ST 10 data),

c) Which equipment and drug use paraphernalia (beyond syringes/needles) are provided (indicate your reply by “x” in relevant box- one per line);

If available, address:

d) Take-home naloxone programmes and emergency response training (settings, target groups);

e) Supervised drug consumption facilities;

f) Post-release / transition management from prison to community, provided by drugs facilities;

g) Vaccination, e.g. hepatitis B vaccination campaigns targeted at PWID;

h) Infectious diseases treatment and care: e.g. describe referral pathways or care partnerships;

i) Sexual health counselling & advice, *condom distribution;*

j) Optional. Interventions to prevent initiation of injecting; to change route of administration of drugs; mental health assessments.

- a) *Infectious diseases testing*

Drug users can be screened for HIV and hepatitis B and C at CAARUDs, CSAPAs and associations involved in screening for infectious diseases. Rapid diagnostic tests (RDT) are favoured at these facilities. In some of them, it is complemented by dried blood spot testing. The performance of the RDTs is governed by a financing and authorisation scheme which, since June 2021, has included the HBV RDT in addition to the HIV and HCV RDTs (order of 16 June 2021 setting out the conditions for carrying out the RDTs). In the event of a positive RDT, the person concerned is systematically referred, and if necessary, accompanied, to a doctor or a health service for a biological diagnosis. Some facilities can take the samples for biological screening directly. Some CAARUD have Cepheid's GenExpert device which can measure the HCV viral load in less than 2 hours.

Drug users can also go to an anonymous and free screening centre (CeGIDD)[2] possibly referred or accompanied by CAARUD workers. Users who are furthest from harm reduction and care services can be screened during "external" screenings carried out by the CAARUDs and associations. The remote harm reduction scheme (SAFE association) offers the possibility of requesting blood or capillary screening for hepatitis C via the website Access to screening (depistage-hepatite.fr).

Since 2022, the VIHTest scheme has allowed all those covered by social security to be screened for HIV in a medical analysis laboratory, without a prescription, appointment, or any upfront costs.

The other facilities that offer free screening are those providing sexual health services (CPEF, EICCF)[3]. Screening can also be done in the outpatient or inpatient health system. When social security coverage is available, HIV and HCV testing is covered at 100%, but screening for chronic HBV markers is currently only covered at 65%. Self-screening tests for HIV-infection screenings are available in pharmacies since September 2015 and complement the measures available to meet specific needs.

- *b) Organisation of syringe distribution*

The supply of injection equipment is provided by various actors:

- CAARUDs and CSAPAs, which provide distribution on their premises, in mobile units where appropriate, but also via automatic distribution machines and via a network of partner pharmacies and via the Remote Syringe Exchange Program.
- Pharmacies that sell injection kits (Kit Exper' pharmaceutique, Stéribox+®).
- The managers of automatic distribution machines, such as associations and local authorities, who make prevention kits such as the Kit Exper' Associatif or Kit+ available to drug users via these machines.

[2] CeGIDD: free information, screening and diagnosis centres on human immunodeficiency virus infection, viral hepatitis and infections.
[3] CPEF: Family planning and education centres, EICCF: Family information, counselling and advice centres.

- The postal Needle and Syringe Exchange Programme coordinated by the SAFE association, which offers free personalised delivery of consumption materials. SAFE also offers syringe distribution via automatic distribution machines.
- Harm reduction associations that are not CAARUDs (professionals in festive settings, prostitution, non-CAARUD AIDES branches).

On 1 October 2022, Kit+ (community distribution) and Steribox (sold in pharmacies) were replaced by new prevention kits known as “Kit Exper’”. (Find out more in “New developments”).

The Kit Exper’ and Steribox+ 1 ml or 2 ml ranges benefit from the Government funding, and the Kit Exper’ associatif and Kit+ 1 ml or 2 ml ranges are available free of charge from harm reduction associations and facilities or automatic distribution machines.

Harm reduction automatic distribution machines distributing syringes are making an important contribution to the prevention of viral and bacterial infections among drug users, and they are also contributing towards the collection of used syringes, and therefore public health. To preserve this scheme, the national health directorate has entrusted SAFE with the mission of providing all managers of automatic distribution machines with necessary spare parts, and the mission of educating/supporting teams to adapt their machines to the new prevention kits. It decided to carry out these works to modernise the network of automatic distribution machines in three phases, between November 2022 and the start of April 2023 (Direction générale de la santé 2024).

