



**AN INFORMATION BOOKLET
SUMMARISING THE GOVERNMENT'S
PLAN FOR THE FIGHT AGAINST DRUGS
AND THE PREVENTION OF ADDICTION**

1999 - 2000 - 2001



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MISSION INTERMINISTÉRIELLE DE LUTTE CONTRE LA DROGUE ET LA TOXICOMANIE

MILDT, Interministerial Mission for the Fight against Drugs and Addiction

Instituted under the authority of the Prime Minister, this body implements and co-ordinates the activities of the 17 ministries concerned with the fight against drugs and the prevention of dependencies, especially in the fields of prevention, the management of health and social issues, suppression of trafficking, training, communication, research, and international co-operation.

Created in 1982, the MILDT has operated under various names and remits since its formation.

It prepares and implements the decisions of the Interministerial Committee for the Fight against Drugs and the Prevention of Dependencies, the remit of which has, since 16th June 1999, encompassed not only banned substances, but also abuse of alcohol, tobacco and psychotropic medicines.

It implements, supports and co-ordinates the activities of other public and private bodies in this field, such as local governments, specialised institutions, professional bodies, and civil associations and individuals.

At the local level, its action plans are implemented by project leaders, appointed by the *Prefets* (prefects), who operate interministerial policy within the departments.

The MILDT is also responsible for the funding of two public interest groups: the “French Monitoring Centre for Drugs and Drug Addiction” (OFDT, l’Observatoire Français des Drogues et des Toxicomanies), a body charged with collating available data on drugs and dependencies; and the Drug Information Service, a telephone helpline providing information and advice to the general public.

In order to fulfil the objectives delegated to it by government, it disposes of its own budget, which is distributed between the various ministries, and also used directly, especially to finance innovative communication, research and evaluation projects; the implementation of policy at the departmental level by the project leaders; and the management of drug users under prosecution for criminal offences.

Website: www.drogues.gouv.fr

Over the last few years, methods of drug use have undergone profound changes. New behavioural patterns have emerged; and, more recently, synthetic drugs have become available in massive quantities.

The emergence of multiple drug use, and the increasing frequency of addiction to several products at once, especially among the young, have led to proposals for a programme of prevention and management aimed at addressing all types of addictive behaviour, irrespective of the product(s) involved.

This new context requires re-thinking and re-definition of the approaches used, even though some of the actions undertaken in recent years have been notably successful.



Over a quarter of 15-19 year-olds had been inebriated at least three times in the year preceding the survey.

PROFOUND CHANGES IN METHODS OF DRUG USE

Research recently published in the 1999 “Indicators and Trends” report of the “French Monitoring Centre for Drugs and Drug Addiction” (OFDT, l’Observatoire français des drogues et des toxicomanies) has pointed up five major factors:

- **Multiple usage of psychoactive products is common:**

54% of those in care in rehabilitation units are users of at least two products.

- **Cannabis consumption is increasing:**

One-third of youths aged from 15 to 19 admit to having used it.

- **Heroin consumption is stable:**

0.4% of adults have experimented with heroin, and the proportion of opiate-users in rehabilitation units decreased very slightly between 1989 and 1997.

- **Synthetic drugs are becoming much more widely available:**

In 1996, 5% of young people, and 3% of Parisian secondary-school students, admitted to using such agents.

- **The consumption of strong alcoholic drinks, and the frequency of repeated episodes of drunkenness, have increased in young people:**

Over a quarter of youths aged from 15 to 19 had been inebriated at least three times in the year preceding the survey.



- **Tobacco consumption has stabilised at a high level:** 35% of French people over 18 years old are smokers; and 29% of 12-19 year-olds admit to smoking from time to time.

Nevertheless, following the vigorous enforcement of the Evin law in 1991, the overall consumption of tobacco fell by 11% between 1991 and 1997.

- **Consumption of psychoactive medicines has increased, particularly in young women:**

Around 9% of 12-19 year-olds have taken a psychoactive medicine within the last 30 days.

- **The use of “performance-enhancing” products has become commonplace:**

Even if firm data are lacking, partial research has shown that usage of such products extends far beyond high-level sports activities.

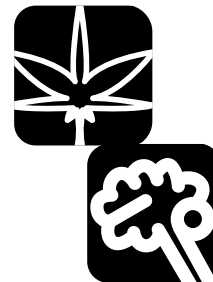
- **The increase in usage among young people is not restricted to “problem” areas:**

Young people undergoing schooling in areas targeted for special help in education (ZEP) actually use less cannabis, alcohol and tobacco than those in others. Usage levels of cannabis are 19% in secondary schools situated in ZEPs, and 31% in other secondary schools.

