



# COMBATING DRUGS AND DRUG ADDICTION GOVERNMENT ACTION PLAN

**2008-2011**



*The Prime Minister*

*Paris, Feb 22, 2008*

**DEAR MR. PRESIDENT,**

*Now that you are starting your new mission, I would like to take this opportunity to clarify the priority objectives that I have decided to assign to the Interministerial Mission for the Fight against Drugs and Drug Addiction.*

*The large number of regular cannabis consumers, the increase in consumption of cocaine and synthetic drugs by young adults, and the announced return of heroin are making many observers of French society worried.*

*Similarly, the increasing prevalence of alcoholic behaviour in teenagers at an increasingly young age and a worrying increase of repeated drunken episodes, are the source of sometimes very serious problems to which public authorities must react.*

*In this context, the Government must implement an ambitious but pragmatic public policy designed to organise the fight against trafficking, the use of illegal drugs, prevention of alcoholism and health care for drug addiction.*

*Your first mission will be to implement decisions made by the Government in the context of this policy as quickly as possible, while maintaining the necessary Inter-Ministerial coordination. In particular, you will strictly implement all provisions of the March 5 2007 law dealing with the fight against drugs.*

*You will then prepare work to be done by the Inter-Ministerial committee that I would like to call together before next summer to evaluate the effects of the 2004-2008 plan and adopt a new action plan.*

*Mr. Etienne APAIRE  
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*One of your main tasks towards this preparation will be to identify means of improving government action in terms of the fight against the use of tobacco, doping, pathological gambling and addiction to medicinal drugs.*

*You will also evaluate operation of the MILDT and recommend means of improving its efficiency.*

*You will work with the Ministries concerned, the INPES (National Institute for Prevention and Health Education) and the Government Information Service, to define the themes of information campaigns about new aspects of government policy.*

*Finally, you will work in close cooperation with my Office on international matters assisted by the General Secretariat of European Affairs and the Ministry of Foreign and European Affairs, to coordinate French positions to be defended within international authorities responsible for the fight against drugs and drug addiction.*

*François FILLON*

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## Introduction

The year 2009 will see the hundredth anniversary of the first international drug conference decided upon and organised by the entire international community in 1909. This date marks the birth of a genuine international drug law intending to fight all forms of use of unauthorised drugs considered as trafficking offences, and simultaneously organising the production and distribution of drugs with undeniable medical applications (essentially morphine and its derivatives) on a world scale.

Many agreements have been made over the years since then to adapt international law to the incessant changes to the world drug landscape; the expanding consumption of cocaine and morphine after First World War, the emergence of a synthetic drug trafficking in the 1970s (amphetamines, hallucinogens, psychotropic drugs diverted from their intended application), the increased consumption of cannabis and heroin in all developed countries starting back in the 1980s.

Our national law itself has changed profoundly over the last forty years so as to face supplies of new substances and transformations of consumption practices : the December 31, 1970 drug law was designed to prevent the expanding use of drugs and provide access to quality treatment through the criminal justice system for dependent users ; a major modernisation of our health laws was achieved in the middle of the 1980s to meet the challenge of tackling the growing HIV / AIDS epidemics and the subsequent, fatal overdoses among users of injectable drugs; additional changes have been made to this legal framework since the beginning of the 2000s , with the August 9 2004 law dealing with public health which encompassed the harm reduction policy , and more recently, the voting of the March 5 2007 law preventing delinquency.

Despite these positive changes, France is now facing new challenges; the consumption of substances such as cannabis is maintained at a much too high level, the extremely fast development in the consumption of both cocaine and ecstasy, the consequences of the increase in teenage binge drinking (a search for deliberate alcoholic exhilaration) on health and public order, or the entrenchment of an underground economy related to trafficking of illegal substances and tobacco. These preoccupying phenomena should lead us to redefine our action priorities in future years within the framework of a new government plan.

### **Public policies implemented up to now have contributed to improving health care of users and substance-dependent persons ...**

Health care for drug, alcohol and tobacco users has improved considerably over the last twenty years. Public agencies offering various levels of addiction treatment service performed by trained and specialized professionals have been set up. This trend has

strengthened recently with the impetus of the 2004-2008 government plan and the 2007-2011 Ministry of Health addiction care and prevention plan. At the same time, the harm reduction policy set up at the end of the 1980s and the legalization of pharmacy syringe sales, providing subsequent access to opiate maintenance treatments spared a large number of lives by reducing the levels of deaths by overdose and HIV contamination in users of injectable drugs. By facilitating access to care for illegal drug users, the inclusion of the harm reduction policy within the general health policy framework has undoubtedly contributed to making a significant and sustained improvement to their health conditions.

**... but they have not succeeded yet in reducing the use of illegal drugs and alcohol abuse, nor in limiting multi-consumption of these products**

The awareness of the harmful effects of such products as cannabis and tobacco and the level of understanding of the health and community risks have increased significantly over the last few years. The use of heroin has even been reduced with the distribution of opiate maintenance treatments, tobacco use has also been cut down due to the cumulative effects of higher cigarettes taxes, total ban on smoking in public places and leisure areas and better quit smoking support.

But the levels of use of other illegal drugs and alcohol abuse have remained high, when they have not significantly increased. Thus, there are now 1.2 million regular users of cannabis, including 550 000 users on a daily basis, most of whom suffer from health, relational, school or professional-related problems. Furthermore, the increase in the number of cocaine users (and also of ecstasy consumers) has doubled over a few years and could cause health care and public order problems.

Finally occasional problems with alcohol overconsumption are reported for more than a third of adults, although the average consumption has dropped. More worrying, the levels of repeated teenage drinking have been increasing in recent years, causing a range of possibly serious complications (coma, violence, road accidents, difficulties in school learning, dependence, etc.).

Cost estimates for drug and alcohol abuse for the community are very high, including health care expenditure and costs associated with interventions reducing drug- or alcohol-related criminality. These increasing levels of consumption are not limited to France; they are being reported in many European countries. Nevertheless, the public policy carried out in France over the last few years has not succeeded in significantly reducing drug use, except for heroin.

One of the reasons suggested is undoubtedly the choice that consisted of focusing the government's attention and action on problematic drug use, particularly in terms of health care, to the detriment of preventing simple use. This view, which is debatable considering scientific data that are now available, could have contributed to encouraging the demand for drugs: admitting that the levels of drug initiation are high and enforcing the law in case of reported damage may have helped weaken the ban on drugs. This statement seems all the more reliable as government policy on the subject has sometimes lacked consistency and clarity.

Another consequence of this choice was to define the concept of "prevention of high-risk behaviours" in reference to sole health education, implicitly limiting other forms of prevention approaches considered to be lower priority.

Finally, the increase in the rate of alcoholic intoxication is partly due to the fact that we have concentrated on the use of illegal drugs only, without paying sufficient attention to risks related to alcohol abuse and its consumption concomitant with other illegal drugs.

**Successes achieved over recent years by tobacco control or road safety policies show that failure is not inevitable and that the use of drugs can be prevented if we give ourselves the means to do so**

Therefore, the persistence of this situation should encourage us to change public policies adopted in recent years on a number of points.

The first step is to reduce first use of illegal drugs. The prevention of alcohol abuse behaviours should also be considered as being a quite independent public health and safety objective. Therefore, the objective is to prevent experimenting with illegal drugs and alcohol abuse whenever possible, particularly at an early age, and to combat attitudes that contribute to making this type of behaviour commonplace, and even accepting it.

This approach assumes that the range of prevention interventions that have traditionally been restricted to health education should be widened to include other forms of action, for illegal drugs and for alcohol abuse.

In all cases, we need to reassert prohibition. For young people, we need to strengthen their knowledge and increase their ability to make evidence-based choices. We need to strengthen adults' and particularly parents' legitimacy as well as their educational capacities, and help them identify use as early as possible. Mobilisation of adults must tend to prevent experimentation through the promotion of a clear policy credible for young people.

This mobilisation of everyone towards prevention requires that we should inform our citizens about the risks caused by illegal drug consumption and alcohol abuse, and reaffirm the legal framework for alcohol consumption and distribution. We need to reaffirm bans and law enforcement, protect the health of our citizens and maintain a cohesive society.

Beyond their educational legitimacy, adults may also be directly concerned by the drug- and alcohol-related issues. This is why we must make efforts to raise their awareness, particularly in workplaces, where 15 to 20% of accidents and non-attendance at work are related to the use of psychoactive products. In this respect, a sustained dialogue between public authorities and social partners appears to be the best way of discussing what is too currently regarded as a taboo subject in our country.

Apart from the prevention of drug use, we need to take better care of dependence and to fight trafficking more efficiently. This is why resources have to be shared and cooperation between countries should be improved, both for research and for the fight against trafficking.

Thus, resolute action in France and across Europe should make a long term reduction to the drug supply, particularly by allowing police forces and the armed forces to cooperate on drug routes, implementing a program for granting immunity to witnesses whose testimony in court could help destroy an entire illegal drug-manufacturing network and contributing to the creation of a control agency for criminal assets.

At the same time, the development of a fundamental and therapeutic research system specialised in addictions, particularly through European exchange programs and cooperation, will help improve care for substance-dependent users.

This system will complement improvements to the health, psychological and social care of persons under court control, the development of care structures and protocols dedicated to new cocaine users and the most vulnerable public, and the adoption of measures that could prevent propagation of hepatitis in drug users.

**Therefore, the main objective of the government plan is to reduce the number of users of illegal products and persons with problem use of alcohol by 2011**

By setting up a pragmatic and balanced policy capable of acting simultaneously on prevention, care, law enforcement and the fight against trafficking, this action plan produced with the assistance of the Ministries and partners involved, is designed to implement the policy of the President of the Republic, firstly to halt the increase in consumption but also to reduce it.

This general policy is based on scientific evidence and the conviction that the law can have pedagogic virtues if enforced properly. It will be evaluated with policy indicators measuring plan achievability for each measure included in the current strategy. Beyond the diversity of questions raised by the drug phenomenon, the large number of ways of considering this big issue, and the paradoxes and oppositions that it raises, there is one single objective: live together while adopting solidarity values. The fact of the matter is that we cannot deal with the problems of prevention, care or the fight against drug trafficking and dependence aside from other countries. Everyone is partly responsible for this concern, and everyone is accountable to others. Forgetting this is implicitly contributing to a broader use of drugs, with their destructuring effects on individuals and on society. Creating a common front, giving vulnerable persons the ability to be more independent, urging everyone to commit depending on their skills, tools and responsibility: these are the ambitions of this plan.

François Fillon

## **THE GOVERNMENT PLAN**

## The main themes of the 2008-2011 government plan

France is fully committed to the balanced approach supported by international and European authorities in the fight against drugs and drug addiction. Consequently, the 193 specific measures in the plan are described in forty-four action sheets on specific topics, organised to provide responses to five major themes of public policy :

- Prevention, communication, information (38 measures)
- Application of the law (41 measures)
- Care, social integration, harm reduction (69 measures)
- Training, observation, research (30 measures)
- International (15 measures)

**Prevention, communication, information** : prevent new consumptions, uses of illegal products and alcohol abuse

The increasingly young age at which children and teenagers become initiated to the different psychoactive substances (11 years old for alcohol, 12 for tobacco, 14-15 for cannabis) is one of the most worrying recent trends. It has been proven that the risks of subsequent dependence increase as the age at which consumption starts reduces. Furthermore, the change to cannabis consumption levels has gradually transformed a marginal phenomenon to an almost normal practice. This is why the priority in terms of prevention must be to prevent persons from starting drug consumption.

This is why the plan recommends that a global prevention policy should be implemented simultaneously including :

- long term information campaigns on the health and legal consequences of consumptions;
- prevention actions in schools, extracurricular and student activities involving teachers and participants from other sectors (health, justice, police force);
- prevention actions aimed at adults, on uses of products and addictive behaviour, to give them confidence in their capability and legitimacy to work among young people, and particularly their children;
- specific prevention actions aimed at professional environments based on an inventory of addictions at work done in cooperation with social partners, considering that almost 20% of accidents and absenteeism problems are related to uses of alcohol, psychotropic drugs or narcotics;
- systematic application of a legal response to the illegal use of drugs, through courses to increase awareness about dangers due to the use of narcotics as allowed for in the March 5 2007 law dealing with the prevention of delinquency;
- in cooperation with everyone concerned (institutions, Members of Parliament, councillors, professionals, associations, manufacturers), measures intended to significantly reduce access to alcoholic drinks for the youngest and the most vulnerable consumers; to prohibit alcohol being offered and sold to minors under 18 years old, measures intended to counter some strategies adopted to capture this vulnerable public, and also actions to increase education on health and to increase awareness about road risks.

**Application of the law** : carry out firm action to significantly reduce the supply of illegal drugs, particularly through mutual assistance and sharing of means of action

Changes in consumptions recorded in France and in Europe are partly the result of a deliberate strategy of powerful transnational criminal organisations. These organisations have taken advantage of globalisation of the economy and opening up of frontiers and have patiently built up diverse and sophisticated transport and distribution networks. In France, illegal growing of cannabis and misappropriation of psychotropic drugs supply the drug market.

The underground economy related to the drugs traffic remains a major obstacle to prevention policies, and many acts of delinquency and violence are associated with it. Despite significant changes in the law, amounts confiscated in the drugs business in France remain very much lower than the results obtained by several of our European neighbours.