A study was carried out in 2023 to develop a method for analysing the psychoactive substances present in the residue in used syringes collected in Paris by the ESCAPE network (European Syringe Collection and Analysis Project Enterprise), in the context of the public health concerns associated with the risk of overdose and the spread of infectious diseases. It will thus eventually enable the systemisation of the search for information on the nature of the substances injected by injecting drug users (Dugues, 2024).

- *c) Distribution of equipment and drug use paraphernalia*

Type of equipment	routinely available	often available, but not routinely	rarely available, available in limited number of settings	equipment not made available	information known
pads to disinfect the skin	X				
dry wipes	X				
water for dissolving drugs	X				
sterile mixing containers	X				
filters	X				
citric/ascorbic acid	X				
bleach				X except in prison	
condoms	X				
lubricants	X				

low dead-space syringes	X				
HIV home testing kits	X				
non-injecting paraphernalia: foil, pipes, straws	X				
List of specialist referral services: e.g. drug treatment; HIV, HCV, STI testing and treatment	X				

- *d) Naloxone distribution programme*

Currently two specialities are marketed in France:

- Prenoxad® intramuscular naloxone kits (0.91 mg/ml) are commercialised since June 2019. The Prenoxad® kit is available in pharmacies for 23 euros and in specialised facilities. This kit, whereby 65% can be reimbursed when prescribed, can also be purchased without a prescription.
- The Nyxoid® nasal spray kit, indicated for use in adolescents aged 14 and over and adults, has been available on the market since September 2021. The kit contains 2 single-dose vials of 0.1 ml. Each nasal spray delivers 1.8 mg of naloxone. Nyxoid® is available in health care institutions, CSAPAs and CAARUDs. The box of 2 vials costs €31.40 and is reimbursed at 65%. Nyxoid® is subject to mandatory medical prescription, whereas nasal naloxone 0.9 mg per unit, available in France until November 2020, was not subject to medical prescription.

The Prenoxad® and Nyxoid® kits are delivered free of charge to those at risk in the following facilities:

- CSAPA specialised drug treatment centres
- CAARUD harm reduction facilities
- in hospitals (upon discharge from the addiction or emergency room department)
- Prison Health Units for users being released from prison
- mobile care teams for people in precarious situations or suffering social exclusion, managed by associations.

In June 2020, the Ministry of Health published information and training materials on opioid overdose (updated in 2022): memos, posters, flyers for the public and health professionals (Ministère de la Santé et de la Prévention 2022). The government also supports an inter-association online training course called "*Une heure pour apprendre à sauver une vie*" or "One hour to learn how to save a life" (www.naloxone.fr).

- *e)* Supervised drug consumption facilities

Following the publication in 2021 of the INSERM evaluation report on the two DCRs opened as part of the experiment launched in 2016 (INSERM 2021), the regulatory context for DCRs has changed. Law No. 2021-1754 of 23 December 2021 on the financing of social security for 2022 extends the experiment until December 2025 in order to allow them to be opened in new territories where the experiment could be of interest. It has also added the "access to care" orientation to their characterisation. DCRs are evolving into HSAs ("*haltes soins addiction*" or addiction care centres). The HSAs are spaces for harm reduction through supervised use and orientation towards a physical and psychological health pathway adapted to the situation of drug users. They can be opened in CSAPAs

and CAARUDs and can take the form of mobile units. The specifications for the HSAs are national and are set out in an order (order of 26 January 2022 approving the national specifications for addiction care centres). The implementation of HSAs is entrusted to CSAPAs and CAARUDs. The general objectives of HSAs are:

- To help reduce the risk of overdose, infection and other complications of drug use among active drug users by providing safe conditions for drug use and sterile and/or single-use personal equipment;
- To help to bring drug users and diverted drug users into a health pathway
- To contribute to improving users' access to rights, social services and accommodation or housing;
- To help reduce public nuisance, including the presence of injection equipment in the public sphere.

The HSAs must be part of a network of partnerships with medico-social and health facilities in order to strengthen referral and medico-psycho-social treatment, particularly psychiatric treatment.

- *f) Harm reduction measures on release from prison*

See paragraph c) of section T1.5.3 of the 2017 'HHR' workbook and also section T1.3.2 of the 2022 'Prison' workbook.