Finally, while there may be specific factors unique to each product, the determining factors for addiction are largely the same. Recent scientific research has indicated that there is a biological and molecular basis underlying all addictions.

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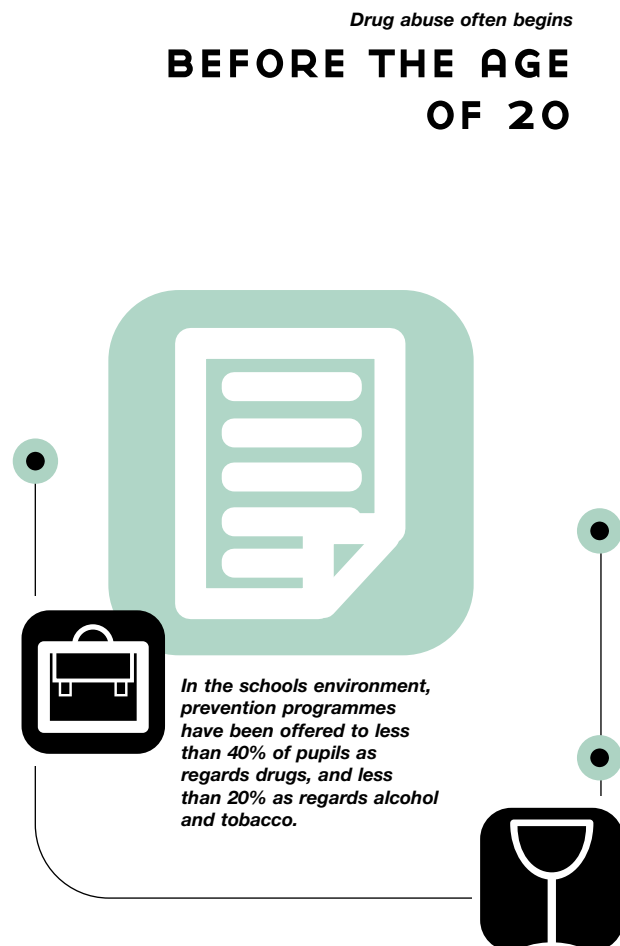


IMPROVEMENTS REQUIRED IN SYSTEMS AND KNOWLEDGE BASE

Our knowledge and evaluation resources are not sufficiently developed to enable the public authorities to take timely and appropriate decisions.

Information directed at the general public remains scanty, and disparities in the outlook of the various persons involved in the field act as an obstacle to the dissemination of clear, credible and effective messages directed at the young.

Many activities have been undertaken in the area of prevention, but they remain inadequate and, above all, uncoordinated. In the schools environment, prevention programmes have been offered to less than 40% of pupils as regards drugs, and less than 20% as regards alcohol and tobacco. In addition, no particular competencies are currently required of those engaged in these prevention programmes.



Application of the criminal law with respect to drug users has been constantly marked by the difficulties inherent in reconciling suppressive activities with public health imperatives. The number of users who have been questioned by the authorities has doubled over the last five years, whereas judicial procedures have not enabled adequate and effective co-operation with physicians and social workers.

Prosecutions for international drug trafficking remain at a stable level, but those for local trafficking, the source of an effective parallel economy and social nuisance, have fallen regularly since 1996.

Our specialised healthcare facilities for addicts work well, but, again, are too orientated towards heroin-users. More generally, social and professional support remains underdeveloped.

The management of persons in difficulties through alcohol abuse is inadequate. Specialised consultations for tobacco addiction are rare. Abuse often begins before the age of 20, but efforts to deal with the problem are usually not begun until several years after the onset of dependence.

Community-care facilities (general practitioners, hospitals) are often insufficiently attentive to the needs of drug users. Excessive alcohol consumption is only identified as a problem in one case

1 CASE IN 2

of excessive alcohol consumption is identified by community-care facilities.

out of two, and tobacco consumption is not treated from the standpoint of prevention.

The knowledge base needed to prevent and treat new behaviours of drug usage in young people remains underdeveloped.

The diverse sources of funding, and the absence of regional prevention and care programmes, lead to a variety of disparities.

The fragile nature of the national pilot scheme, and the absence of such schemes at the departmental level, have been noted in several successive reports. The activities conducted to date have received little or no formal evaluation.

The triennial plan for the fight against drugs and the prevention of dependency has been based on the above findings. It will rely on:

- **recent scientific findings**, as well as the numerous reports on our current arrangements;
- **the analysis presented to the Prime Minister on 15th October, 1998.** This resulted from concerted work at the interministerial level. It defines priorities for action, and proposes specific measures to attain specific objectives. These measures will be implemented across the board, and some of them were already started in 1999.