The plan proposes a series of specific measures to meet these challenges :

- setting up a multidisciplinary mechanism to analyse risks and anticipate threats, to facilitate fast adaptation of our systems to traffic changes ;
- setting up international structures for operational cooperation. France has defined a riposte strategy based on reinforcement of Inter-Ministerial cooperation and international sharing of intelligence and maritime action resources. France is proposing to create a structure for the Western Mediterranean similar to the MAOC-N system in the Atlantic zone; it will be new in that it will involve cooperation between the European States concerned and the nations on the Mediterranean south shore. The same type of organisation and a regional training centre dedicated to the problem of drugs would also be useful in West Africa, which in recent years has become a crossroads for cocaine trafficking, to complete this system. These measures will be accompanied by strengthening the power of the State at sea to increase the effectiveness of the French Navy's action, and applicable laws will also be modernised ;
- a global strategy including standardising and technical measures designed to intensify the struggle against cannabis trafficking, bearing in mind that an increasing proportion of the supply is derived from illegal crops grown within France. The French monitoring centre for drugs and drug addiction (OFDT) estimates that the internal production of cannabis in France is equal to 32 tonnes per year, which is more than 10% of quantities consumed. Special attention will be paid to the growth in Internet trade and growth in a specialised merchant sector ;
- production of new legal tools and mechanisms for the control of seized money and goods, reinforcement of regional action groups, protection of reformed drug users, and generalisation of the asset-based approach, including between European services.

France would also like to work with European Union Member States and with third party countries to develop bilateral agreements setting down procedures for identifying, seizing, confiscating and even sharing assets originating from drug traffickers.

## **Care, social integration, harm reduction; to intensify and diversify the health and social care of drug users, by targeting exposed and vulnerable populations**

The government plan is complementary to the Ministry of Health 2007-2011 addiction care and prevention plan and confirms the measures defined in it. Its purpose is to strengthen and adapt the prevention, harm reduction, care provided and assistance with integration to match changes in consumption and the needs of users. Its provisions include :

- training in early identification of addictions intended for all health professionals, so that this identification will become a natural reflex ;
- increases in capacities for the accommodation of dependent persons, through a partnership between addiction care, welfare and prevention centres and the social accommodation system, and also through the development of new therapeutic communities ;
- reconciliation and better organisation between players in the medical-social and social fields, in order to facilitate integration of users ;
- an increase in the number of young people welcomed in young consumer consultations by better geographic coverage, networking with other organisations welcoming young people and confirmation of the versatility of these consultations (particularly alcohol and cocaine) in the field. These consultations are aimed at young people and their families, and they can improve the educational capacities of parents faced with this problem ;
- the development of new methods of caring for cocaine users, for which numbers are increasing; good practice reference documentation, medical protocols, experimental programs for the care of consumers in specialised health care centres ;
- prevention actions, actions to improve care of addictions and infectious diseases, assistance with continuity of care and reintegration of prisoners into society. A short and quickly accessed welcome program will be created within existing accommodation structures in each penitentiary region, aimed at persons on their release from prison ;
- measures intended to improve prevention and manage illegal drugs and alcohol for pregnant women; training of professionals, improvement of methods of access to hospitals, medical-social structures and accommodation for women and their children ;
- a reduction in contamination by the hepatitis C virus and better access to treatment for patients, through the use of new diagnosis systems and setting up a local unit specialised in hepatitis in specialised medical-social structures.

## **Training, research, observation**

Development of research is an important part of this plan, because it can help to improve public action and it will make it easier for the different players to adopt shared observations by providing them with methods of making measurements, understanding and taking action that will be helpful for their daily work.

In this respect, the government plan allows for :

- setting up specific calls for bids to incite research on questions related to prevention and early identification of risk uses of drugs, particularly in teenagers and young adults. The most specifically targeted themes include exploration of relations between

the use of illegal and legal drugs and difficulties encountered at school, the consumption of drugs at work, excessive use of alcohol by the young, initialisation of cocaine uses, social harm related to the use and abuse of drugs, problems of precarity and de-integration from society ;

- start studies on some budding or existing phenomena that are underestimated in terms of public health and safety stakes, such as product-free addictions or overconsumption of psychotropic drugs ;
- research for new diagnosis and therapeutic tools for addiction forms that develop and for which there are no satisfactory therapeutic responses (cocaine, crack, alcohol). Public/private partnerships will be envisaged, including sharing of research across Europe ;
- support for research approaches in human and social sciences, based on a clarification of economic, social and cultural forces involved in consumption and abuse behaviours, but also in drug supplies, considering forces involved in the development and transformation of local trafficking and the different forms of illegal markets (trafficking, use of the Internet) or changes to large regulated markets (alcohol, tobacco).

## **International**

International cooperation deserves special attention in a context in which the number of international meetings dedicated to drugs is continuously increasing. The prospect of the French Presidency of the European Union and the evaluation of follow up to the 20<sup>th</sup> extraordinary session of the United Nations General Assembly, will force France to adopt a vigilant coordination policy.

The fight against the supply and trafficking of drugs requires action to be taken at all steps involved in the drug growing, production, transformation and trafficking process, allowing for better sharing of tasks and sharing means for carrying out this fight.

Considering, the changing and unstable nature of the traffic routes used and the fact that it is sometimes difficult to identify them, the 2008-2011 plan proposes to strengthen actions along traffic routes, particularly in West Africa and in the Mediterranean, within the framework of multilateral, European and bilateral cooperation, to counter outlets for cannabis and cocaine in Europe and heroin in Central Europe and the Balkans. For example :

- setting up international platforms for exchange and cooperation in the struggle against trafficking ;
- signature of agreements with the States concerned to simplify control of ships intercepted at sea ;
- reinforcement of international action against misuse of chemical precursors, particularly to Afghanistan.

Progress with the design of approaches to be adopted in the struggle against drugs and care of addictions and implementation of these approaches are not all at the same level in States around the Mediterranean basin. This is why the 2008-2011 plan will reinforce the Mediterranean cooperation area in the fields of research, prevention, therapeutic care and application of the law.

Specifically, three cooperation projects are recommended :

- the motivation to set up a Mediterranean observatory, capable of documenting drug consumption levels and methods, and the associated health and social damage;
- reinforcement of capabilities for caring for users and for fighting drugs by training specialists working in the addictions field;
- setting up a Centre for Coordination of the fight against drugs in the Mediterranean (CeCLAD-M).

**PREVENT, COMMUNICATE, INFORM**

Preventing drug consumption

### **Statement of problem**

Although information about drugs has improved during recent years (61% of French people declared that they were familiar with the problem in 2002 compared with 58% in 1999), the perception of harmfulness of the products is far from being sufficient. Consumption of cannabis remains high and the use of cocaine and heroin has been increasing in recent years. The audiovisual world also seems to contribute to changing how drugs are perceived, by presenting them under a favourable light, or as forming part of the social environment.

For these reasons, work to provide information about drugs and risks associated with their consumption needs to be continued, providing the general public with complete information about all products and developing consistent messages, capable of improving understanding of the legitimacy of the policy adopted by the public authorities.

It is also important to give a boost to the production of prevention means, capable of helping people move away from drugs and change behaviour patterns.

Finally, action aimed at the audiovisual world to increase awareness is essential to change presentation policies.

### **Proposals**

- 1. Implement a communication policy on the harmfulness of products (cannabis, cocaine, ecstasy, heroin, and alcohol).**
- 2. Set up a program for relaying this communication policy in schools about the harmfulness of products, and particularly alcohol.**
- 3. Define an Inter-Ministerial strategy for the prevention of drug consumption that encourages production of relevant action mechanisms and methods.**
- 4. Include a tab on each Ministry home webpage that browsers can use to access a number of resources on drugs, within the competence of each particular Ministry.**
- 5. Work with the CSA to make the audiovisual world aware of the dangers of drugs.**
- 6. Take the opportunity on June 26, the international day chosen to fight the use and trafficking of illegal drugs, to encourage the organisation of national and local events.**

### **AUTHORITIES / PARTNERS CONCERNED**

MILDT, CSA, Ministry of National Education, Ministry of Higher Education and Research, Ministry of Agriculture and Fisheries, Ministry of Health, Youth, Sports and

Associative Life, Ministry of the Interior, Ministry of Defence, Ministry of Justice, Ministry of Labour, Social relations, the Family and Solidarity, Ministry of Housing and Towns, INPES, InVS, INHES, other Ministries involved in the production of an Inter-Ministerial strategy.

Summary of the legal and regulatory framework that controls the consumption of illegal drugs and alcohol

### **Statement of problem**

The legal framework (December 31 1970 law No. 70-1320) applicable to the use of illegal drugs in France includes several levels of sanctions, varying from a reminder about the law to a prison sentence or a therapeutic injunction. However, in practice the 1970 law is not applied very much. Consequently, most cannabis users caught by the police are simply reminded about the law, but this is not very dissuasive against repeated offences and can encourage the belief that use is commonplace.

Regulations on the sale of alcohol designed to protect minors are not well known and are not sufficiently applied.

Therefore, the objective is to prevent the consumption of illegal substances and risk uses of alcohol from becoming commonplace. To achieve this, the public needs to be better informed about laws applicable in France and recent changes to them.

### **Proposals**

- 1. Evaluate the public's knowledge about the legal status of products.**
- 2. Implement an information campaign on laws applicable to consumption and trafficking of psychoactive products, and access to alcohol.**

### **AUTHORITIES / PARTNERS CONCERNED**

MILDT, Ministry of Justice, Ministry of the Interior, Ministry of Housing and Towns, SIG.

Restore legitimacy to adults in their leading role in prevention

### **Statement of problem**

Very many parents feel disoriented faced with problems with the use of illegal products and the consumption of alcohol by their sometimes very young children, and have the feeling that they can no longer legitimately impose educational standards. This problem is part of a more general problem by which parents doubt their educational abilities for subjects in which social pressure is high. A special effort must be made to help them to regain their authority in applying rules.

Their educational skills should be improved to restore their confidence, particularly by providing more and better information aimed at them, and to provide them with reliable markers. Thus, while remaining positive, they will be able to more effectively manage their relations with their children), confirm prohibited behaviours and face the challenges of daily life.

Therefore, the objective is to find adapted means of reaching out to families regardless of their life styles and offering them the necessary resources so that they can receive information, help and support.

### **Proposals**

- 1. Organise plenary meetings on educational capabilities, to determine the principal lines of action and communication with parents.**
- 2. Carry out an information campaign with the general public to restore the legitimacy of adults in their leading role in prevention related to the risks of drug consumption by the young people for whom they are responsible.**
- 3. Create an Internet site offering remote service and help, in addition to existing telephone lines.** This site should offer help to the public to enable contact and fast identification of local structures.
- 4. Mobilise mechanisms contributing to the information campaign** (parental help networks, family information points, family allowance offices, Departmental Unions of Family Associations, Parent Associations).

### **AUTHORITIES / PARTNERS CONCERNED**

MILDT, DATIS, INPES, Ministry of National Education, Ministry of Agriculture and Fisheries, Ministry of Health, Youth, Sports and Associative Life, Ministry of Housing and Towns, Secretary of State for the Family, Parent Associations, National Union of Family Associations, Rural families, National Family Allowance Office, SIG.

Prevent massive alcoholic behaviour of young public and modify the ways in which alcohol is represented

### **Statement of problem**

Changes to alcoholic drink consumption habits of young people have led to health, legal, social and school worries. Some practices such as alcohol consumption in binge drinking, usually in groups and at parties, encourage young people to act in ways that are dangerous for themselves and for others.

In general, young public do not have sufficient clear guidelines about behaviours that they should have towards alcohol. Therefore, the objective is to broadcast information and prevention messages targeted towards young people, but without stigmatising their behaviour.

Furthermore, alcohol regulations are badly known by schools and by some professional work environments.

### **Proposals**

In addition to a communication campaign designed to prevent massive alcoholic behaviour in young people (see sheet 1-1 above) :

- 1. Write an Inter-Ministerial circular addressed to school principals and university deans in order to improve the application of existing regulations governing the supply of alcohol, specifying measures for preventing the sale of alcohol to minors and summarising the ban on any form of sponsorship.**
- 2. Write an Inter-Ministerial instruction about measures for preventing the sale of alcohol to minors and reducing the availability of alcohol (see sheet 2-3 below).**
- 3. Write a charter of good behaviour aimed at catering professionals, drink sellers, shops and the Ministries of National Education, Higher Education, Agriculture and Fisheries, Health, Youth, Sports and Associative Life in order to collectively increase responsibility for protection against alcohol consumption by young persons.**

### **AUTHORITIES / PARTNERS CONCERNED**

Ministry of National Education, Ministry of Higher Education, Ministry of Agriculture and Fisheries, Ministry of Health, Youth, Sports and Associative life, Ministry of Justice, Ministry of Housing and Towns, Conference of University Presidents, Conference of the *Grandes Ecoles*, conference of French Engineering Schools, MILDT, Road Safety and Traffic Directorate.

Implement an appropriate prevention policy in universities and the Grandes Ecoles

### **Statement of problem**

Various recent studies and enquiries on the living conditions of students have identified a form of unease.

Furthermore, a non-negligible proportion of students are exposed to addictions.

This problem of addictions is not sufficiently integrated into school and university projects, and is often not well known to personnel.

Furthermore, the students themselves lack information about the subject and means of providing help.

Finally, except for studies done by student mutual insurance companies that only provide a partial view of the phenomena, there are few epidemiological data about young people and particularly students that could offer a national scientifically validated vision of addictive behaviours of students.

### **Proposals**

- 1. Motivate personnel working in university preventive medicine and health promotion services (SUMPPS) who are in relation with students, by training them about the prevention of addictive behaviours. Make sure that each school or university includes at least one action to prevent addictive behaviour in the student life part of its multi-annual contract between the State and the University.**
- 2. Provide students with general information about the prevention of addictive behaviours dealing with at least alcohol, cannabis, cocaine, the consumption of several products and providing information about help means, in a Student Life section in the student guidebooks or on university Internet sites.**
- 3. Develop study and research programs with the different university players, and particularly epidemiological inquiries that might provide a national vision of the addictive behaviour of students.**

### **AUTHORITIES / PARTNERS CONCERNED**

MILDT, INPES, Ministry of Agriculture and Fisheries, Ministry of Higher Education and Research, Ministry of Health, Youth, Sports and Associative life, Ministry of Housing and Towns, Conference of University Presidents, Conference of the *Grandes Ecoles*, Conference of French Engineering Schools.