- *g) Hepatitis B vaccination and vaccination campaigns targeted at drug users*

As for the prevention of hepatitis B, the vaccination of all infants has been obligatory since January 2018. This measure was included in the 2018-2022 National Health Strategy (Ministère des Solidarités et de la Santé 2017). The hepatitis B vaccine is provided free of charge by CeGIDD (free information, screening and diagnosis centre) and CSAPAs. This vaccine is 65% reimbursed by the National Health Insurance Fund (*Assurance maladie*) as part of a general care system.

- *h) Infectious diseases treatment and care*

Since 2019, a patient-specific care pathway has been possible for hepatitis C. The simplified management allows for an optimisation of the time between screening and treatment. A number of CSAPAs offer advanced hepatology consultations (to ensure the assessment of hepatitis C, the introduction of treatment and follow-up) and expert services for combatting viral hepatitis carry out "external" duties. (See paragraph h) of section T1.5.3 of the 2021 'HHR' Workbook).

- *i) Sexual health counselling & advice, condom distribution*

Preventing sexual risks through a comprehensive sexual health approach is at the heart of CeGIDD's mission. Condom distribution is one of CAARUD's and CSAPA's harm reduction goals.

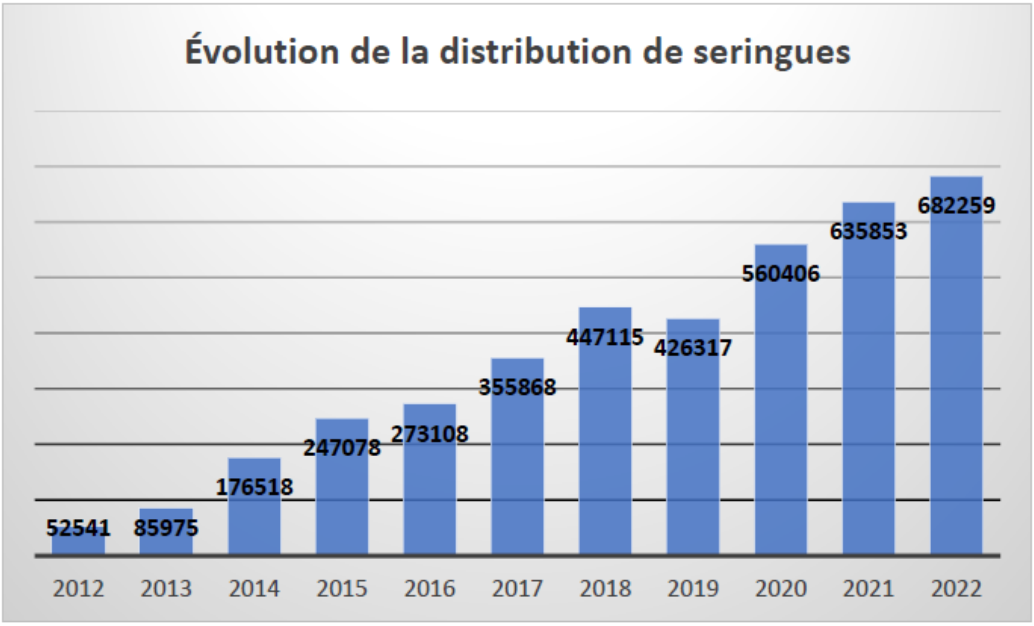
T1.5.4. Trends: Please comment on current trends regarding harm reduction service provision (suggested title: Harm reduction services: availability, access and trends)
Trends: Syringe trends: Please comment on the possible explanations of short term (5 years) and long term trends in the numbers of syringes distributed to injecting drug users, including any relevant information on changes in specific sub-groups, and changes in route of administration.

Harm reduction services: availability, access and trends

Distribution of syringes

The exhaustive number of syringes distributed in France is unknown. As shown in section T1.5.3.b, one of the actors ensuring the distribution of injecting equipment is the association SAFE, via post or automatic distribution machine. According to SAFE's 2022 activity report (Association SAFE 2022), the distribution of syringes by post has increased by 7% in comparison with 2021.