INVESTIGATION, KNOWLEDGE AND UNDERSTANDING

THE OBJECTIVE:

TO IMPROVE OUR MONITORING METHODS, STUDIES AND RESEARCH, ENABLING US TO BETTER ANTICIPATE DEVELOPMENTS, AND TAKE THE RIGHT DECISIONS AT THE RIGHT TIME.

• **Development of a research programme to take place over several years, with the aim of building on our current state of knowledge.**

- Mobilisation of research teams in hitherto underused disciplines, especially sociology, anthropology, economics and psychology.
- Development of research programmes in the fields of alcohol and tobacco use, in order to gather definitive data. Professionals working in the field of alcohol abuse have been involved in formulating these programmes.

Development of research programmes in the fields of alcohol and tobacco abuse, in order to gather definitive data.



• **Generation of permanent survey machinery to evaluate the prevalence of the consumption of psychoactive products in the general population.**

- Reproduction on a more regular basis of previous epidemiological studies, using an identical methodology (European study in the scholastic environment; study within the context of the preparation for the “Day of Defence”).

• **Establishment, within the French Monitoring Center for Drugs and Drug Addiction, of a permanent watch-dog scheme for the real-time assessment of on-going drug abuse habits and substances.**

- Creation of a data bank for synthetic drugs collected at the sites of their consumption, in order to assess the dangers involved in taking them.
- Setting up of a “sentinel network” in 10 areas, entitled “TREND” (Recent Trends and New Drugs), comprising physicians, pharmacists, hospitals, police and gendarmerie services, self-help groups, and substance abuse centres, enabling real-time assessment of new behaviours in drug abuse.

These measures have been in place since the end of June, 1999.



“Sentinel networks” (TREND) set up in 10 areas, and made up of professionals (e.g., physicians, police and gendarmerie services), to enable real-time assessment of new behaviours in drug abuse.

• **Development within the French Monitoring Centre for Drugs and Drug Addiction, a permanent network of programmes for evaluating public policy** in this area, with generation of reliable performance indicators.

- Systematic diffusion of the results of research programmes immediately following their publication.

• **Concentration of the currently widely dispersed instruments for measurement and evaluation.**

To this end, the French Monitoring Centre for Drugs and Drug Addiction will be reorganised to make it the central reference point and steering group for research in the fields of drugs and addiction.

INFORMING THE GENERAL PUBLIC AND CREATING A COMMON FRAME OF REFERENCE

The prior relative silence of the public authorities in this area has been replaced by numerous messages, of diverse origin, sometimes inaccurate, and often contradictory. Attitudes to drug abuse have tended to oscillate between culpable indifference and over-dramatisation.

THE OBJECTIVE:

TO MAKE VALID AND RELIABLE INFORMATION AVAILABLE TO THE GENERAL PUBLIC, IN ORDER TO IMPROVE THE DEVELOPMENT OF APPROPRIATE RESPONSES.

These data will concern behaviours and individual agents, as well as the details of public policy. They will also clarify the legal framework.

• Commitment to a long-term voluntary communications and information policy.

This will commence in the first three months of the year 2000, through:

- a symposium that will bring together nearly 1,000 professionals (at which a collection of practical informational documents will be launched);
- a publicity campaign, broadcast on the main television channels and/or through the press, aimed at inducing the public to obtain copies of the information booklet, and thus update public knowledge in this field;
- a press and publicity relations strategy.

• Engagement in more targeted activities directed at young people, professionals, elected officials and opinion-forming bodies, but also adapted to use in overseas departments.

• Launch of an internet site, on which available data and knowledge in the fields of drugs and addiction will be made available. The site will be accessible to the general public as well as professionals and scientific researchers.

A national network of documentation centres intended to guide and counsel those involved with the problem at a local level.



• Creation of a network of regional centres for information and resources concerning drugs and addiction.

This will issue basic documentation, as well as guiding and counselling those involved in the problem at a local level.

• Re-organisation of the Drugs Information Service (this name will be changed), in order to respond to the need for information on the full range of psychoactive agents. It will be accessible to the overseas departments, as well as managing an e-mail information service.

*An internet site accessible to the general public, professionals and scientific researchers:
www.drogues.gouv.fr*



**SYSTEMATISING AND
WIDENING THE FIELD
OF PREVENTION, TAKING
ACCOUNT OF LEGALLY
IMPOSED RESTRICTIONS**

The problems of substance abuse nearly always begin in adolescence. Prevention in this age-group therefore represents a top priority.