Develop a prevention policy at universities offering Bachelor and Master degrees and provide the school community with the necessary tools and resources

### **Statement of problem**

In accordance with the August 9 2004 law, the Ministries of National Education and Agriculture and Fisheries have made education about the prevention of addictive behaviours compulsory, and are carrying out a structured prevention policy throughout the school curriculum that involves supervising and teaching staff.

The effectiveness of this prevention policy was built up within the framework of the April 23 2005 law on guidance and the program for the future of schools, based on the common knowledge and skills platform implemented that includes education on health and the theme of risk behaviours in two of the seven basic policies, namely "social and civic skills" and "independence and initiative". However, management personnel and teachers do not always have the tools and resources that they need to implement a policy to prevent addictive behaviours. This is particularly true because products and methods of consuming alcohol and drugs are changing and cannabis is being consumed by an increasingly young public. It has also been found that prevention actions have not been applied to all education levels and to all students. Finally, the extent and the consistency of these actions are very variable from one school to another, and are usually based on the will of the principal or the Dean.

### **Proposals**

- 1. Produce a guide for primary school teachers about education in health and including a part on the prevention of addictive behaviours, in parallel to what was done for Masters degrees. This guide will target "tobacco, alcohol and cannabis".**
- 2. Modernise the existing secondary school and high school action guide, to include new knowledge and information about products, consumption methods, the early age at which consumption of some psychoactive products such as alcohol, cannabis, and even cocaine starts, and write a special part intended for sections on general and adapted professional education.**
- 3. Set up exchange and cooperation programs between health professionals, instructors and supervision personnel in different countries engaged in the prevention of addictions, specifically targeting supervision personnel.**
- 4. Include a part to prevent addictive behaviours in all school projects, inserting it in the more general health education part. In support of these projects, health and citizenship education committees (CESC) are responsible for defining a program for prevention of addictive behaviours.**

### **AUTHORITIES / PARTNERS CONCERNED**

Ministry of National Education, Ministry of Agriculture and Fisheries, Ministry of Health, Youth, Sports and Associative Life, Ministry of the Interior, Ministry of Housing and Towns.

Train persons working in schools and universities to change the ways in which the different institutions and persons are represented

### **Statement of problem**

The number of cannabis users in France has doubled in recent years. Some of the most severely affected groups are young adults between 18 and 25 years old continuing their studies.

The increase in the consumption of cocaine, synthetic drugs and consumption of several products by young adults is also a subject of major concern for the public authorities.

In general, teachers and administration staff in State schools or farm training schools are not sufficiently aware of the reality of alcohol and illegal drug consumption, the harmfulness of different products and their personal, relational, educational and professional consequences.

Furthermore, this age group includes a number of persons who will participate in prevention and training in the future and who consume cannabis regularly and routinely, in a proportion that is higher than in the population as a whole.

Therefore, the objective is to create a further training system that will allow teaching staff and administrators of undergraduates and Masters students to obtain essential information that they need to go beyond social stereotypes and develop the skills they need to become informed prevention players.

### **Proposals**

- 1. Organise special training for health and social workers, doctors, nurses, social service assistants (school and university education) and develop the skills of teaching staff to enable them to make early diagnoses and offer guidance to students consuming psychoactive substances.**

### **AUTHORITIES / PARTNERS CONCERNED**

MILDT, Ministry of National Education, Ministry of Agriculture and Fisheries, Ministry of Higher Education and Research, Ministry of Health, Youth, Sports and Associative Life, Ministry of Housing and Towns.

Reduce addictive practices in extracurricular activity and sporting event environments

### **Statement of problem**

The continuing increase in the consumption of psychoactive products by the young and by those who supervise them makes it necessary to set up prevention actions for extracurricular activities including sporting events and parties.

In this respect, it is important to reinforce training of personnel and persons in contact with the young (teachers, organisers, managers) and to adopt a preventive approach towards the collective leisure of young people.

### **Proposals**

- 1 **Explain in detail the "prevention of addictive behaviours" skill which forms part of skills required in supervising staff qualification diplomas and training courses** (professional certificates including State diplomas for youth, popular education and sports, Higher State Diplomas and non-professional certificates including the certificate of aptitude for instructor functions).
- 2 **Initiate prevention actions proposed by associations** dealing with youth and popular education, in leisure activities.

### **AUTHORITIES / PARTNERS CONCERNED**

Ministry of Health, Youth, Sports and Associative Life, Ministry of Housing and Towns.

Reduce accidents at work, absenteeism and risks related to the use of alcohol, psychotropic or narcotic drugs

### **Statement of problem**

Several studies agree that almost 15% to 20% of work accidents, absenteeism and conflicts between persons at work are related to the use of alcohol, and psychotropic or narcotic drugs. Up to now, only the consumption of alcohol has been discussed and regulated, and even so its importance is often underestimated except in the transport industry in which the new legal system consisting of the March 5 2007 delinquency prevention law can be extended beyond alcohol. The Attorney General has the power to carry out checks on persons suspected of having consumed drugs, and whose functions can affect transport safety (driving, maintenance of safety systems), to protect the safety of transported persons.

Firstly, since the consumption of psychoactive products falls into the "risks for employee health" category, occupational doctors should perform primary prevention actions for all employees and organizations in the work environment. Beyond this direct prevention with the various persons and organizations concerned, the work environment forms a particularly suitable context for globally carrying out local actions towards the adult population; it provides a means of making persons more aware about risks for themselves, and consequently providing them with knowledge that they can in turn pass on within their family.

Furthermore, since safety in businesses other than transport can be affected by the consumption of psychoactive products, a set of prevention measures should be implemented based on recommendations derived from the January 2007 report produced by the MILDT and the General Labour Directorate, and particularly such that occupational doctors can perform screening if any suspicion arises. Screening, considered as being a way of proving that psychoactive products have been consumed, will help to provide a means of creating a preventive approach while respecting labour law and protecting the private life and rights of personnel.

### **Proposals**

- 1 Organise plenary meetings with all partners concerned by the question of addictive behaviours in a work environment**, based on recommendations originating from the MILDT (General Labour Directorate) report, and from epidemiological studies. These plenary meetings, that will provide an opportunity for debate and mutual enrichment, will be designed to assure that the health and safety consequences of the policy to be promoted on all work personnel, third parties and management, are quite clear.
- 2 Promote screening as one of the tools available to the occupational doctor in his approach towards producing a global prevention policy to protect the health and safety of all personnel and the company.**

### **AUTHORITIES / PARTNERS CONCERNED**

Ministry of Labour, Social Relations, the Family and Solidarity, Ministry of Health, Youth, Sports and Associative Life, Ministry of Agriculture and Fisheries, Ministry of Housing and Towns.

Reduce doping practice in the field of amateur or recreational sport

### **Statement of problem**

A joint finding confirms that practicing sport, even for recreation without any competition or sports event, creates a certain exposure to dope intake, both for minors and for adults.

These types of behaviours can affect health. They also encourage trafficking punished by the law.

At the moment, action and prevention practices are still hindered by contradictory influences of requirements of sport performances and health concerns. Furthermore, not enough supervisors are familiar with the effects of doping behaviour and measures to be taken to prevent such behaviour and to provide care when necessary.

Consequently, a consensus should be found about the need and means for fighting doping behaviours in the particular field of recreational sport, external to competition and sport events.

### **Proposals**

- 1 Reinforce the educational and preventive role of sports supervisors** (networks in regions organised around the advising doctor).
- 2 Provide validated concepts to supervisors and persons contributing to prevention**, so that they can understand how doping behaviour influences addictions.
- 3 Initiate a national doping behaviour prevention program.**

### **AUTHORITIES / PARTNERS CONCERNED**

Secretariat of State to Sports, MILDT, Ministry of the Interior, Ministry of Justice.

Prevent relapses in use and trafficking of drugs among persons under court control

### **Statement of problem**

The problem of addictions as a direct cause of crime is often highlighted, particularly for alcohol. This problem is confirmed by epidemiological studies on the health of persons when they enter prison.

As early as 2000, the recommendations of the Council of Europe included a statement that "*action programs should be set up consisting of teaching delinquents to reflect on the consequences of their criminal behaviour to help them get to know themselves better and control themselves better, to recognise and avoid situations that could lead to a criminal act, while making it possible for them to put pro-social behaviours into practice*".

However, all these members of the public under court control (minors, adults) that are more fragile than others receive less benefit from awareness and prevention actions. Therefore the objectives are to offer innovative work tools to professionals responsible for them and to facilitate re-socialisation of targeted public, while allowing them increased responsibility.

### **Proposals**

- 1 Experiment discussion groups with persons under court control, in addition to individual meetings that are insufficient or inappropriate in some cases.** The objective is to incite discussions among convicts about why they committed a crime, firstly in an attempt to prevent a relapse and secondly, when applicable, the emergence of a request for care.
- 2 Develop specific prevention actions in a global approach towards risks to the public, to get the courts to deal with minors and adults** under court control, preferring regional organisation of projects to prevent risk behaviours initiated by multi-professional teams, involving local institutions and persons in repressive, health care, social, educational sectors, etc. These actions are a priority for the legal protection of minors and particularly for its health policy that is organised by Region and by Department.

### **AUTHORITIES / PARTNERS CONCERNED**

Ministry of Justice, MILDT.

Prevent delinquency related to the use and trafficking of drugs in districts targeted by Town policy as requiring special attention

### **Statement of problem**

In many French towns, young people in difficulty living in districts targeted by Town policy as requiring special attention, are faced with risk situations that are conducive to the use of drugs, medicines, alcohol and the trafficking often associated with them, and therefore delinquency. It is found that various actions carried out in these districts frequently suffer from lack of coordination and insufficient targeting of families.

The objective is to work with local communities, local players and inhabitants, so as to :

- validate and model functional networking strategies capable of giving meaning to the different measures and to help take action on the deep-seated causes of the delinquency phenomena related to the use and trafficking of drugs, for prevention purposes ;
- facilitate implementation of specific measures to support parents, based on protection factors (parent-child attachment; family structure; family culture) and on knowledge (information about products, effects, consumption methods, trafficking, economic and social implications).

### **Proposals**

- 1 Organise a national forum between the different players** (based on systems experimented with in 2007 in districts to which Towns need to give special attention), to highlight good working and coordination practices.
- 2 Produce a brochure on networking** and the specific nature of work with families. Distribute it in districts to which Towns need to pay special attention.
- 3 Implement a targeted communication program aimed at Town Councillors** (guide on illicit products and alcohol, consumption data and risks, the law, prevention and care).

### **AUTHORITIES / PARTNERS CONCERNED**

Ministry of Housing and Towns, DIV, in coordination with decentralised departments of the Ministry of social affairs and the Ministry of Justice, town councillors.

Design information campaigns adapted to the social-cultural context of overseas departments

### **Statement of problem**

Due to the high risk regional environment related to their proximity to the world's leading cocaine production zone, the three French Departments in America are characterised by a worrying consumption of crack with sanitary and social, individual and family consequences.

The Reunion Department, in which rates of alcohol consumption and multi-addictions are high, has a particularly high prevalence of foetal alcohol syndrome (FAS).

Globally, unlike in mainland France, the demographic situation of DOMs is such that there is a high proportion of young people that should be taken into account in an appropriate manner in prevention messages.

Furthermore, linguistic practices and the cultural specificities of these Departments require a special presentation of national campaigns so that the public in these Departments will feel specifically targeted and will better understand the messages.

### **Proposals**

- 1 Perform communication actions for Overseas Departments including epidemiological data and allowing for the specific cultural nature of the targeted public.**
- 2 Encourage local initiatives aimed specifically at crack, alcohol, cannabis and multiple addictions, aimed at the work environment, schools and pregnant and nursing women (emphasizing risks related to alcohol and tobacco), and support setting up a communication plan on crack in Guyana.**

### **AUTHORITIES / PARTNERS CONCERNED**

MILDT, INPES, Secretariat of State for Overseas (SEOM), Ministry of Health, Youth, Sports and Associative Life, Ministry of National Education, Ministry of Agriculture and Fisheries.

Inform foreign residents staying in France about applicable drug legislation

### **Statement of problem**

Legislation on drugs is different in different countries and travellers are not necessarily well informed about what is prohibited in France and applicable sanctions. It is worth organising a communication on this theme for prevention purposes. Considering their position at major crossroads (particularly ports and airports), customs services are in a good position to inform passengers about the nature of substances classified as narcotics and that applicable rules for consumption and trafficking of these products must be respected.

### **Proposals**

- 1 Provide information to passengers** on appropriate Internet sites and in the form of a brochure to be distributed with the support of airport and port authorities, airlines and shipping companies, and travel agencies.

### **AUTHORITIES / PARTNERS CONCERNED**

MILDT, Ministry of Budget, Ministry of the Interior, Ministry of Foreign and European Affairs, Ministry of Health, Youth, Sports and Associative Life.

**APPLY THE LAW**

Fight against trafficking by developing innovative investigation and action means and methods

### **Statement of problem**

Traffickers demonstrate great ingenuity backed up by considerable financial means, to circumvent obstacles set up through actions taken by services responsible for the fight against trafficking. They are quite familiar with the tools and methods used by these services for inspection and investigation, and they continuously review their routes and products and their operating methods. Dissimulation techniques, transport methods and communication means (satellite telephony, email messages, partitioning of networks) change very quickly, exploiting the many possibilities available with new technologies. This capacity for adaptation partly explains the small number of seizures considering the quantities that are transported and the profits generated.

Faced with these highly organised networks, it appears crucial to improve the information system about emerging threats, so as to enable a fast and relevant response by the different players concerned, the leaders of which are services responsible for the fight against trafficking.

Coordination of actions undertaken by the different services responsible for application of the law could be improved if these actions were an integral part of Departmental drug and drug addiction plans. Finally, promising new technologies could be better used. Admittedly, significant progress has been made in terms of telephony, geopositioning and sound systems, but also infiltration and management of human sources. On the other hand, calling upon reformed addicts for assistance, which has demonstrated its worth in other countries, cannot be developed unless proper protection is provided for them. Criminal analysis can be further developed, together with means of identifying channels by the analysis of seized products (profiling). Some promising technologies for checking and interception of vehicles need to be developed, to make it easier to find drugs and arrest people who are carrying them.