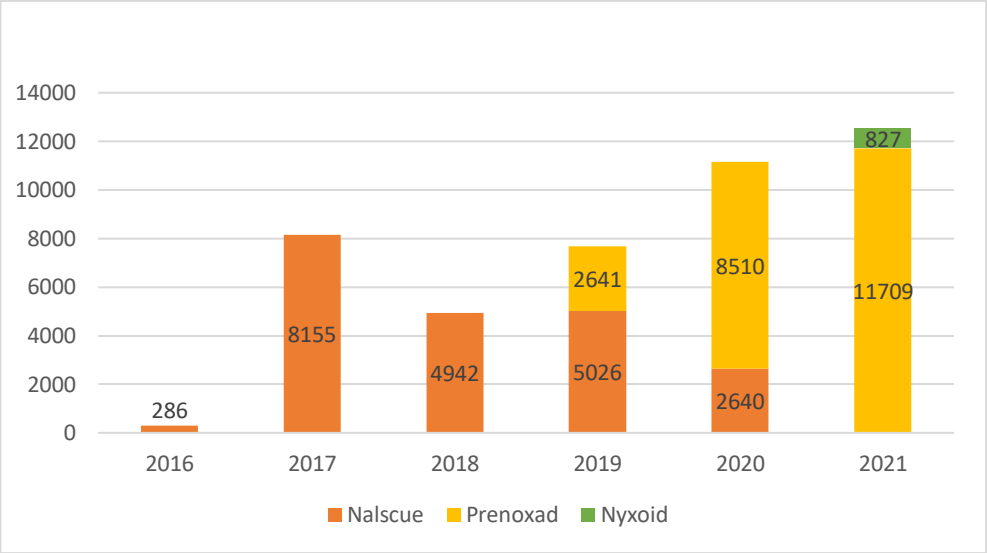
Increase in the distribution of syringes by post by the harm reduction association SAFE from 2012 to 2022. Figure reproduced from SAFE's 2022 activity report



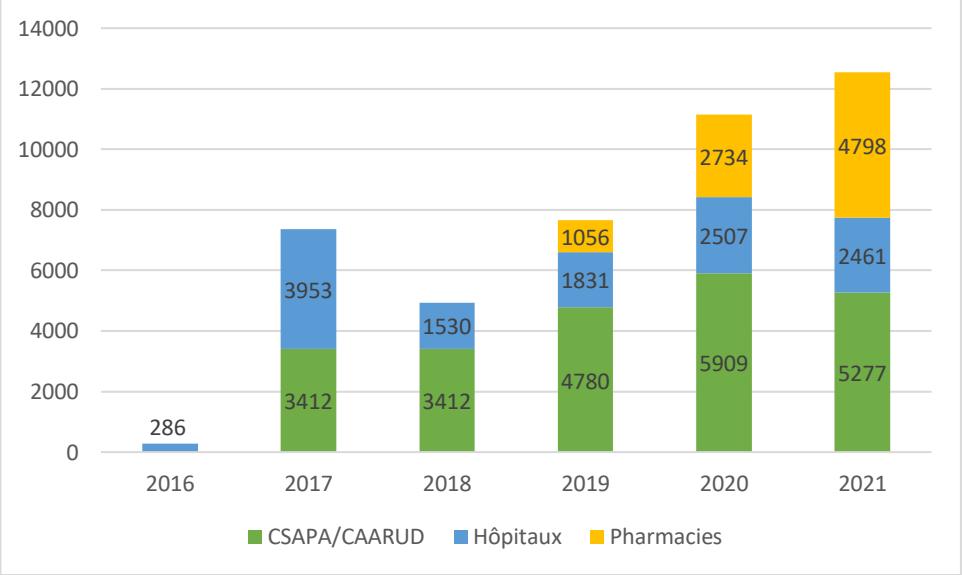
Naloxone sales

According to the laboratory sales data for the different forms of naloxone sold in France, 45 000 naloxone kits were ordered by CSAPA, CAARUD, hospitals, and pharmacies, taking into account that Nalscue® has not been available since November 2020, Prenoxad® has been available since June 2019, and Nyxoid® since September 2021. Orders are primarily placed by CSAPA/CAARUD and hospitals.

Change in naloxone orders by form from 2016 to 2021



Change in naloxone orders by facility type



Source: Sales data for Indivior (Nalscue®) laboratory, Ethypharm (Prenoxad®) laboratory, Mundipharm (Nyxoid®) laboratory, processed by the OFDT (Ndiaye 2023)

Product analysis as part of harm reduction (drug checking) - See description in further information

The total number of drug analyses carried out in France as part of the drug checking is unknown. The number of analyses carried out by the "*Analyse ton Prod'*" network in France was 2 126 in 2022 and 2 704 in 2023. It is however worth noting that this figure does not take into account the results of analyses carried out using an infrared spectrometer, or certain associations who did not have access to the database (Source: XBT databases processed by Fédération Addiction).