THE OBJECTIVE:

BUILDING ON THE MOST RECENT STUDIES AND EXPERIENCES, TO FACILITATE AN APPROACH TO PREVENTION BASED ON BEHAVIOUR MODIFICATION RATHER THAN SPECIFIC PRODUCTS, AND DISTINGUISHING BETWEEN "SIMPLE" USE, AND ABUSE AND ADDICTION.

Recourse to the law must be accompanied by preventative initiatives intended not only to inhibit drug use, but also, where use is already present, to avoid progression to dependence. The position with regard to criminal law should be re-affirmed, in order to establish a useful common framework for users and carers.

• **Definition of a national prevention programme**, accompanied by the provision of support facilities and methodological instruments:

– **A "best practice" guide**, designed to help with the setting up and monitoring of prevention initiatives. It will define a methodology for the validation of various approaches; and will specify those approaches that are preferable, as well as those to be avoided. It will be used centrally by the state ministries, and will constitute a reference for regional communities and those involved in the problem at the local level.

– **An evaluation guide**, to be generated in consultation with experts in the field, and the French Drugs and Addiction Monitoring Unit. It will provide those involved at a local level with a variety of tools to aid decision-making, and a reference framework for evaluation (dissemination at the end of 1999).

– **A commission for evaluation of preventative measures.**

All measures generated at a ministerial level, as well as those for which financial support is solicited, will be submitted to it. Outside such cases, regional communities and associations may also benefit from this procedure, if they wish so.

• **Development of a departmental programme of prevention in schools (including out-of-school hours).**

The project leader (appointed by the departmental prefect) will be responsible for developing the programme (formulation of measurable objectives, identification of suitable personnel), in consultation with the national ministries of education, higher education, and the Youth and Sports Research Institute. Together with these bodies, the project chief will develop long-term policy. The project-based mode of financing will replace existing "benefit-based" financing, thus ensuring the quality and continuity of the activities undertaken.

• **Professional training of those involved in prevention programmes.**

Generally speaking, there are currently no accepted competency requirements for those engaged in prevention measures. However, professional qualifications in the field of drug addiction do not necessarily make a competent professional in the field of prevention.

– New knowledge and approaches will be taken into account in the initial and follow-up training of personnel from the various ministries concerned.

– The programme will include the development of the contents of training modules, as well as the financing of interministerial training activities within each region.

• **Widespread application of the "Health Education and Citizenship Committees" (CESC, Comités d'éducation pour la santé et la citoyenneté) in schools.**

These committees will bring together members of the education establishment, families, and important members of the community. They will be the preferred route of application of activities directed at the prevention of drug abuse and risk behaviours.

This measure will enable all young people to benefit from at least one prevention programme during their school years.

– As of 1999, a total of 4,942 colleges had access to a CESC.

– In 2000 and 2001, 600 new secondary schools for vocational training will be equipped with this facility, as well as many of the 1,000 secondary schools that currently are without a CESC.

At the same time, the Ministry of National Education, Research and Technology will develop health education programmes within the context of general education, and make a significant effort towards the appropriate training of personnel.

• **Implementation of prevention programmes.**

– Emphasis will be placed **in sporting and cultural associations** on the importance of pairing of young people; individual responsibility; information on drug consumption intended to increase performance or well-being, and on “performance-enhancing” products in non-professional sporting activity; and of the dangers inherent in taking Ecstasy, or other such substances, for the first time.

– **In entertainment venues**, e.g. concerts, festivals and “rave” events, a prevention programme will be put in place. Associations involved in this area, and holiday and entertainment centres that require help, will be supported, so as to ensure that young people do not indulge in harmful activities after drinking or taking drugs.

– Development **in vocational and apprenticeship centres** of training programmes for those involved with young people.

• **Development of welcome centres and counselling programmes for adolescents** and their parents, with access to all, irrespective of where they may live.

• **Re-affirmation of legal policy with respect to the judicial response to those who indulge in the use of banned substances.**

The guidelines contained in the recent circular on the judicial response to drug addiction, issued to the public prosecutors on 17th June, 1999, were as follows:

– imprisonment for drug users should be avoided;

– public health and social responses should be utilised at all stages of the process;

– those users who are the source of harm, to themselves or to others, should be dealt with as a priority;

A prevention programme will be put in place in entertainment venues, e.g. concerts, festivals and at “rave” events.