### **Proposals**

- 1 Set up a system for sharing analyses about the state of the threat,** particularly based on the network of embassies for distribution to all institutions concerned, to provide simple, reliable and relevant information about current realities and emerging trends in terms of trafficking.
- 2 Develop departmental plans to combat local trafficking,** in the context of the "application of the law" part of Departmental drug and drug addiction plans. A special effort must be made for approaches to schools, based on a safety diagnostic shared between the police and the national education system.
- 3 Study setting up an effective Inter-Ministerial system responsible for the protection of reformed drug users.**
- 4 Propose a plan for sharing protection systems for reformed drug users, to our European partners.**
- 5 Modernise the OSIRIS statistical database on the use and trafficking of drugs,** and make the OSIRIS database and the ARIANE court information processing project being set up mutually compatible.

- 6 Develop profiling of cocaine and heroin**, particularly by harmonising methods used by the scientific laboratories concerned.
- 7 Adapt equipment means used by services responsible for application of the law and develop new technologies.**

#### **AUTHORITIES / PARTNERS CONCERNED**

Ministry of the Interior, Ministry of Defence, Ministry of the Budget, Ministry of the Economy, Industry and Employment, Ministry of Justice, Ministry of Foreign and European Affairs.

Fight against cyber criminality intended to promote the use of drugs or facilitate trafficking

### **Statement of problem**

The Internet network is a potential vector for trafficking of chemical precursors of drugs, narcotics, psychotropic and doping products, tobacco and alcohol or laundering of dirty money.

Many foreign and French Internet sites promote the use of cannabis, sell equipment intended for growing cannabis, cannabis seeds, hallucinogenic plants or products presented as having narcotic properties.

Cyber-criminals exploit some legal loopholes and / or means that Internet network surveillance services are incapable of preventing.

### **Proposals**

- 1 Adapt legal tools and technical means for use by surveillance and investigation services** (for example the use of pseudonyms, infiltration of networks, solutions to traceability problems at WiFi access points, etc.).
- 2 Provide magistrates and investigation services with a guide** listing legal and technical tools to repress the presentation of narcotics under a favourable light and incitation on Internet towards the use of narcotics.
- 3 Notify Internet players** (access providers, search engine managers, host sites and site publishers, secure payment companies) within France and across Europe, that legislation prohibiting the promotion of production, trade or the use of drugs must be obeyed.

### **AUTHORITIES / PARTNERS CONCERNED**

Ministry of the Interior, Ministry of the Budget, Ministry of Justice, Ministry of Defence, Ministry of the Economy, Industry and Employment, Ministry of Foreign and European Affairs.

Fight massive alcoholism phenomena amongst the youth

### **Statement of problem**

Although the consumption of alcohol per inhabitant in France is continuing to drop, worrying phenomena of mass alcoholism are now observed. This new consumption habit is known in the United Kingdom as binge drinking, and essentially affects the young. Health damage and the consequences in terms of public disorder are particularly serious, and make it necessary to adopt measures to protect the young, by prohibition and by providing medical care.

### **Proposals**

- 1 Prohibit the supply and sale of any alcoholic drink to minors under 18 years old in public places**, accompanied by an information campaign and an obligation to display the ban.
- 2 Prohibit the sale and supply of alcoholic drinks in all-you-can-drink offers for a fixed fee.** This ban will be aimed particularly at open bars (paid entry and then all-you-can-drink).
- 3 Send a reminder to local councillors in an Inter-Ministerial circular about the regulations applicable for Saint days (village fêtes).**
- 4 Set up a permanent system to ban alcohol consumption on the public highway and around the approaches to schools.**
- 5 Initiate work to simplify the law on the sale of drinks.** The purpose is to bring the law on the sale of drinks up to date, making it more understandable and easier to implement.

### **AUTHORITIES / PARTNERS CONCERNED**

MILDT, Ministry of Health, Youth, Sports and Associative Life, Ministry of Justice, Ministry of the Interior, Ministry of Defence, Ministry of National Education, Ministry of Agriculture and Fisheries, INPES.

Prevent illegal cultivation of cannabis in France

### **Statement of problem**

The consumption of cannabis in our country is reaching a worrying level. Cannabis is usually imported, but different information sources suggest that a non-negligible part of cannabis consumed is now produced inside France itself. The phenomenon is encouraged by the free circulation of seeds and production equipment, and the proliferation of shops and Internet sites specialised in "cannabiculture (cannabis cultivation)". According to the OFDT, there are now 200 000 "cannabis growers" in France<sup>1</sup>.

At the present time, although seizures are becoming more frequent, they are still not very significant. Nevertheless, once the product is available within the country, the results also depend particularly on choices about how to organise controls and allocate means, and the methods used. At the moment, the administrations responsible for the fight against drugs do not have sufficient legal and technical means to face this new challenge.

### **Proposals**

- 1 Clarify regulations concerning the trade of cannabis seeds** in order to combat trafficking and to have better control over the trade of authorised varieties (article R. 5132-86 in the Public Health Code).
- 2 Provide investigation services with innovative detection means** (infrared instruments, Detection in airline luggage, particle detectors, noise amplifiers, etc.).
- 3 Write a guide for detection** of clandestine production installations **and provide information** to services responsible for application of the law.

### **AUTHORITIES / PARTNERS CONCERNED**

MILDT, Ministry of the Interior, Ministry of Defence, Ministry of Budget, Ministry of Health, Youth, Sports and Associative Life, Ministry of Justice, Ministry of Agriculture and Fisheries.

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<sup>1</sup> Source: OFDT (Observatoire français des drogues et des toxicomanies - French monitoring centre for drugs and drug addiction), *Cannabis, Données Essentielles*, 2007 (Cannabis, Essential Data, 2007), available on the Documentation française website.

Fight against trafficking of chemical drug precursors

### **Statement of problem**

Except for products that exist in the natural state, such as cannabis plants or hallucinogenic mushrooms, most drugs require the use of chemical products for extraction or synthesis. Consequently, the diverted use of chemicals for manufacturing of drugs (precursors) is a prerequisite for criminal organisations.

The control over international movements of chemical precursors for drugs provides some control over their misuse from legal trade. In France, the MNCPC (*Mission Nationale de Contrôle des Précurseurs Chimiques de drogues - National Mission for Control over Chemical Drug Precursors*) is responsible for this task. Customs and police also contribute, particularly in the fight against trafficking of precursors. However, existing systems and available technical means do not yet seem sufficiently adapted to the challenges.

### **Proposals**

- 1 Adopt the draft law and the new decree to reinforce powers of control and to make sanctions** more severe, in accordance with the three most recent European Community regulations<sup>1</sup>. Thus for example, for category 1 classified substances, customs agents should have powers equivalent to those that they already have for the fight against trafficking of drugs. A customs offence punishable by imprisonment will repress the smuggling of precursors.
- 2 Complete the training system for French control services and magistrates.** The objective is to make personnel more aware about the substances that they might discover, particularly during searches or findings. Another objective is to set up increased awareness actions for magistrates.
- 3 Develop innovative precursor tests** (national action and international cooperation) aimed at services responsible for application of the law.

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<sup>1</sup> R. No. 273/2004 made by the European Parliament and the February 11 2004 Committee meeting, Committee meeting R. No. 111/2005, December 22 2004 and Commission R. No. 1277/2005 July 27 2005

## **AUTHORITIES / PARTNERS CONCERNED**

Ministry of the Economy, Industry and Employment, Ministry of the Budget, Ministry of the Interior, Ministry of Defence, Ministry of Justice, Ministry of Foreign and European Affairs, Ministry of Health, Youth, Sports and Associative Life.

Improve management of the asset-based part in inquiries dealing with trafficking of narcotics

### **Statement of problem**

Trafficking of narcotics generates very large profits that endanger the social equilibrium and cast doubt upon public policies designed to reduce the supply. The increased mobilisation of national means to fight this scourge is not sufficient to slow the increasing number of consumers.

Faced with criminality motivated essentially by the hope for fast and large profits, the sanction system must include a dissuasive financial aspect, otherwise dismantled networks will simply quickly reform to supply the very lucrative drugs market. Despite significant changes in the law, amounts confiscated in France in drug investigations are very much lower than the results obtained by several of our European neighbours.

The creation of new legal tools, mechanisms to facilitate the work of magistrates and investigators, and globalisation of the asset-based approach within France and also between European services, should help to remedy this situation, while contributing to strengthening the State's means.

### **Proposals**

- 1 Improve measures for criminal seizure and confiscation;** adoption of the so-called "Warsmann" law and transposition of all European decisions and directives before the end of 2008.
- 2 Create an Inter-Ministerial structure for the management of seized goods and property.**
- 3 Produce bilateral agreements with third countries, particularly with North African countries,** for mutual recognition of decisions about the confiscation and sharing of criminal assets.
- 4 Reinforce the fight against laundering of drug money; information** to businesses obliged to declare suspicions, the use of risk analysis techniques and international cooperation towards targeted countries.

**5 Reposition GIRs (Regional Action Groups) at the centre of the asset-based part of the fight against drug trafficking** (strengthened by the creation of new GIRs in Overseas Departments and GIR branches in mainland France).

**6 Provide investigators with a new guide about asset-based investigation.**

#### **AUTHORITIES / PARTNERS CONCERNED**

Ministry of Justice, Ministry of the Interior, Ministry of Defence, Ministry of the Budget, Ministry of Foreign and European Affairs.

Fight against international trafficking on drug routes

### **Statement of problem**

Despite the many systems adopted both bilaterally and multilaterally, the fight against the supply of drugs still remains insufficient. New police and customs cooperation tools will have to be set up with our European and African partners, in a spirit of mutual cooperation and sharing of operational information.

Due to its amplitude, international drug trafficking using sea transport creates important strategic and safety threats. The Western Mediterranean basin is now widely exploited by transnational criminal organisations for the needs of their trafficking (particularly cannabis and cocaine). It has become the meeting point for all shipping route channels used for drugs and their chemical precursors.

West African criminal groups have also set up secondary trafficking using smugglers to carry cocaine to Europe by air. Finally, many criminal networks operate by land from Turkey *via* the Balkans, to import heroin from Afghanistan into Europe.

### **Proposals**

- 1 Write and obtain signatures for a European cooperation agreement about trafficking by sea** ("Shengen of the Sea"), allowing ships of Member States to intercept and search in suspect ships navigating in territorial water belonging to other Member States ("right of pursuit"), and boarding and inspection of suspicious ships bearing the flag of Member States in international waters. This agreement should include a mechanism for the solution of jurisdictional disputes.
- 2 Facilitate the involvement of Armed Forces** in the framework of the fight against drugs by simplifying conditions for their action and making use of their specific features (**change to internal regulations or interpretation of these regulations, support of Armed Forces by outsourcing peripheral tasks**).
- 3 Motivate the creation of tools within the European Union for sharing means for operational purposes** (platforms, dedicated teams, coordination centres, training centres, etc.)
- 4 Facilitate contact points between specialised inter-regional jurisdictions and their European peers.**
- 5 Systematically call upon inquiry teams working in common.**
- 6 Call upon asset-based investigation teams working in common across Europe.**

### **AUTHORITIES / PARTNERS CONCERNED**

Ministry of the Interior, Ministry of Defence, Ministry of the Budget, Ministry of Justice and Ministry of Foreign and European Affairs.

Apply more appropriate punishment for infractions related to use

### **Statement of problem**

The use of illegal or legal drugs has serious consequences in terms of public health and public disorder, and remains a major concern for the public authorities. Sanctions on use or abuse must take account of these two realities and offer repressive, educational and health responses. Therefore, it is important to monitor this equilibrium and promote more appropriate and more systematic practices. Solutions must be found to difficulties encountered with applying sanctions or measures designed to prevent illegal or abusive consumption practices and with promoting court responses adapted to this major problem, and new measures must be implemented.

### **Proposals**

- 1) Allow municipal police to sanction smoking of tobacco in public places.**
- 2) Simplify and harmonise methods of taking biological samples** (screening and verification of the alcohol content in the blood, or the presence of drugs), in cases in which the law allows for it or authorises it.
- 3) Develop pedagogic criminal responses that are easy to apply** for adults and for minors, and particularly by the implementation of new measures such as the course on awareness about the dangers of drug use.
- 4) Carry out experiments with remote tests on the content of alcohol in the blood of persons placed under court control, within the framework of post-sentence measures.**

### **AUTHORITIES / PARTNERS CONCERNED**

Ministry of Health, Youth, Sports and Associative Life, Ministry of Justice, Ministry of the Interior, Ministry of Defence.

**CARE, INTEGRATE, REDUCE RISKS**

Integrate the addiction care and prevention plan into the government plan

### **Statement of problem**

The 2007-2011 addiction care and prevention plan now seems to be combined with the government plan, creating an obvious lack of consistency for the persons and institutions involved, for public opinion and for the Audits Office that considers this combination to be a source of misunderstanding, particularly in terms of the budget. Without encroaching upon the competence of the Ministry of Health, it has been agreed that the addictions plan, extended by new proposals, represents the care aspect of the Government plan, for reasons of political clarity.