T1.5.5. ***Optional****. Please provide any additional information you feel is important to understand harm reduction activities within your country. Information on services outside the categories of the 'treatment system map' may be relevant here (e.g. services in pharmacies/dedicated to HIV/AIDS, primary health care system/GPs, or other sites and facilities providing testing of infectious diseases to significant number of people who use drugs, or drugs/outreach activities not covered above) (suggested title: Additional information on harm reduction activities)*

T1.6. Targeted interventions for other drug-related health harms

The purpose of this section is to provide information on any other relevant targeted responses to drug-related health harms

T1.6.1. ***Optional****. Please provide additional information on any other relevant targeted health interventions for drug-related health harms (suggested title: Targeted interventions for other drug-related health harms)*

- The instruction of 12 May 2023, issued to prefects by the Ministry of National Education and Youth, guides government intervention on party gatherings and confirms the appointment of "party gathering" mediators in each department: they work in tandem with the prefectures and the departmental services of youth, engagement, and sports. Their mission is to support event organisers in their safety, prevention, and harm reduction efforts. For example, they facilitate the cooperation between event organisers and associations offering harm reduction measures in the department, whether they be CSAPA, CAARUD, collectives, or community health associations.
- Instruction no. 170 of 23 October 2023 reports the exhaustive regional allocations for medico-social facilities and services (ESMS) treating those facing specific problems for 2023, in both CSAPA and CAARUD. It aimed to strengthen systems and create places in 2023. The amount to be allocated for the reinforcement of addictology structures in ARSs that have reported the need for new measures in 2023 was €5 707 673.
- The decree of 28 December 2023 helped to sustain "participatory" health care centres, or the network of micro-structures (see section T.1.2.1 of the Treatment WB and section T3.1 of the Legal Framework WB).

T1.7. Quality assurance of harm reduction services

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

T1.7.1. ***Optional****. Please provide an overview of the main harm reduction quality assurance standards, guidelines and targets within your country (suggested title: Quality assurance for harm reduction services)*

The Ministry of Solidarity and Health has developed a list of risk and harm reduction material which provides an overview of harm reduction tools which are known to be effective and acceptable (Direction générale de la santé 2020).

In 2022, the French National Authority for Health (HAS) updated their recommendations for best practices for addiction prevention and risk and harm reduction in Social and medico-social establishments and services (ESSMS) (HAS 2022). These recommendations are aimed at professionals in ESSMS and their partners, while taking into account the specificities of different sectors such as the elderly, people with disabilities, child protection, and social inclusion. These recommendations aim to prevent or delay the development of addictive behaviours and reduce the risks associated with them. They encourage raising awareness and informing drug users, and training professionals to improve support and take action with the loved ones around them. It is also essential to guide people towards specialised resources and tailor personalised support projects.

T1.7.2. ***Optional****. Please comment on the possible explanations of long term trends and short term trends in any other drug related harms data that you consider important (suggested title: Additional information on any other drug related harms data)*

T2. Trends Not relevant in this section. Included above.

T3. New developments

The purpose of this section is to provide information on any notable or topical developments observed in drug related harms and harm reduction 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 related deaths and emergencies in your country since your last report (suggested title: New developments in drug-related deaths and emergencies)

See T1

T3.2. Please report on any notable new or topical developments observed in drug related infectious diseases in your country since your last report (suggested title: New developments in drug-related infectious diseases)

See T1

T3.3. Please report on any notable new or topical developments observed in harm reduction interventions in your country since your last report (suggested title: New developments in harm reduction interventions)

New developments in harm reduction interventions: distribution of kits

On 1 October 2022, Kit+ (community distribution) and Steribox (sold in pharmacies) were replaced by new prevention kits known as “Kit Exper’”. There are two versions of these kits available: a 1 ml “Kit Exper’” for two injections, and a 2 ml “Kit Exper’” for a single injection. The preservatives and alcohol wipes provided in the previous kits have been removed. The syringes and water ampoules are identical, and the kits will now include a hygienic cleansing wipe for hands and the injection site. A new larger model of the cup with a plastic sleeve is provided, as well as a 0.2 µ membrane filter, in addition to the standard filter which is always available in the kit.

T4. Additional information

The purpose of this section is to provide additional information important to drug related harms and harm reduction in your country that has not been provided elsewhere.