– care should be taken to ensure that methods employed by the police or gendarmerie do not conflict with the aims of risk reduction programmes; and also that refuge centres, etc., can rely on police intervention in the event of public order disturbances;

– priority should be given to measures other than incarceration, before and after sentence is passed: socio-educational judicial assessments, probationary and suspended sentences, community work, external placements, and conditional discharge;

– release from prison should be prepared for and managed such that young offenders are not released without adequate follow-up.

• **These approaches are to be accompanied by departmental structures in line with the above objectives, which are to be harmonised across all departments** (decentralisation of funding for public health and social measures for offenders).

These facilities may be utilised by all persons wanted for offences related to excessive alcohol consumption. They should lead to the setting up of “public and social health offices” within, or close to, the courts themselves. In particular, these offices may draw on existing therapeutic approaches.

**HARMONISING
THE KNOWLEDGE OF ALL
THOSE DIRECTLY INVOLVED**

THE OBJECTIVE:

**TO CREATE A COMMON
CULTURE FOR ALL
PREVENTION, EDUCATION,
HEALTHCARE AND POLICING
PROFESSIONALS, BASED
ON VALIDATED DATA.**

6,000

*prison guards have been given
initial and follow-up training*

**• Training of all non-specialised
professionals who may find themselves
dealing with drug users,
or those who consume excessive
quantities of alcohol.**

Essential information will be provided on the behaviour patterns of users; on products and public policy; and especially on policy with respect to risk reduction.

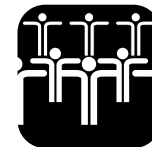
– Training of police personnel, gendarmes, prison officials and customs personnel, all of whom are likely to come into contact with drug users.

– Over the past three years, 6,000 prison guards have been given initial and follow-up training, as part of the National Penal Administration Academy programme.

– Over the same period, 16,500 cadet police personnel and 14,000 security personnel have been given initial training. In addition, 15,000 police personnel have benefited from continuous training.

– The gendarmerie have adopted a similar approach.

– The National Academy of Customs Officers has integrated this training module into its programme.



*Initial training of 600 educators
and members of educational bodies
over three years, and continuous
training of 750 such personnel.*

**• Establishment of a common training
programme for all those engaged
in prevention.**

– Training on behaviour patterns of users; abusive usage and dependence; factors that tend to be protective and those that tend to make individuals vulnerable; methods and social contexts of drug usage; products and their effects; legal constraints and enactments; relations between reductions in supply and demand; and risk reduction.

– This training module will be made available to all schools and public agencies concerned, from the year 2000.

– The lead will be taken in four regions, with 200 trainees of varying professional backgrounds.

– Interministerial regional or departmental training programmes will be developed.

– Extension of these programmes following appropriate evaluation.

**• Extending additional competencies
to those specialised personnel
who may require them.**

– Train professionals to ask the right questions at the right time, so that young people do not find themselves isolated in the face of apparently insurmountable difficulties. (A module will be specifically directed at education, co-ordination and rehabilitation personnel confronted with the problems of young drug users.)

– Initial training of 600 educators and members of educational bodies over three years, and continuous training of 750 such personnel.

– Training of sports officials to increase awareness of the risks involved in the use of performance-enhancing, and other psychoactive, substances.

- **More targeted training for policing personnel.**

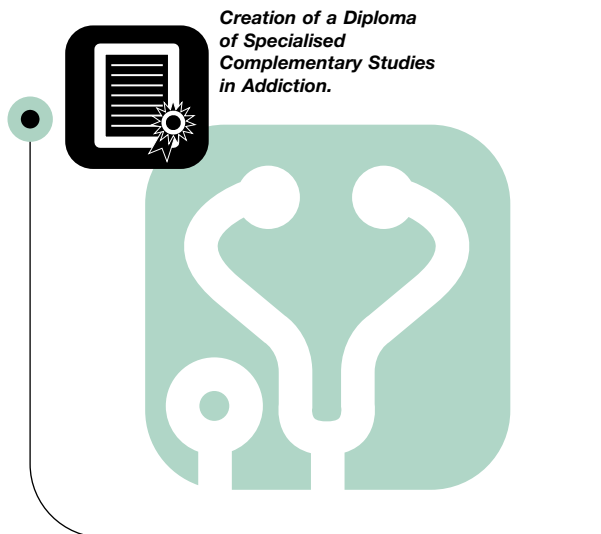
The police, gendarmerie and customs services, and magistrates, all of whom are involved in the fight against drugs, need to acquire new investigative techniques if they are to adapt to new forms of offending.

- **Improvement of initial and follow-up training for physicians and pharmacists.**

The initial and follow-up training of medical personnel is under-developed in the area of illicit drugs, and this is also true for tobacco and alcohol abuse.