### **Measures in progress or remaining to be applied**

- **Measure 1.** Set up specialised addictology consultations and liaison teams in all hospitals with emergency services.
- **Measure 2.** Identify at least one recourse addictology service for 500 000 inhabitants.
- **Measure 3.** Create an addictology cluster in each university hospital centre.
- **Measure 5.** Create a tariff adapted to forced residence for difficult detoxification.
- **Measure 6.** Reconcile special systems by creating care, accompaniment and addictology prevention centres
- **Measure 7.** Increase reception capacities, particularly with accommodation.
- **Measure 8.** Improve harm reduction practices.
- **Measure 9.** Set up a system for evaluation of medical systems used in harm reduction.
- **Measure 11.** Organise addictology networks.
- **Measure 12.** Produce regional addictology schemes.
- **Measure 13.** Hire and place relay doctors
- **Measure 15.** Develop prevention of risk uses of alcohol, in cooperation with town doctors.
- **Measure 16.** Develop actions for prevention of consumption of psychoactive substances during pregnancy.
- **Measure 19.** Evaluate and reinforce networking of associations
- **Measure 20.** Develop teaching in addictology for medical professions.
- **Measure 21.** Develop teaching in addictology for paramedical professions and social workers.
- **Measure 22.** Integrate addictology skills into the FMC.
- **Measure 23.** Make addictology one of the PHRC priorities.
- **Measure 24.** Create a national clinical research network.
- **Measure 25.** Perform an expertise on health challenges that arise due to unsubstantiated addictions and identify responses in terms of care and prevention.
- **Measure 26.** Get agencies more deeply involved in the search for addictions and mobilise other players.

### **AUTHORITIES / PARTNERS CONCERNED**

Ministry of Health, Youth, Sports and Associative Life.

Improve the skills of professionals in the field of targeted individual prevention and care

### **Statement of problem**

The proportion of patients who consume alcohol abusively in different specialised hospital departments is high (of the order of 20%). These patients also consume other psychoactive products.

Many of these products are associated with the development of cancers and contamination by hepatitis C. It also appears that associated psychiatric pathologies are an aggravating factor to addiction.

Professionals specialised in addictions do not allow for sufficient screening for cancers and hepatitis C, and do not identify psychiatric diseases sufficiently in their patients.

Although general practitioners are particularly concerned, they are not in a good position to care for these complex addiction pathologies, due to lack of training.

Furthermore, many other public health players (dentists, nurses, pharmacists) do not have any special training, although they could be called in to make an early diagnosis of risk consumptions and provide advice to patients.

Finally, other non-health professionals work on the topic of addictions but do not receive any special training for this purpose. They also need to be supported in a regional networking context, taking account of the necessarily global approach to problems related to the consumption of psychoactive products.

Further professional training is a guarantee of quality of the proposed care.

### **Proposals**

#### **1. Provide training for hospital health professionals and social workers in the field of addictions, psychiatry and oncology**

- encourage the dissemination of training on addictions, throughout the duration of the government plan. This training is addressed to all categories of professionals not specialised in addictology, including doctors, and particularly emergency and psychiatry services (including liaison psychiatry) and maternity. The DHOS has worked closely with the ANFH to develop a training module on this theme and an evaluation is planned for 2009;

- train hospital professionals working in addictology services on identification and care of psychiatric co-morbidities and on cancerology related to psychoactive products.

#### **2. Set up a local addicto-vigilance contact in each hospital or clinic, responsible for collecting abuse and addiction cases.**

#### **3. Encourage integrated care of drug users with psychiatric co-morbidities, based on a cross-discipline training program firstly for professionals working in addictology services and assistance with addictology and prevention care centres (CSAPA), and secondly for professionals working in psychiatry services.**

#### **4. Make recording of addictions in conventional CNAMTS medical training**

**priorities permanent**, to make these training courses more attractive to freelance doctors.

- 5. Create and provide pharmacists and their pharmacist teams, dentists and freelance nurses with** suitable identification assistance tools, and means of offering minimum advice and guidance.
- 6. Train pharmacists, dentists and freelance nurses** in the identification, minimum advice and guidance of identified patients.
- 7. Set up a regional Inter-Ministerial networking and training plan** controlled by drug and drug addiction project leaders, based on two types of inter-disciplinary meetings :
  - professions centred on care: magistrates, court systems for protection of the young and prison administration services, professionals in all aspects of care during and after childbirth, medical-social structures dedicated to drug addictions, common law social structures, specific structures for teenagers ;
  - professions centred on prevention related to care; sports environment, school environment, cultural environment, associations.

#### **AUTHORITIES / PARTNERS CONCERNED**

MILDT, Ministry of Health, Ministry of Justice, Ministry of National Education, Ministry of Housing and Towns, CNAMTS, AFSSAPS, INPES.

Improve health and social care of young consumers of psychoactive substances

### **Statement of problem**

The evaluation made by the OFDT demonstrated the usefulness of consultations for young consumers of psychoactive substances and their families. These 280 consultation offices offer information, evaluation and orientation if necessary. The system currently receives 40 000 persons per year, although it is known that the population concerned is much larger.

This is partly explained by under-attendance at some consultations attended by few people, partly because they are not well known to the public concerned, and partly due to the geographic distribution of the system that does not cover all territories.

Furthermore, regional networking of consultation offices needs to be improved, using structures that accommodate young people.

### **Proposals**

- 1. Triple the number of young people able to benefit from assistance through young consumer consultations, to bring it to 120 000 persons :**

- by making the existing system more visible through communication actions, particularly aimed at school personnel;
- by creating about fifty new consultations to provide adapted regional coverage, including in the countryside.

- 2. Perform experiments with advanced consultations in places open to young people for a limited period, but long enough to develop networking and to transfer know how; reinforce means of existing consultations with young consumers chosen through a national call for projects :**

- set up CSAPA-related consultations in youth centres (PAEJ) and in youth accommodation facilities structures for protection of the young under court control and social welfare for children (ASE), with the objective of transmitting know how for targeted individual protection (early identification, evaluation, orientation) and for collective organisation of modules to increase awareness among young people and parents.

### **AUTHORITIES / PARTNERS CONCERNED**

Ministry of Health, Youth, Sports and Associative Life, Ministry of Housing and Towns, Ministry of Justice, Ministry of the Interior.

Extend the regional coverage of therapeutic communities

### **Statement of problem**

After a period of strong development of substitution treatments and in a context in which the individual psychotherapeutic approach is given priority, opening up new therapeutic communities would provide means of diversifying and extending health care to include persons dependent on drugs and alcohol and who often consume different products and are strongly isolated from society.

While the population concerned by therapeutic accommodation is increasing, the supply of in-house care is down (fewer than 600 places in 2004). The 2007-2011 addiction care and prevention plan confirms the need to increase the number of available places, particularly for accommodation.

Therapeutic communities have been discredited in France for many years due to sometimes authority or even sectarian drifts, but have demonstrated their effectiveness in other countries under specific conditions.

In this therapeutic model, participation in the group based on collective lifestyle rules, behavioural therapies, the place of peers and the clearly stated objective for abstinence, are the main aspects of the tried and tested therapeutic and social integration project.

### **Proposals**

- 1 Open three new therapeutic communities over the duration of the plan at the rate of one per year, taking account of the coverage of needs of French Departments in America (DFA).**

### **AUTHORITIES / PARTNERS CONCERNED**

MILDT, Ministry of Health, Youth, Sports and Associative Life, Ministry of the Interior (Overseas).

Develop new methods of caring for cocaine users

### **Statement of problem**

Consumption of cocaine has increased very sharply in recent years. In France, experimental use of drugs has more than doubled in ten years, and it is now estimated that there are about a million persons who have experimented with cocaine during their lifetime between the ages of 12 and 75. The number of regular users was estimated at 250 000 in 2005. Furthermore, consumption of all forms of cocaine seems to have extended to cover people from all backgrounds.

The use of free base cocaine (a smokable form of cocaine), called crack or free base depending on the environment in which it is consumed, is also becoming more widespread. In 2005, the OFDT estimated that the number of crack or free base consumers was between 6 000 and 10 000 persons, equally distributed between the French Caribbean and Guyana, and the Paris region. The use of crack was initially restricted to a population with poor social integration, but is now tending to extend into environments with a variety of social and cultural backgrounds.

The consumption of cocaine or crack introduces health risks that are frequently ignored by consumers, particularly leading to heart and psychiatric conditions. Injection of cocaine creates the risk of transmission of infectious diseases (HIV, CHV).

The specialised care system is still concentrated essentially on opiates. At the moment there are no therapeutic protocols or health systems adapted to the problematic consumption of cocaine.

### **Proposals**

- 1 **For the first quarter of 2009, define a care reference system for health professionals** based on a multi-disciplinary workgroup (get non-addictology professionals such as cardiologists, emergency specialists and care personnel to work closely with addiction specialists). Have this reference system validated by the Health Higher Authority (HAS).
- 2 **Initiate ambulatory experimental programs for the care of cocaine users within** specialised care centres (CSAPA). National call for projects based on the validated reference system.
- 3 **Issue national calls for projects to open up experimental programs for the care of cocaine or crack** users to be applied in existing structures offering collective accommodation (CSAPA, therapeutic communities), by adapting their projects to organize special care for cocaine consumers. Allow for coverage of needs in DFAs.
- 4 **Take advantage of the versatility of these consultations for young consumers to identify and care for risk consumptions.**

### **AUTHORITIES / PARTNERS CONCERNED**

MILDT, Ministry of Health, Youth, Sports and Associative Life, Ministry of the Interior (Overseas), Higher Health Authority.

Improve care and continuity of care provided to drug and alcohol users in prison

### **Statement of problem**

The prison population suffers from addictions more than most. Thus in 2003, 30% of all persons entering prison declared more than one risk consumption (alcohol, tobacco, drugs, psychotropic products) and 20% were dependent on alcohol. It appears that the means offered within the existing system are insufficient to control these problems. Moreover, although significant results have been achieved for HIV, the frequency of hepatitis remains high among prisoners. There are difficulties in accessing treatment (getting out of prison for hepatology consultations and / or hospitalisation for a hepatic biopsy). The delay in setting up treatment is thus very much extended, while at the same time the average detention time (8.3 months in 2006) should be enough so that some of them can complete or nearly complete their treatment. Difficulties with accommodation and the continuity of care on release from prison remain, particularly in prisons. The existence of one unit satisfying these needs for each penitentiary region could provide momentum for the reintegration project.

### **Proposals**

- 1 Change the regulations such that consultation and ambulatory care units (UCSA) working in coordination with other departments concerned, and particularly psychiatric services, control care for addictions. Define care objectives to be achieved for addicted persons.**
- 2 Set up a strategy for coordinated prevention and care actions for addictions in prison** (related to guidelines in the August 9 2001 Inter-Ministerial note), particularly allowing for :
  - creation of a hundred new addictology consultations oriented towards alcohol ;
  - set-up of hepatology consultations, including the supply of Fibroscan®;
  - training of health professionals in addictions and infectious diseases including hepatitis ;
  - production and distribution of a good professional practices guide, particularly about opiate substitution treatments,
  - information for prisoners about HIV and hepatitis, particularly on the advantage of screening and its renewal if markers are negative.
- 3 Evaluate the screening and care offer for HIV, HCV and substitution treatments for opiates in penitentiary environments.**
- 4 Write a multi-disciplinary reference document in preparation for reintegration of prisoners with addictions.**
- 5 Make a national call for projects to create short and quickly accessed reception programs for released prisoners**, within existing social and medical-social structures (with accommodation), in cooperation with the hospital related to the prison.

## **AUTHORITIES / PARTNERS CONCERNED**

MILDT, Ministry of Health, Youth, Sports and Associative life, Ministry of Justice, Ministry of Housing and Towns, CNAMTS, InVS.

Protect the health of the unborn child and the mother and take account of the specific needs of women using drugs and alcohol

### **Statement of problem**

During maternity, women can expose their babies to risks related to alcohol and drugs. Consumption of alcohol during pregnancy is the cause of foetal disorders. More than 8 000 babies are concerned, and the problem is serious in about 1/8 of all cases. According to various sources, the percentage of pregnant women consuming alcohol during their pregnancy varied from 17% to 48% between 2005 and 2007. Between 3% and 7.3% of pregnant women say that they consume five or more glasses occasionally, although they are not dependent on alcohol. Another 10% to 30% of pregnant women consume cannabis, even though other studies suggest that this product has harmful effects on the pregnancy and future development of the child.

About 1/3 of users of other illegal drugs are women, and most are at an age at which they can procreate. Consumption during pregnancy can cause foetal problems when several products, including tobacco, are consumed.

Disorders related to the consumption of drugs or alcohol are minimised by well-controlled health care.

Access of women to medical-social addictology structures is difficult before and during pregnancy due to the small number of specific consultations, the overwhelming male presence and the fear of being the victims of violence. It is not enough to identify alcohol or cannabis consumption in a pregnant woman. It is also essential to deal with the specific question of providing accommodation for women with their babies.

Only a small proportion of the total population of drug users cared for in health and harm reduction systems is female (25%). A specific analysis of the "Coquelicot" (Poppy) inquiry demonstrated that female drug users form a particularly vulnerable part of the population, particularly exposed to precarity, sexual violence and risk taking.

### **Proposals**

- 1 **Give priority to training of maternity teams in identification of the use of cannabis and alcohol by pregnant women** in missions of hospital liaison teams.
- 2 **Issue a national call for projects to promote social accommodation of addicted women with children (see sheet 3-9) in existing structures**, through the addition of personnel means specialised in small children and training means in :
  - common law accommodation structures (CSAPA consultations); twenty-five reserved places ;
  - residential therapeutic centres specialised in drug addiction: sixteen places reserved for women and sixteen places created for children.
- 3 **Carry out experiments in ambulatory CSAPs and CAARUDs to provide special accommodation for women** (dedicated time periods, special workshops, adapted therapeutic care). CAARUDs and CSAPAs to be chosen by a national call for projects.

- 4 **Experimentally, issue a national call for projects to provide a CSAPA with a mobile team, to improve mother and child health care** in health and social structures.

## **AUTHORITIES / PARTNERS CONCERNED**

MILDT, Ministry of Health, Youth, Sports and Associative Life, Ministry of Housing and Towns.

Sheet No. 3-8	<b>Care, integrate, reduce risks</b>
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Reduce health risks related to drug use

### **Statement of problem**

The harm reduction policy (RDR) towards drug users is intended to prevent transmission of infections, death by overdose due to intravenous drug injections, and social and psychological damage related to drug addiction through substances classified as narcotic drugs (article L. 3121-4 in the Public health code).