T4.1. ***Optional****. Please describe any important sources of information, specific studies or data on drug related harms and harm reduction, that are not covered as part of the routine monitoring. Where possible, please provide published literature references and/or links (suggested title: Additional Sources of Information.)*

Additional harm reduction activity: drug analysis as part of drug checking

Drug testing allows users of psychoactive substances to learn about the composition of their product by having it analysed. This service enables people to become informed, make choices based on reliable information and thus better protect and improve their health.

There are two programs offering drug analysis as part of drug checking:

- The network formerly supported by *Médecins du Monde*'s XBT mission that is now called “*Analyse Ton Prod*” (Analyse Your Product). Led by *Fédération Addiction*, its aim is to coordinate and support actors who want to set up a harm reduction scheme.
- Drug Lab, supported by the bus 31/32 association.

Both are part of TEDI (Trans European Drug Information), a network of European organisations offering drug analysis as a harm reduction tool.

T4.2. ***Optional****. Please use this section to describe any aspect of drug related harms and harm reduction that the NFP value as important that has not been covered in the specific questions above. This may be an elaboration of a component of drug related harms and harm reduction outlined above or a new area of specific importance for your country (suggested title: Further Aspects of Drug-Related Harms and Harm Reduction)*

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 (including references to reports and grey literature) for the information provided above (suggested title: Sources)

DRD: Please describe the monitoring system to complement ST5/ST6 (clarify source GMR, SR, other; coverage; ICD coding; underestimation; underreporting and other limitations).

Emergencies: please provide the case definition for reporting drug-related emergencies and, if applicable, an overview of the monitoring system in place and important contextual information, such as geographical coverage of data, type of setting, case-inclusion criteria and data source (study or record extraction methodology).

DRID: Please describe the national surveillance approach for monitoring infectious diseases among PWID. Please describe the methodology of your routine monitoring system for the prevalence of infectious diseases among PWID as well as studies out of the routine monitoring system (ad-hoc). Be sure that in your description you include all necessary information for the correct interpretation of the reported data, i.e.: clarify current sources, ad-hoc and/or regular studies and routine monitoring, settings, methodology of major studies. Representativeness and limitations of the results.

Harm Reduction: Please describe national or local harm reduction monitoring approaches and data flow, incl. syringe monitoring. *Where possible, provide any contextual information helpful to understand the information on needle and syringe programmes, drug consumption rooms and take-home naloxone programmes reported in ST 10 "Harm Reduction". Such context can be: statutory evaluation requirements, reports to funding bodies, research projects.*

Provide references of policy documents relevant to the reduction of drug-related health harm.

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

Drug-related deaths

The National registry of causes of death

The census of causes of death has existed in France since 1968. It is based on the death certificate issued by the doctor who pronounced the death. Death certification is mandatory in France. It is therefore a comprehensive register.

Annual statistics of causes of death are carried out by the Epidemiology Centre on Medical Causes of Death (CépiDc) of the National Institute for Health and Medical Research (INSERM) according to an internationally standardised procedure. The coding of causes of death is based on the 10th revision of the International Classification of Diseases (ICD10). Due to the infrequent use of the T code in France, direct drug-related deaths (DRD) are extracted from this registry by using an adaptation of the EMCDDA B selection: only codes X42, X62, Y12, F11, F12, F14, F15, F16 and F19 are retained.

There is an underestimation of DRDs in this registry. This is partly due to the fact that the results of forensic investigations are not always transmitted to the CépiDC, which does not allow the temporary code "causes unknown or ill-defined" initially assigned to them to be changed. The introduction in 2018 of an additional medical section transmitted directly to the CépiDC by the doctor who carried out the medical or scientific research into the causes of death or the forensic autopsy should make it possible to improve the quality of the data, if it is effectively used Conversely, there may be false positives. Indeed, deaths by morphine overdose occurring in persons over 50 in a palliative care context, may appear as deaths of drug users. Also, data for year N are only available in year N+2 at the earliest and the registry is not very informative about the substances involved.

The Specific Registers DRAMES and DTA

The 2 surveys records deaths that have been the subject of a judicial investigation and of a request for toxicological analysis and/or autopsy as part of the search for the cause of death. The analyses are carried out at the at the Public Prosecutor's request. The deaths are notified to the ANSM and to the CEIP- A in Grenoble by volunteer toxicologist analysts throughout France, the number of which varies according to the year.