– Improved training of doctors and pharmacists will be organised, making use of new tools such as CD-ROMs and the internet.

– A “Diploma of Specialised Complementary Studies in Addiction” (DESC, Diplôme d’études spécialisées complémentaires en addictologie) will be created, so that competencies acquired with respect to drug and alcohol abuse are accorded academic recognition (the diploma, anticipated to be available for the 2000 university academic year, will be open to interns taking a DES).



PROFILES OF USERS OF PSYCHOACTIVE SUBSTANCES

While the individual profiles of persons receiving help in special anti-addiction facilities, or those for alcohol dependence, remain very different, especially if their dependence has been of long duration, the profile of today’s users leads to the conclusion that the users of tomorrow are very likely to abuse multiple substances.

THE OBJECTIVE: TO RE-ORIENTATE HEALTHCARE APPROACHES TOWARDS EARLIER ACTION WITH RESPECT TO THOSE WHO ENGAGE IN MULTIPLE SUBSTANCE ABUSE.

The bodies responsible for the care of “alcoholics” and “drug addicts” will be encouraged to work together, in order to take account of new usage patterns combining several different substances.

Users in difficulties will be offered appropriate care within each department.

Risk reduction policies will be rigorously pursued, having demonstrated their efficacy in reducing contamination with the HIV virus, improving general health and the rehabilitation of users, and reducing the number of deaths caused by overdose.

- **Regional and departmental assessment and programmes** will be undertaken to ensure that no regional disparities exist with respect to the population at risk.

– The indicators put in place by the French Monitoring Centre for Drugs and Drug Addiction will be built on.

– The regional approaches recommended by the Regional Healthcare Conference and the objectives of the Regional Hospitalisation Agency will be taken into account.

– In the interests of a coherent policy, problems posed by the totality of addictive practices will be integrated.

- **Professional networks will be developed** (general practitioners, pharmacists, etc.), **and invited to develop appropriate competencies for dealing with addictive behaviours and their consequences.**

– Existing networks will be reinforced.

– Twenty new networks will be created in the next three years.

- **Hospital liaison teams will be set up.**

Hospital services are often responsible, under a variety of different circumstances, for the initial care of addicts. They tend to manage them as a function of the associated pathology, and tend not to take particular account of the dependence itself.

- Addiction liaison teams will be created, capable of responding to problems posed by all types of dependency, including tobacco. These teams will be constituted, in particular, by bringing together existing drug-abuse and alcoholism personnel.

- A team will be put in place in all hospitals with more than 200 beds, in medicine, surgery and obstetrics. There will be at least one team per department (creation of 20 teams per year over five years).

• **Development of specialised care facilities.**

- **Existing anti-alcoholism units, “Ambulatory Centre for Alcoholism” (CCAA, Centre de cure ambulatoire en alcoologie) will be strengthened, and integrated with care facilities aimed at drug abusers. New structures will be put in place,** prioritising currently under-resourced departments (20 units to be strengthened and 50 new ones created over three years).

+3 SLEEP-IN UNITS,
+20 ADVICE BUREAUX,
+30 MOBILE RESPONSE
TEAMS,
+30 SYRINGE-EXCHANGE
PROGRAMMES,
+50 AUTOMATIC
VENDING MACHINES



Addiction liaison teams to be established in all hospitals with more than 200 beds.

- **Evaluation of possibilities for creating a unique legal and financial framework for the primary care of persons exhibiting addictive behaviours.**

Specialised addiction centres are currently financed centrally, a factor that contributes to their isolation from the local community. This was a necessity linked to free provision of care, voluntarism, and guaranteed anonymity provided for by the law of 1970. Today, anonymity has been placed in question by the availability of substitution therapy. Furthermore, free treatment can no longer be justified when the social security status of the worst cases of addiction will be underwritten by universal health insurance. These new approaches may allow for a better regional distribution of care.

• **Risk reduction policies will be developed such that the most marginalised users will be able to receive appropriate primary care in all major towns and cities.**

- Risk reduction policies will be integrated to the fullest extent possible in “general” facilities accustomed to dealing with a marginalised population (e.g., Advice Bureaux and Accident and Emergency Units).

- Existing facilities will be reinforced by the creation over three years of three sleep-in centres, 20 advice bureaux, 30 mobile response teams in at-risk areas, 30 syringe-exchange programmes, and 50 automatic vending-machines.

• **Continuity of care for users in police custody or in penal institutions.**

- For users in police custody, the intervention of doctors trained in the use of substitution therapy will be facilitated. They will guarantee the authenticity of the prescription, and obtain and purchase the required medicines.