Although this policy has had an important effect for HIV, its efficiency for risks of contamination by the hepatitis C virus is limited due to the high prevalence and very infectious nature of the virus. Although sharing syringes and small equipment is the main means of transmission of HCV among drug users (UD), other consumption methods such as smoking or sniffing can expose drug users to HCV through sharing of the equipment used for sniffing or consuming crack (evaluation in progress).

This epidemiological context makes it necessary to reduce contamination risks by innovative prevention actions. Furthermore, diversification of substances and consumption methods also requires that information actions should be reconsidered and reinforced, particularly towards young people.

### **Proposals**

- 1 **Produce procedures for the validation of harm reduction tools in terms of relevance, acceptability and access**, particularly by setting up a collective expertise involving different health agencies and experts specialised in this question.
- 2 **Write reference documentation for evaluation of the quality of practices by different disciplines (professionals and volunteers) in harm reduction.**
- 3 **Support measures for preventing viral transmission among drug users, contained in the national plan against viral hepatitis B and C.**
- 4 **Promote strategies for the reduction of risks related to crack consumption by smoking, based on an evaluation.**
- 5 **Study the role of pharmacists in the distribution of sterile injection equipment to drug users, and in providing opiate substitution drugs.**
- 6 **Improve the health alert management procedure.**

- 7 Develop specific innovative information campaigns in entertainment environments**, taking account of multiple uses that characterise persons attending these places, who combine the consumption of large quantities of alcohol and illegal drugs such as cannabis, cocaine and other psycho-stimulants, and also heroin.

#### **AUTHORITIES / PARTNERS CONCERNED**

Ministry of Health, Youth, Sports and Associative Life, MILDT, INPES, InVS, AFSSAPS, OFDT.

Reduce morbidity and mortality due to hepatitis C in drug users

### **Statement of problem**

The number of drug users infected by the hepatitis C virus is still very high. Thus, the 2004 Coquelicot inquiry (InVS-ANRS) confirmed a very high global seroprevalence of HCV among drug users (59.8%), with an already very high seroprevalence in the under 30 (28%). In 2003, the number of new infections due to injection of drugs was estimated at between 2700 and 4400 per year, contamination sometimes occurring at the time of the first injection.

Drug users are not very inclined to volunteer for screening and to go to hospital. This has individual consequences and helps explain the persistence of a viral reservoir, even though treatment is effective.

### **Proposals**

- 1. Support the application of screening and care measures in the national plan against hepatitis B and C concerning drug users.**
- 2. Train health professionals in screening and care for hepatitis among drug users.**
- 3. Regularly evaluate the HCV screening level,** knowledge by drug users of their HCV status and their perception of treatments.
- 4. Have the use of tools that can participate in the diagnosis** of hepatitis C validated and promoted (finger blood test, saliva test, Fibroscan®).
- 5. Set up a local unit dedicated to hepatitis in specialised medical-social structures, with the presence of hospital hepatologists** (partnership agreements) offering non-venous sampling (after scientific validation) and evaluations of hepatic fibrosis by non-invasive means.
- 6. Assure that hospitals provided with a Fibroscan®** can take action in prisons and in medical-social structures to evaluate hepatic fibrosis.

### **AUTHORITIES / PARTNERS CONCERNED**

Ministry of Health, Youth, Sports and Associative Life, MILDT, HAS, CNAMTS, INPES, InVS, ANRS, National Hepatitis Reference Centre (CNR).

Improve social integration and reintegration of addicts

### **Statement of problem**

Addictions are frequently associated with a precarious life, lack of fixed address and unemployment.

Even if the medical treatment is successful, the weakness or insufficiency of social monitoring increases the risk of a relapse.

Social housing open to drug users or former drug users is not specialised in their care. Furthermore, although town doctors and medical services monitor 80% of patients treated by substitution for heroin addiction, and 20% of these patients also have an alcohol addiction, these doctors and services do not have any means of social support. Common law services do not satisfy these needs completely. There are no descriptive data about the social-professional integration path followed by the public who use these structures. Similarly, it is difficult to identify their progress within structures open to all types of public living precariously.

### **Proposals**

1. **Take better account of the social service rendered by specialised addiction care structures, through the use of social reintegration indicators.**
2. **Produce good integration practice guides aimed at addiction professionals, and professionals working with others living precariously.**
3. **Extend the medical microstructures network model that already exists in three fairly urban sectors, to a new rural sector.**
4. **Experiment with new methods of social care for drug users treated in towns, by completing health networks specialising in addictions by including a social activity time in the care program.**
5. **Give priority to the accommodation of persons in difficulty with their consumption of alcohol or illegal drugs within the integration accommodation reception system (AHI) on their release from prison, by setting up CSAPA advanced consultations in these structures and cross-discipline training.**
6. **Develop partnerships between medical-social structures (CAARUD, CSAPA) and the integration accommodation reception system; experiment with setting up consultations by professionals in medical-social structures in about twenty accommodation structures, and with setting up courses offering training in the two fields concerned (after a national call for projects and reinforcing personnel resources).**

### **AUTHORITIES / PARTNERS CONCERNED**

Ministry of Health, Youth, Sports and Associative Life, Ministry of Housing and Towns, Ministry of Justice, MILDT, CNAMTS, OFDT.

Reduce the misuse of medicines and protect their therapeutic value

### **Statement of problem**

Consumptions of drugs other than for therapeutic use deteriorate the health of everyone and create a public health problem; premature mortality, high morbidity with somatic and psychiatric complications, entry into a new dependence.

Furthermore, these consumptions also introduce costs for the community and acts of delinquency; a street market for narcotic or psychotropic drugs, illegal acts committed under the influence of products or by means of these products, doping practices.

The current observation system is based largely on deliberate participation of health professionals with inquiries carried out firstly by health vigilance networks, and secondly using elements provided by services responsible for application of the law. The Health Insurance service analyses new fraud procedures about which it is notified, so that it can identify them in its reimbursements base. This system needs to be developed further so that the phenomena described above can be demonstrated and evaluated in real time.

Furthermore, these consumptions generate organised delinquency specialised in the trafficking of these medicines. This criminality is not well repressed and is not given enough attention despite measures taken to improve the efficiency of controls, it is still prevalent and apart from narcotic and psychotropic drugs, affects all high added value medicines on parallel markets.

Finally, criminal punishments specified by the Public Health Law are not sufficiently severe to dissuade delinquency.

### **Proposals**

#### **1. Prevent the misuse of prescribed medicines :**

- Add to available data for risk evaluation :
  - take abuse and addiction problems into account in developing a future medicine (pre-clinical marketing authorisation application files) ;
  - distribute galenic recommendations and if necessary impose galenic studies, to evaluate the potential for misuse of medicines.
- Improve monitoring of sensitive drug consumption trends :
- make information exchanges between the AFSSAPS (French Agency for the Sanitary Security of Health Products) and Health Insurance (national and local levels) systematic.
  - Make cooperation between AFSSAPS and medicine wholesalers more systematic.
  - Evaluate the impact of the use of secure prescriptions in liaison with professionals, in order to generalise them.

#### **2. Improve collection of data about deaths related to the abuse of drugs or medicines :**

- make the notification of cases of suspicious deaths systematic when the investigating magistrate or the toxicological expert requests a toxicological analysis (or a search for the causes of death) for health monitoring purposes (drugs) and for adapting methods of prescribing and providing medicines.

**3. Provide information about how to better resist chemical submission in the European Union :**

- make the general public and organisations responsible for application of laws more aware about the question of criminal use of psychoactive substances, and particularly "rape drugs", throughout Europe by the organisation of a European conference during the French Presidency.

**4. In cases of chemical submission, create aggravating circumstances for sexual aggression and infractions against property :**

- change the law (Criminal code).

**5. Repress trafficking of medicines :**

- adopt more severe punishments according to article L. 5432-1 in the Public Health code (three years imprisonment instead of two);
- allow for aggravating circumstances for offences committed by organised gangs as defined in article 132-71 in the Criminal code; in this case the punishment is increased to five years.

**6. Extend missions of the regional network agents dealing with "damage to the environment" to include public health problems, and particularly the fight against doping practices.**

**AUTHORITIES / PARTNERS CONCERNED**

MILDT, Ministry of Justice, Ministry of Health, Youth, Sports and Associative life, Ministry of the Interior, Ministry of Defence, AFSSAPS, CNAMTS.

**TRAIN, RESEARCH, OBSERVE**

Set up Inter-Ministerial training for instructors about drugs and drug addicts and initial and further training in each of the Ministries concerned.

### **Statement of problem**

Many of the Ministries concerned by the "drugs and drug addictions" field have initiated training aimed at the executives working for them. These training courses usually focus on the core business of the different agents who may take action for various reasons on questions of drugs and drug addiction.

There are also further training courses offered to civil servants on these questions (National School of the Magistrature, Higher School of Public Health, National Prison Administration School, etc.). Some instructors are also specialised in the training of professionals working within the drug field (FRAD, PFAD, etc.).

There is no Inter-Ministerial training for instructors at the present time. The objective is to imagine and implement common training for these instructors, so as to make them fully aware of the Inter-Ministerial aspect of public policy for drugs (which has to maintain a fair equilibrium between repressive, preventive, educational and health domains) and to make them transmit this Inter-Ministerial vision to the public that they will have to train. This module could be modelled on the module that has already been set up at the initiative of the National Ministry of Education.

Furthermore, some ministries have not set up any initial training or further training for their agents dealing with drug problems.

### **Proposals**

- 1 Design an Inter-Ministerial training module for instructors related to psychoactive products and the prevention of addictions, and intended to become a common trunk for the training of instructors in the different Ministries concerned.**
- 2 Set up an Inter-Ministerial plan for training of instructors for all Ministries concerned, based on the above-mentioned module and taking account of all views and knowledge of drugs and drug addictions.**

- 3 Set up initial training courses in Ministries that do not offer such courses at the moment, adapted to the future working life of their agents working in the drugs and addictions fields.**
- 4 Introduce sessions on drug problems into further training courses. Depending on needs, general purpose training courses and / or courses specific to the concerns of the Ministries will be set up.**
- 5 Offer continuous addictology qualification courses, for the benefit of volunteers and persons working in the medical-social field.**

#### **AUTHORITIES / PARTNERS CONCERNED**

MILDT, the different ministries concerned, training organisations.

Increase the professionalism of organisations responsible for health in the addictions field by improving initial training

### **Statement of problem**

Almost 20% of hospitalised patients consume alcohol abusively (investigations on a specific day). This population should be combined with hospitalised patients who face addiction to other products.

The same percentage of patients who visit general practitioner offices are addicted patients. Health professionals (doctors, pharmacists, personnel working in the medical-social field) have received little or no special training about addictions during their studies. Consequently, it is very difficult for them to face this reality effectively. Therefore it is essential to improve training of future doctors and other health and social work professionals about how to identify and care for persons with addiction problems, during their studies.

### **Proposals**

- 1 Create a compulsory addictology module to be offered during the first year of undergraduate studies, as part of the ongoing reorganisation of the curriculum for medical and paramedical studies (medicine, pharmacy, odontology, psychology, nursing schools, midwife schools) and training courses for professionals in social work and action. This inter-disciplinary module should include between three and nine hours of lectures.**
- 2 Integrate an initiation module for addictologic practices (prevention, screening, therapeutic approaches for addictology, harm reduction) in Master courses for medicine, pharmacology and psychology studies, and during the final year of the training course for nurses, midwives and social workers in the form of a compulsory 20 hours qualification in one education unit or 2.5 European credit units (approximately 20 hours) when the course is organised within the framework of the "Bachelor degree, Masters, PhD" (LMD) system.**
- 3 Appoint in each faculty or university involved in Life Sciences, Humanities or Social Sciences trainings, an "addictology" referent responsible for coordinating the teaching of addictology in the different modules or degrees and in the above-mentioned compulsory qualification.**

- 4 Faced with the increasing demand from the professional concerned, set up a qualifying "professional addictology degree" type course open to professionals who have already started or are ready to start their career.**
- 5 Include a compulsory set of about ten questions related to addictology in the national medicine internship classification exam.**

#### **AUTHORITIES / PARTNERS CONCERNED**

MILDT, Ministry of Higher Education and Research, Ministry of Health, Youth, Sports and Associative Life

Develop research in priority cross-discipline fields to suit needs for government action

### **Statement of problem**

Knowledge in the field of research on drugs is advancing more quickly than ever before and is increasingly complex, involving many disciplines – neurosciences, human and social sciences, public health, clinical research – with a general movement towards specialisation of knowledge.

This specialisation movement is inherent to how research works, but it has its down side; the real weakness of cross-discipline research, particularly research combining public health approaches (in terms of statistical correlations and identification of risk factors) with human sciences and social approaches (in terms of understanding the processes involved in abuse and addiction behaviours). Consequently, available knowledge is most frequently "single-dimensional", and it does not have a nature likely to induce a global understanding of the phenomena on which public authorities and professionals would like to take action. This is one of the reasons that explains the difficulty with using acquired knowledge to direct public action.

The method that the MILDT has used to make a general and multi-theme call for proposals for the last few years has brought in high quality research projects, but only in existing and specialised research fields. On the other hand, it is much less effective in encouraging more cross-discipline research proposals involving several different disciplines.

### **Proposals**

- 1 Set up a targeted system to call for proposals to encourage research / actions / evaluation on questions of research and study related to prevention and early identification of risk uses of drugs, particularly for teenagers and young adults. In this first framework, the main priority research themes will be as follows :**

- consumption of drugs and difficulties encountered at school
- consumption of drugs and addictive behaviours in work environments
- excessive alcoholism in the young
- initialisation to cocaine use

2 **Set up another targeted system to call for proposals to encourage research and studies on social damage associated with the use and abuse of drugs and evaluation of public policies in the field of limitation of drug use.** This system will be designed to set up gateways between research fields that are now fragmented between criminology, research in law and legal sociology, research on the black market or informal economy, research on sociology of poverty and a study of the effects of drugs on behaviour and health. In this framework, the main priority research themes will be as follows :

- relations between violence, delinquency and uses of illegal and legal psychoactive substances;
- problems with precarity and social isolation related to drug addiction behaviours.