- **DRAMES: Drug and Substance Abuse-related Deaths**

Set up in 2002, the survey includes substance abuse-related deaths that meet the EMCDDA definition of direct drug-related deaths. Suicide deaths are excluded. The investigation aims to describe the circumstances in which the body was found, the stage of abuse at the time of death and the results of the autopsy, as well as to identify and quantify the substances involved by means of blood tests. The DRAMES register is not exhaustive.

- **DTA: Analgesia-poisoning deaths**

Introduced in 2013, this survey includes cases of death related to analgesic drug use. For these cases to be included, death must be attributed to one of the following substances: acetylsalicylic acid, buprenorphine, codeine, dextropropoxyphene, dihydrocodeine, fentanyl, hydromorphone, ketamine, morphine, nalbuphine, nefopam, oxycodone, paracetamol, pethidine, pregabalin or tramadol. Deaths occurring in a context of substance abuse and drug addiction are excluded, and those occurring in the context of suicide are included. The DTA register is not exhaustive.

The cases included in the DTA register (apart from those involving salicylic acid and paracetamol) added to those of DRAMES correspond to the deaths of the EMCDDA B selection.

<u>Drug use-related hospital emergency presentations</u>

Oscour® network: Coordinated hospital emergency presentation monitoring network

Santé publique France, SpF (French Public Health Agency)

Data collection is based on the direct extraction of anonymous information, taken from the patient's electronic medical record compiled during their visit to the emergency room. Sociodemographic (gender, age, department of abode), administrative and medical (main diagnosis, associated diagnoses, degree of severity, patient's destination after visiting the emergency room) variables are thus collected). In 2021, the surveillance network covered 93.3% of emergency department visits in the country.

Presentations to the emergency room in connection with drug use-related poisoning cover main diagnoses with EMCDDA selection B ICD codes (F11, F12, F14, F15, F16, F19, X42, X62, Y12, T40, T43.6).

Harm reduction

ASA-CAARUD: National analysis of the CAARUD standardised annual activity reports

French Monitoring Centre for Drugs and Drug Addiction (OFDT) / National Health Directorate (DGS)

Each year, the facilities send the National Health Directorate (DGS) and Regional Health Agencies (ARS) a standard activity report; these are then sent to the OFDT for analysis. The data collected make it possible to monitor the activity of the scheme since 2008. These data shed light on issues relating to geographical coverage, the allocated resources and access to CAARUDs. The information collected and analysed by the OFDT also enables the characteristics of the populations visiting harm reduction facilities and the activities of the professionals involved to be examined. Lastly, the ASA-CAARUD questionnaire offered to the facilities aims to document the distribution of injection and snorting materials, together with harm reduction resources for inhalation and the prevention of sexually transmitted infections. The questionnaire is based on a shared approach, initiated by the French Association for Drug Use-related Harm Reduction (AFR), in partnership with the OFDT and the health authorities.

SIAMOIS: System of information on the accessibility of injection equipment and substitution products

Group for the Production and Elaboration of Statistics (GERS)

This database was designed in 1996 to follow trends in access to the sterile injection material available in pharmacies, and trends in opioid substitution medications at local level. No data are available from 2012 to 2015, but only from 2016.

VIH/sida and viral hepatitis (Hepatitis B and C)

Estimates of prevalence levels among drug users were based on data collected within the scope of various surveys:

- The reported prevalence of HIV, HBV and HCV are delivered since 2005 (Palle and Vaissade 2007), these prevalence numbers have been supplied by the RECAP scheme of patients seen in CSAPAs and by surveys of patients seen in low-threshold structures (CAARUDs), particularly ENa-CAARUD surveys.
- The biological prevalence of HIV and HCV, determined using blood samples, were collected from the Coquelicot survey (Jauffret-Roustide *et al.* 2009) conducted in 2004 and 2011.
- Estimates of the national incidence of AIDS, HIV infection and acute hepatitis B infection were also performed.

Système de surveillance VIH/sida

Santé publique France, SpF (French Public Health Agency)

Notification of new AIDS cases has been mandatory since 1986. The new HIV diagnoses were introduced in 2003 [Circulaire DGS/SD5C/SD6A n°2003-60 du 10 février 2003 relative à la mise en œuvre du nouveau dispositif de notification anonymisée des maladies infectieuses à déclaration obligatoire]. HIV data is the combination of biological information from biologists and epidemiological and clinical information from clinical physicians. AIDS notifications, which are anonymised from the outset, are only sent by physicians.