- Improvement in the management of detained persons (30% of whom are drug abusers).

- Guaranteed access to all modalities of care, especially substitution therapy, under the same conditions as exist outside the custody situation.

- Detainees will be offered individual or collective management of their dependencies. A particular effort will be made with regard to those detained for alcohol-related offences (30% of the custody population).

- Prepared release from prison, with integrated intervention of addiction centres and CCAA units within prison establishments.

- Prevention of drug-dealing within prisons, associated with a voluntary risk-reduction policy.

- Studies in progress designed to understand better the phenomena associated with drug abuse, as well as the risks of transmission of infectious diseases, will be pursued.

- Training and informing prison personnel
- Involvement of the families of detainees in prevention activities.

• **Ensuring that drug users have access to the rehabilitation facilities provided for by law.**

- Existing facilities will be used as widely as possible (reserved beds in accommodation and social rehabilitation units; access to rehabilitation programmes, strengthened by the prevention and anti-exclusion programmes).

This approach will also be applied to drug users who have been released from prison.

• **Reinforcement of the social support of persons undergoing substitution treatment in urban environments.**

- Facilitation the “urbanisation” of patients on methadone.

- Organisation of social support for patients being followed up in urban environments.
- Extension of innovative liaisons between urban doctors and social services (especially those involving the intervention of social workers within general practitioners’ surgeries).

• **Early management of pregnant women with problematical drugs, alcohol or tobacco use.**

Some 25% of pregnant women are smokers. Excessive consumption of alcohol during pregnancy may lead to serious fetal and neonatal disorders. The same is true with certain drugs. The women most at risk are equally those least susceptible to the educational healthcare messages that usually are offered at medical visits during the first trimester.

- The experiments put in place by various associations in partnership with maternity units will be sustained (welcoming of parents and their young children, parenting counselling, family therapy), and possibilities for further developing them will be evaluated.



25%

of pregnant women are smokers.

- Improved management of substitution therapy in mothers-to-be, and of withdrawal syndromes in neonates.
- Integration of these activities with the “perinatality” programme.

• **Gain experience in managing adolescent substance abusers**, an area in which there is little current knowledge.

There are few existing consultation or care centres directed specifically at adolescents. The 78 parent-and-child “listening centres” created since 1996 represent an initial response.

- Existing structures and knowledge will be evaluated (in progress in existing listening centres).

- Local responses will be set up, especially within the framework of the four regional health programmes devoted to young people.

- New projects will be set up and evaluated.

78 PARENT-AND-CHILD

“LISTENING CENTRES”
CREATED SINCE 1996
AS AN INITIAL RESPONSE

APPLYING THE LAW AND REINFORCING SUPPRESSION OF THE TRAFFIC IN DRUGS

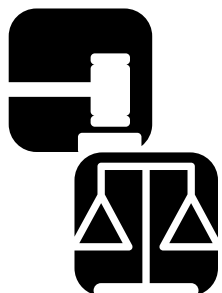
Over the past several years, there has been a reduction in the number of arrests for local drug dealing. This traffic feeds a parallel economy in the most marginalised areas of our cities. Whereas arrests for drug use have more than doubled over the past five years, those for trafficking have, over the same period, seen a significant decline. Thus, between 1997 and 1998, the number of such arrests fell by 18%.

THE OBJECTIVE:

TO REDEFINE PUBLIC LEGAL POLICY WITH RESPECT TO THE APPLICATION OF THE LAW OF 1970, WHICH HAS LED TO A LARGE INCREASE IN ARRESTS OF THOSE WHO USE DRUGS, STABILITY IN THE AREA OF INTERNATIONAL DRUG TRAFFICKING, AND A RELATIVE REDUCTION IN THE NUMBER OF ARRESTS FOR LOCAL TRAFFICKING.

• The Minister of Justice has sent a circular to the public prosecutors, with the aim of making the suppression of international and local drug trafficking more effective.

- Use of procedural instruments, such as the law of 13th May, 1996, on “drug procurement”, which are little used or not used at all.
- This law reverses the burden of proof, taking an economic approach to property holdings, and allows prosecution of individuals who are unable to justify their resources by their visible means of income, while being themselves known consorters with drug users and dealers.
- Public prosecutors will be required to organise a more concerted effort of the operational and financial services concerned. In 2000, pilot activities will be conducted in several departments, in order to evaluate, using real cases, the efficacy of existing structures; and to define practical methods of collaboration with fiscal services. The results of these pilot projects will be assessed in 2001.



• Improvement of local co-ordination in the fight against drug trafficking.