## **AUTHORITIES / PARTNERS CONCERNED**

For targeted call for proposals No. 1 :

MILDT, Ministry of Health, Youth, Sports and Associative Life, Ministry of National Education, Ministry of Labour, Social Relations, the Family and Solidarity, Ministry of Higher Education and Research, Ministry of the Economy, Industry and Employment.

For targeted call for proposals No. 2 :

MILDT, Ministry of the Interior (Overseas), Ministry of Justice, Ministry of Health, Youth, Sports and Associative Life, Ministry of Labour, Social relations, the Family and Solidarity, Ministry of Higher Education and Research.

Develop research potential for drugs and drug addiction phenomena

### **Statement of problem**

Although knowledge about the question of drugs has undeniably advanced over the last twenty years, it is true that the usable research potential on these questions is very much below needs in terms of knowledge and evaluation of the different players involved in drug policy (public authorities, Members of Parliament, councillors, professionals and persons involved in the field). Furthermore, the age pyramid in the population of research workers is such that many senior research workers will leave for retirement during the next few years, endangering the long-term viability of some teams that make important contributions to the field of research on addictions.

Therefore, conditions have to be created to train a significant flow of young research workers in this research field and to make them more professional so as to consolidate the more active teams, and encourage the emergence and organisation of young teams.

### **Proposals**

- 1 As early as 2009, set up a long-term system to direct PhD grants towards the "drugs – addiction behaviours" field. This system will also involve a call for thesis projects each year, with the objective of granting about ten 3-years research grants to young PhD students.**
- 2 Explicitly link support for drug research projects to financing of postdoc professionalisation courses for the benefit of young research workers responsible for implementing these projects. This linkage principle should form a criterion by which projects applying for the different calls for proposals affecting the "drugs – addiction behaviours" field will be preferred.**
- 3 Encourage young French research workers with a high potential to carry out post-doc training courses in leading foreign research institutes such as the *National Institute on Drug Abuse (NIDA)* in the United States and the *Trimbos Instituut* in the Netherlands. Monitor these candidates and prepare their return to France.**

- 4 Create a national Inter-University "Research" Masters on addictology that will be designed to train PhD students in addictology research, and encourage these students to consider careers as research workers and lecturer / research workers, particularly in the field of clinical research.**
- 5 Give priority to sharing of research means across Europe, making use of existing European community funds.**

#### **AUTHORITIES / PARTNERS CONCERNED**

MILDT, Ministry of Higher Education and Research, Ministry of Foreign and European Affairs, Ministry of Health, Youth, Sports and Associative Life.

Develop clinical research in addictology to increase the efficiency of treatments and improve care practices

### **Statement of problem**

Despite progress with the care and treatment of abuse and addiction situations made during the last thirty years, care in addictology remains difficult in practice and results are uncertain. Ongoing clinical research in addictology suffers from several weaknesses that considerably hinder its development.

Addictology is not considered as a long-term research theme in hospital structures, and consequently many clinical teams legitimately hesitate to enter this research field.

Furthermore, clinical teams motivated to participate in research protocols suffer from a lack of communication and exchanges with other teams sharing the same concerns, and with research workers engaged in addictology care activities in hospital.

Clinical research teams do not have appropriate structures by which they could set up long term working relations with research teams in neurosciences of addictions. These latter teams have made important progress in understanding neuron mechanisms involved in addiction phenomena. This progress is likely to open up new therapeutic prospects for future years, provided that it is passed on by clinicians.

Finally, as in other clinical fields, care in addictology suffers from a lack of research in evaluation; thus, opiates substitution treatments – practiced on a large scale in France since 1995 – have no longer been evaluated prospectively since 2000, the year in which the SPESUB study dealing with medium term future of patients receiving a substitution treatment was published. That was eight years ago, and since then research has not provided any genuinely new elements about the progress of patients who received the substitution and on the various treatment terminations (death, relapse, successful abstinence).

Therefore, it is essential to initiate several coordinated actions designed to eliminate all weaknesses that now hinder the development of clinical research in addictology.

### **Proposals**

- 1 Include a permanent "addiction" theme in the Hospital Clinical Research Program (PHRC) to encourage hospital clinical teams and research workers involved in care activities in hospitals and interested in addictology to create research protocols in this field without depending on this theme appearing in a given year.**
- 2 Give priority to the formation of clinical research networks in addictology in the framework of existing incentive systems (at the Ministry of Higher Education and Research, at the INSERM, at the ANR) to create research networks. The purpose of these networks is to encourage the construction of multi-centric research and evaluation protocols and to create clinical databases open to subsequent reuse.**
- 3 Develop a specific "addiction" line of research within the National Neurosciences Institute now being created under the auspices of the INSERM. This Institute, that will federate basic research units and clinical research units, will form a valuable system to encourage the interface**

between basic research and clinical research in the field of drug addictions.

- 4 Encourage setting up a cohort study in clinical epidemiology related to the medium and long term future of the 100 000 patients currently receiving an opiate substitution treatment in France. This study will make it possible to document data dealing with the future of patients receiving a substitution treatment, so that interactions between the different factors involved in the progress of these patients can be understood. It might possibly be based on an existing cohort study if it is found to be possible and economically more attractive to extend the existing study to include the above-mentioned theme.

#### **AUTHORITIES / PARTNERS CONCERNED**

MILDT, Ministry of Health, Youth, Sports and Associative Life, Ministry of Higher Education and Research.

Provide prospective scientific monitoring on emerging phenomena, or phenomena that have not been sufficiently explored by authorities responsible for the drug policy

### **Statement of problem**

The public policy for drugs and prevention of addictive behaviours logically concentrates its analyses and actions on the behaviours and situations that are most obviously prejudicial to individuals and society in terms of public health and safety; drug use by teenagers and young adults, consumption by pregnant women, multi-consumption in entertainment environments, consumption of drugs while driving, etc.

Even though France already has observation and warning systems so that it is in a position to identify and analyse the emergence of new and potentially dangerous consumption trends (TREND-SINTES system managed by the OFDT, threat alert and analysis systems set up by repressive services, etc.), it is nevertheless true that some budding phenomena, or even existing phenomena, may pass unnoticed or their potential consequences on public health and safety may be underestimated.

Three examples of this can be considered :

1) Consumption of psychotropic medicines : France has one of the highest consumptions of psychotropic medicines (tranquillisers, hypnotics, antidepressants) among developed countries. This reality has often been observed but not very often analysed (Zarifian report in 1996 and recent report by the Parliamentary Office for the evaluation of health policies on *Good Use of Psychotropic Medicines* coordinated by the Member of Parliament, Maryvonne Briot). This "overconsumption" applies to large fringes of the population with fairly different characteristics, but what they all have in common is that they are equally concerned by consumption of legal or illegal drugs; teenagers and young adults (more women than men), the elderly (particularly in retirement homes), prison populations, patients under substitution treatments, jobs affected by particular constraints (truck drivers, night workers, etc.). Considering possible interactions and potentiation between possibly excessive consumption of psychotropic medicines and occasional or frequent consumption of alcohol and other drugs, the public authorities cannot ignore the consequences of this persistent phenomenon, both in terms of public safety (road accidents, work accidents) and public health.

2) Alcohol consumption by the elderly : data derived from cohort studies and recent cross-discipline inquiries on the population over 60 years old suggest that risk consumptions of these age groups are significantly higher than WHO standards. These risk consumptions affect one woman out of five and one man out of four. These data call for vigilance, considering the potential somatic, psychiatric and social repercussions of these consumptions (particularly if combined with use or abuse of psychotropic medicines) and the increasing proportion of elderly people in the population.

3) The excessive gambling phenomenon : professionals are paying increasing attention to the development of gambling addiction phenomena which takes new forms (addiction to Internet and online video games) that can affect relatively young children and teenagers. Their nature, frequency and health and social consequences have not been studied in detail in France, while some countries have already set up health response systems similar to those existing for drugs (particularly Canada and the Netherlands). However, a collective expertise on this subject is currently being undertaken by the Ministry of Health.

### **Proposals**

- 1 Ask the INSERM to perform a collective expertise on the psychotropic medicines "overconsumption" phenomenon in France. This expertise of data and available knowledge will use observations and recommendations contained in existing reports on the subject, and is intended to perform two objectives: to define the outlines of a long term and high quality system for pharmaco-epidemiological monitoring of the phenomenon, and to determine guidelines so that public authorities can evaluate the usefulness and expediency of global action on this phenomenon.**
- 2 Issue a mandate to the French monitoring centre for drugs and drug addiction (OFDT) to set up a system for observing alcohol consumption of seniors and games practices including excessive games phenomena, either by extension of the existing system for making inquiries among the general population, or by setting up specific inquiries.**
- 3 Include a permanent research theme on addictions without products, alcohol consumption among the elderly, and the logic involved in the consumption of psychotropic medicines, in the MILDT permanent call for research proposals.**

### **AUTHORITIES / PARTNERS CONCERNED**

MILDT, Ministry of Health, Youth, Sports and Associative Life, Ministry of the Interior, Ministry of Agriculture and Fisheries, Ministry of the Economy, Industry and Employment.

Develop drug use surveillance in priority domains to meet policy-makers need for evidence-based facts

### **Statement of problem**

The French government has set up a permanent early warning surveillance system that reports drug-related facts and figures. It has been monitoring the emerging drug-related trends – in drug markets, in the perception of drugs, in the patterns of use and in drug-related damages – for approximately the last fifteen years. This surveillance system managed by the French monitoring centre for drug addiction (OFDT) provides policy-making assistance, helps scrutinizing levels of use and trends in the ways of consuming drugs and the main drug-related damages. It issues drug trend tables and regularly reports on targeted subjects.

Although this knowledge base must be updated by a periodic renewal of the existing surveys or datamining systems, it suffers from lack of involvement in such research fields as health- or social-related damages. This is why the agency intends to carry out new research in some unexplored or underexplored fields of investigation, by merging its methodological approach with research projects, when cooperation seems fruitful.

### **Proposals**

**Carry out new investigations** in the following fields :

- 1 Senior consumption of alcohol and psychotropic drugs (see sheet 4-6)**
- 2 Gambling addiction (see sheet 4-6)**
- 3 Drug use and precarity / social integration (see sheet 3-10 first proposal)**
- 4 Mortality related to illegal drugs**
- 5 Carry out a knowledge-based survey describing the characteristic patterns of use among minors involved in the criminal justice system – in comparison with young people of the same age in the general population.**
- 6 Set up an experimental reporting system on the consumption of smuggled tobacco.**

## **AUTHORITIES / PARTNERS INVOLVED**

OFDT, INPES, INSEE, INED, FNARS, INSERM, AFSSAPS, OCRTIS, INHES, Ministry of the Budget and Ministry of Justice.

Develop expert evaluation and use evaluation findings to improve implementation and performance of public policy

### **Statement of problem**

The plan promotes a comprehensive evaluation framework aimed at optimizing the management of Inter-Ministerial action. It is dedicated to serve the needs of policy-makers for up-to-date information regarding the emerging public responses to the drug phenomenon. The concern for evaluation proceeds from the current lack of professional approaches to drug policy evaluation.

### **Proposals**

#### **1 Evaluate the implementation and effectiveness of the current drug action plan.**

Action sheets have been designed in reference to each policy target. Each specific measure has been converted into a technical datasheet defining objectives, actions, expected effects and implementation and effectiveness indicators.

In particularly, the evaluation should :

- make sure that policy-makers responsible for leading the different actions of the plan define the indicators related to these actions;
- identify obstacles that challenge the achievement of the objectives listed in the action plan as expected, as early as possible;
- produce an annual progress report, during the entire duration of the plan.

#### **2 Evaluate the implementation and effectiveness of new public responses or innovative data systems (training courses raising awareness of the harms associated with drug use, "cocaine programs", "women programs", "inmates programs", impact of alcohol laws on the levels of consumption, etc.**

The objective is to provide facts that policy- makers can use to get a better view of the expediency or relevance of the generalisation of new or innovative actions.

### **3 Adopt and disseminate European standards for good evaluation practices.**

It is essential to adopt and disseminate standards for the evaluation of public policies to enable policy-makers and professionals lacking of expertise to practice evaluation, understand its aims and limitations.

#### **AUTHORITIES / PARTNERS INVOLVED**

MILDT, administrations or organisations implementing the Government Plan, OFDT and INHES as technical operators.

**TAKE INTERNATIONAL ACTION**

Act within international **organizations** for better coordination and sharing

### **Statement of problem**

Rules, systems and procedures for the fight against drugs are controlled principally by international provisions and actions, and are debated and implemented in the different international organisations involved in the question of illegal drugs including the United Nations, the European Union, Council of Europe, Dublin Group, Paris Pact, cooperation system with Latin America and countries along the Andes, multilateral programs for assistance to Afghanistan and some countries affected particularly severely (Guinea-Bissau). At the moment, these organisations and systems are finding it difficult to optimise a cooperation system capable of improving the distribution of international tasks. French representatives in these organisations and these systems will need to make continuous efforts to reinforce the international system, based on a regular evaluation of actions carried out, the search for better coordination between these organisations and systems, and the permanent effort towards sharing of the means implemented.

But the amount of France's voluntary financial contributions to the international authorities concerned (UNODC, Pompidou Group, WHO, etc.) is not large enough for France to have a major influence.