Virological monitoring (Elisa test based on the detection of specific antibodies) is carried out in parallel by the National HIV Reference Centre.

Since April 2016, biologists and clinicians have been required to report their diagnoses online via the e-DO web application (www.e-do.fr). To estimate the actual number of HIV-positive test results, data must be adjusted to take into account under-reporting (around 30%), missing data and reporting delays. As reporting behaviours have changed as a result of the shift from paper to online reporting, the data correction method has had to be adapted. The current method has been applied retrospectively to all cases diagnosed since 2010 in order to analyse temporal developments. This method resulted in a higher number of estimated HIV-positive discoveries than previously produced.

Acute Hepatitis B Monitoring System

Santé publique France, SpF (French Public Health Agency)

Any case of acute hepatitis B that meets the following criteria should be reported: anti-HBc IgM detected for the first time or, if IgM was not tested for, HBsAg and total anti-HBc antibodies demonstrated, in the diagnostic context of acute hepatitis. The collected data help describe the epidemiological profile of infected individuals and to estimate the incidence in France and any changes thereof. To do this, the data coming from reports are corrected for under-reporting, this underestimation being assessed at 85-91% in 2010. They also help assess the impact of the prevention policy by quantifying the spread of the hepatitis B virus.

Barotest 2016

Santé publique France, SpF (French Public Health Agency)

The Health Barometer is a telephone survey, that has been repeated regularly since 1992, by taking a random sample compared to a representative sample of the general metropolitan population aged 15-75, with the aim to monitor the main behaviours, attitudes and perceptions regarding risk taking and the state of health of the population residing in France.

In 2016, infectious diseases was one of the survey's main subjects, including testing for HCV, HBV and HIV throughout life, the HBV vaccination and major high-risk exposures to HCV, HBV and HIV. A virological component called "Barotest" has been linked to the Health Barometer. At the end of the interview, participants over 18 with social coverage were offered free HCV, HBV and HIV testing by taking a sample of their own blood at home on blotting paper (research on anti-HCV antibody, HCV RNA, HBsAg, anti-HIV antibody) (Lydié *et al.* 2018). Nearly four in ten people (39%) who were offered the "Barotest" accepted, i.e. 6 945 people.

Drug users in treatment

ENa-CAARUD: National survey of low-threshold structures (CAARUD)

French Monitoring Centre for Drugs and Drug Addiction (OFDT)

Conducted every two or three years since 2006 in all CAARUDs (on mainland France and in French overseas departments), this survey determines the number of users seen in these structures, the characteristics of these users and their use patterns. Each user who enters into contact with the structure during the survey undergoes a face-to-face interview with someone working at the structure. The questions asked are on use (frequency, administration route, equipment-sharing), screening (HIV, HBV and HCV) and social situation (social coverage, housing, level of education, support from friends and family).

In 2019, 2 735 fully completed questionnaires were included in the analysis (compared to 3 129 in 2015 and 2 905 in 2012). Between 1 and 161 questionnaires per CAARUD (20 on average) are included in the database. The data were adjusted according to the weight of the annual active files of each structure in the national active file of CAARUDs in 2018 (i.e., 65 602 individuals received at the premises and mobile units).

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 2017, approximately 208 000 patients seen in 260 outpatient CSAPAs, 15 residential treatment centres and 3 prison based CSAPAs for an addiction-related issue (alcohol, illicit drugs, psychoactive medicines, behavioural addiction) were included in the survey.

OST review: Annual review of Opioid Substitution Treatment

French Monitoring Centre for Drugs and Drug Addiction (OFDT)

In order to gather the most recent figures on OSTs from different sources and summarise them, OFDT has set up an annual dashboard on this issue.

This is based on complementary sources. The General Sample of Beneficiaries (*Échantillon Généraliste des Bénéficiaires*, EGB), from which data are extracted by the OFDT, provides information on the characteristics of people receiving reimbursements for opiate substitution treatments. Other information systems are used to complete the study of the population receiving OST. These include data on the sale of opiate substitution drugs, naloxone, and declarative data from care structures specialising in the treatment of drug users: results and activity reports from CSAPAs, RECAP, ENa-CAARUD.

European data available from the European Union Drugs Agency (EMCDDA now EUDA) also enable comparisons with other EU countries.

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