### **Proposals**

#### Internationally

- 1 Optimise the responses made through international agreements, possibly based on an evaluation of their effective implementation and adaptation to the current situation. Seize the opportunity for preparation of the UNO high level meeting in March 2009 for this purpose.**
- 2 Monitor improvements to relations between the organizations concerned by giving priority to any initiative that boosts French presence and coordination of actions carried out (particularly between UNO, the European Union, Council of Europe).**
- 3 Increase France's voluntary financial contributions to the international authorities concerned (UNODC, Pompidou Group, WHO, etc.).**

- 4 **Facilitate the adoption of an additional protocol in the effort to reduce the illegal tobacco trade into the WHO international outline agreement to reduce the use of tobacco (CCSA).**
- 5 **Participate in the strategy to control the effects of alcohol on public health, produced by the WHO by 2010.**

In the European Union

- 6 **Seize the opportunity of the French presidency and the renegotiation of the European Union drug action plan, in close collaboration with the Czech and Swedish presidencies that will succeed to France, to reinforce intra-European coordination and the status of the horizontal drug Group.**
- 7 **Give a new momentum within the framework of the European Union, to create tools for sharing means to be used for operations (platforms, common inquiry or investigation teams, coordination centres, training centres, systems for identification, seizure and sharing of criminal assets, etc).**
- 8 **Contribute to defining the European strategy towards alcohol.**

**AUTHORITIES / PARTNERS CONCERNED**

MILDT, Ministry of Foreign and European Affairs, Ministry of Health, Youth, Sports and Associative Life, Ministry of the Budget, Ministry of the Interior, Ministry of Justice, Ministry of Defence.

Take action on drug routes, particularly at their point of arrival into Europe

### **Statement of problem**

The widening of the European area has made it even more difficult to combat drug trafficking that is becoming ever more dispersed, but nevertheless organised. An improvement in our ability to intercept drug traffickers requires better sharing of tasks between players and sharing of means, especially between Europeans, in order to continue this struggle. It is also important to carry out international and more specifically European actions, firstly on the different drug routes and secondly to more efficiently protect the boundaries of the European Union.

Finally, the misuse of chemical precursors should be prevented in an attempt to reduce production of the different drugs.

### **Proposals**

**1 Give priority to actions along drug routes in a bilateral, European and multilateral framework, and particularly :**

- in **West Africa and in the Mediterranean** to clamp down on markets for cannabis and cocaine in Europe. Bilateral agreements to simplify control of ships intercepted at sea will be discussed with the States concerned ;

- in **Central Europe and in the Balkans** to clamp down on heroin markets.

**2 Whenever possible, attempt to give a positive response to requests for help and cooperation from third party countries or international systems concerned by these routes, in order to share international tasks and improve their distribution.**

**3 Strengthen international action against the misuse of chemical precursors, particularly intended for Afghanistan.**

### **AUTHORITIES / PARTNERS CONCERNED**

MILDT, Ministry of Foreign and European Affairs, Ministry of the Interior, Ministry of Defence, Ministry of the Budget, Ministry of the Economy, Industry and Employment, Ministry of Justice.

Develop Mediterranean cooperation in the fight against drugs

### **Statement of problem**

Conceptualisation and implementation of approaches to the fight against drugs and care for addictions are not at the same levels in all States around the Mediterranean Basin. Nevertheless, all countries are aware of the health and political stakes caused by the problem of addictions.

The need to evaluate the national situation, particularly in terms of drug consumption and associated risks, is expressed by each country.

There is a demand for assistance and technical support in countries around the Mediterranean Basin in terms of fight against trafficking, harm reduction and care of persons suffering from addictions.

Considering its preferred links with countries around the Mediterranean, it is important for France to share its experience with its neighbours, particularly within existing networks and the Union for the Mediterranean.

### **Proposals**

- 1 Strengthen the Mediterranean cooperation area in the fields of research, prevention, therapeutic care and repression, particularly using the existing MedNet network.**
- 2 Create a Mediterranean observatory so as to compile data for drug consumption and drug consumption methods, consumed products, and health and social damage.**
- 3 Reinforce capabilities for taking care of users and for fighting drugs by training professionals involved in the addictions field (health care and repression).**

### **AUTHORITIES / PARTNERS CONCERNED**

MILDT, OFDT, Ministry of Foreign and European Affairs, Ministry of Health, Youth, Sports and Associative life, Ministry of the Budget, Ministry of the Interior, Ministry of Defence, Ministry of Justice.

## **APPENDICES**

# I. INTER-MINISTERIAL COORDINATION

## 1. Presentation of the MILDT

MILDT was created in 1982 and is governed by the Prime Minister. Its responsibility is to coordinate government action in terms of the fight against drugs and drug addictions, by assuring that the different preventive, health or repressive approaches are consistent.

MILDT produces government plans for the fight against drugs and prevention of addictions, and mobilises the Ministries concerned around the objectives defined in its plans.

MILDT bases its work on a network of project managers working for Prefectures in the different Departments, to assure that national actions are successfully transferred into the field.

MILDT credits are combined with a specific objective that is to "motivate and coordinate National actions in the fight against drugs and drug addictions" within the "coordination of government work" program forming part of the State budget. This objective is organised around three priorities, firstly national and regional Inter-Ministerial coordination, experiments with new systems, and international cooperation.

The MILDT budget will be helpful to motivate and coordinate work done by the ministries concerned by the public policy against drugs and drug addictions, by giving them the common tools that they need for information, communication, scientific knowledge and training necessary for their action. It also accompanies their innovative projects in the fields of prevention, health and social care, respect of the law and the fight against national and international trafficking.

Finally this budget gives Departmental project leaders the means of controlling the policy to fight drugs in the field.

MILDT is based on two operators; these are the two public interest groups that it finances; firstly the French Monitoring Centre for Drugs and Drug Addiction (OFDT) that performs the function of observing drugs and distributing data, and the Inter-Ministerial Anti-Drug Training Centre (CIFAD) located in Fort-de-France that distributes practices to be used in the fight against trafficking in the Caribbean, that is geographically a high priority area.

MILDT is directed by a President assisted by a Delegate, and its operation is based on its own personnel, and personnel seconded from or provided by the different Ministerial departments.

## 2. The texts

### Article R. 3411-11 in the Public Health Code

The Inter-Ministerial Committee for the fight against Drugs and drug Addictions and prevention of dependencies does work in preparation for Government decisions concerning national and international aspects firstly of the fight against the production, transformation, transport and resale of drugs and financial transactions related to them,

and secondly consumption of these products.

It does this by giving priority to prevention, care, social integration, information, research, international cooperation and training of persons involved in the fight against drugs and addictions. This committee also contributes to creating Government policy in the field of prevention, care, education and information about addictions that can be dangerous for public health or safety.

Article R. 3411-12 in the Public health code

The committee includes the following, under the Presidency of the Prime Minister :

- 1° The Minister of Foreign Affairs
- 2° The Minister of European Affairs
- 3° The Minister of Social Affairs
- 4° The Minister of Agriculture
- 5° The Minister of the Budget
- 6° The Minister for Cooperation
- 7° The Minister of Culture
- 8° The Minister of Defence
- 9° The Minister of Economy and Finances
- 10° The Minister of Education
- 11° The Minister of Higher Education
- 12° The Minister of Industry
- 13° The Minister of the Interior
- 14° The Minister for Youth
- 15° The Minister of Justice
- 16° The Overseas Minister
- 17° The Minister of Research
- 18° The Minister of Health
- 19° The Minister of Sports
- 20° The Minister of Transport
- 21° The Minister of Labour
- 22° The Minister of Housing and City

Other ministers may be asked to attend this committee, depending on questions on the agenda. The government Secretariat General provides secretarial services for the committee.

Article R. 3411-13 in the public health code

An Interministerial Mission for the Fight against Drugs and Drug Addiction, placed under the authority of the Prime Minister, organises and coordinates State actions in the fight against drugs and addictions, and particularly the observation and prevention of addictions, reception, care and reintegration of addicts, training of persons involved in the fight against drugs and addictions, research and information. The mission prepares proceedings of the Inter-Ministerial committee and makes sure that they are put into execution.

Article R. 3411-14 in the Public Health Code

The Interministerial Mission President is appointed by decree. He is assisted by a delegate proposed by him and appointed by order of the Prime Minister.

The Interministerial Mission President is responsible for minutes of the Inter-Ministerial committee. The delegate also attends Inter-Ministerial committee meetings.

Article R. 3411-15 in the Public Health Code

In order to exercise his assignments, the Interministerial Mission President has a permanent committee of which he is chairman and that includes one or several representatives of each of the ministers mentioned in article R. 3411-12. Other ministers may be asked to be represented, depending on the questions included in the agenda. The permanent committee meets when convened by its president, who fixes the agenda.

Article R. 3411-16 in the Public Health Code

The Interministerial Mission employs permanent staff and personnel provided to it by Ministerial Departments or public institutions, for its operation.

## II . GLOSSARY

AFSSaPS :	Agence française de sécurité sanitaire des produits de santé – French agency for sanitary safety of health products –
AHI :	Accueil hébergement insertion – Reception accommodation integration
AMM :	Autorisation de mise sur le marché – Authorisation for marketing
ANFH :	Association nationale pour la formation permanente des personnels hospitaliers – National association for further training of hospital personnel
ANR :	Agence nationale de la recherche – <i>National research agency</i>
ANRS :	Agence nationale de recherche sur le Sida et les hépatites – National agency for research on AIDS and hepatitis
ASE :	Aide sociale à l'enfance – <i>Social welfare for children</i>
CAARUD :	Centre d'accueil et d'accompagnement à la réduction des risques pour usagers de drogue – Centre for accommodation and assistance with the reduction of risks for drug users
CAF :	Caisse d'allocation familiales – Family allowance office
CCLAT :	Convention cadre de lutte antitabac – outline agreement for the fight against tobacco
CECLAD – M :	Centre de coordination de lutte anti drogue – coordination centre for the fight against drugs
CESC :	Comité d'éducation à la santé et à la citoyenneté – Health and citizenship education committee
CIFAD :	Centre interministériel de formation antidrogues – Inter-Ministerial Anti-Drug Training Centre
CNAMTS :	Caisse nationale d'assurance-maladie des travailleurs salariés – National health insurance service for salaried workers
CNR :	Centre national de référence – National reference centre
CPO :	Convention pluriannuelle d'objectif – Multi-annual objectives convention
CSA :	Conseil supérieur de l'audiovisuel – <i>Higher audiovisual council</i>
CSAPA :	Centre de soins, d'accompagnement et de prévention en addictologie – Health Care, assistance and addictology prevention centre
CSP :	Code de la santé publique – <i>Public health code</i>
CSST :	Centre spécialisé de soins aux toxicomanes – Specialised health care centre for addicts
DATIS :	Drogues alcool tabac info service – Info service for drugs, alcohol and tobacco
DFA :	Département français d'Amérique – French Departments in America
DHOS :	Direction de l'hospitalisation et de l'organisation des soins – Hospitalisation and health care organisation directorate
DIV :	Délégation interministérielle à la ville – Interministerial delegation for towns
DOM :	Département d'outre-mer – Overseas department
FIQCS :	Fonds d'intervention pour la qualité et la coordination des soins – Action fund for the quality and coordination of health care
FMC :	Formation médicale continue – Further medical training
FNARS :	Fédération nationale des associations d'accueil et de réinsertion sociale – National federation of accommodation and social

	reintegration associations
FRAD :	Formateur relais antidrogue – Anti-drug liaison instructor
GHD :	Groupe horizontal drogue – Horizontal drug group
GIR :	Groupement d'intervention régional – Regional action group
HAS :	Haute Autorité de santé – Higher Health Authority
INCa :	Institut national du cancer – National Cancer Institute
INED :	Institut national d'études démographiques – National Demographic Studies Institute
INHES :	Institut national des hautes études de sécurité – National higher safety studies institute
INPES :	Institut national de prévention et d'éducation à la santé – National institute for prevention and education in health
INSEE :	Institut national de la statistique et des études économiques – National institute for statistics and economic studies
INSERM :	Institut national de la santé et de la recherche médicale – National institute for health and medical research
InVS :	Institut national de veille sanitaire – National health monitoring institute
IPM :	Ivresse publique manifeste – Manifest public drunkenness
IUFM :	Institut universitaire de formation des maîtres – University institute for training of masters
LMD :	Licence/master/doctorat – bachelor degree/masters/PhD
MAEE :	Ministère des Affaires étrangères et européennes – Ministry of Foreign and European Affairs
MAOC-N :	Maritime Analysis and Operations Centre for Narcotics
MILDT :	Mission interministérielle de lutte contre la drogue et la toxicomanie – Interministerial Mission for the Fight against Drugs and Drug Addiction
MNCPC :	Mission nationale de contrôle des précurseurs chimiques de drogues – National mission for the control of chemical drug precursors
NIDA :	National Institute of Drug Abuse
OCRTIS :	Office central de répression du trafic illicite des stupéfiants – Central office for repression of illegal narcotics trafficking
OFDT :	Observatoire français des drogues et des toxicomanes – French monitoring centre for drugs and drug addiction
WHO :	World Health Organisation
UNO :	United Nations Organisation
UNODC :	United Nations Office against Drugs and Crime
PAEJ :	Point accueil et écoute jeune – Reception and listening point for youth
PFAD :	Policier formateur antidrogue – Anti-drug police instructor
PHRC :	Programme hospitalier de recherche clinique – Hospital clinical research program
PJJ :	Protection judiciaire de la jeunesse – Judicial protection for the young
PLFSS :	Projet de loi de finances pour la Sécurité sociale – Draft of the finance law for Social Security
RDR :	Réduction des risques – Harm reduction
FAS :	Foetal Alcohol Syndrome
SEOM :	Secrétariat d'Etat à l'Outre-Mer – Secretariat of State for Overseas
SIG :	Service d'information du gouvernement – Government information service
SINTES :	Système d'identification national des toxiques et des substances – National identification system for toxins and other substances

SUMPPS :	Service universitaire de médecine préventive et de promotion de la santé – University service for preventive medicine and promotion of health
TREND :	Tendances récentes et nouvelles drogues – Recent trends and new drugs
EU :	European Union
UCSA :	Unité de consultations et de soins ambulatoires – Consultations and ambulatory care unit
UD :	Usager de drogue – Drug user
UDAF :	Union départementale des associations familiales – Departmental union of family associations
HCV :	Hepatitis C virus
HIV :	Human Immunodeficiency Virus