- Evaluation of specific approaches used in the Antilles-Guyana zone and in the Nord - Pas-de-Calais region.
- More centrally, base public action on the collation of information from these sources (centralisation of data obtained from all such services).

• Adaptation of our juridical and administrative processes to the massive and constant availability of new synthetic drugs.

- **Develop a new, more rapid, and more efficacious method of classification of euphoria-inducing substances,** to ensure that public authorities do not remain several months behind with respect to the recognition of newly available substances. Currently, it may take six to eight months to evaluate the abuse and dependence potential of a particular substance, and give it an appropriate classification.
- **Put in place a flexible system of provisional classification,** enabling investigations to be carried out in the period prior to official prohibition of a substance. The time to official classification may thus be reduced to three months.
- **Make chemical industrial companies aware of the risks** of diversion of chemical products involved in synthetic drug manufacture (precursors). Various activities will be developed to this effect (information days, brochures, direct informational mailings, possible institution of a rapid alert system, etc.).

At the national level the “Interministerial Mission for the Fight against Drugs and Addiction”, *Mission Interministérielle de Lutte contre la Drogue et la Toxicomanie (MILDT)* is responsible for preparing the decisions of the Interministerial Committee* for the Fight against Drugs and Addiction, and Prevention of Dependency, and for ensuring that they are implemented. With this aim, it co-ordinates the activities of the various ministerial departments, without encroaching on their individual responsibilities.

THE OBJECTIVE:

TO MAKE THE MILDT A BODY CAPABLE OF:

- EXPANDING INTERMINISTERIAL WORK
- EXPERIMENTING WITH AND EVALUATING COMPETENCIES AND KNOWLEDGE.

• **Enable the mission to function over the long term.**

- Within the framework of the 2000 budget, to consolidate employment within the mission, the members of which have, until now, been seconded from ministerial departments.
- To create a specific working-party within the mission, with the aim of implementing the provisions of the dependency programme. The decree of 15th September, 1999, redefined in this sense the mission statement of the MILDT and of the Interministerial Committee for the Fight against Drugs and the Prevention of Dependency.

• **Redefinition of the missions of local co-ordinating bodies, so that they may play a key role in developing and implementing the programme.**

A Prime Ministerial circular of 13th September, 1999, was addressed to the prefects with this aim in view.

- A “project leader” appointed by the prefect will be responsible for organising the infrastructure and disseminating information and validated communications tools within the framework of the national plan. They will also be charged with developing a departmental prevention programme, co-ordinating training activities, negotiating departmental “justice and health” protocols, and monitoring finances.

A Prime Ministerial circular has re-defined the missions of project leaders.

Creation of 20 centres in three years.



MILDT

- A “steering committee” composed of all appropriate state services, and which may also involve regional collectives and associations, will oversee the coherence of activities undertaken, and ensure the best integration of health and social activities with suppressive measures.

To accompany this re-orientation, funding at the prefectural level has been significantly increased.

• **Creation of information and resource centres on drugs and dependencies, at the regional and departmental levels.**

These will make available to project leaders, as well as state services, and regional collectives and associations, documentation on the totality of dependences, as well as the methodological data which they will need to develop the necessary projects and support their work. Depending on local circumstances, they may be created in partnership with the territorial collectives, and may build on already existing facilities. (Creation of 20 centres in three years.)

* This committee comprises, under the chairmanship of the Prime Minister, the Ministers and Secretaries of State responsible for: health, social affairs, labour, national and higher education, research, youth and sports, justice, home affairs, defence, treasury, transport, foreign affairs, European affairs, co-operation, the economy, industry, agriculture, overseas departments, culture, and towns and cities.

Co-operative actions principally involve reduction of supply. Of available funds, only 4% were devoted to reduction of demand in 1998, and 10% in 1999. Geographical priorities seem particularly difficult to justify: for example, Colombia and Morocco absorbed one-third of the available budget.

THE OBJECTIVE:

TO REDEFINE OUR GEOGRAPHICAL PRIORITIES AS A FUNCTION OF THE FLOW IN DRUG TRAFFIC, AND TO PRIORITISE CO-OPERATION WITH CENTRAL AND SOUTH-EAST ASIAN COUNTRIES, RUSSIA AND THE UKRAINE. WHILE EFFORTS TO REDUCE SUPPLY MUST REMAIN OF PARAMOUNT IMPORTANCE, FURTHER ACTIVITIES TO REDUCE DEMAND, AND ESPECIALLY TO REDUCE RISK, MUST BE DEVELOPED.

- **Re-equilibration of our activities, based on a clear definition of our geographical priorities.**

- **Conduct activities designed to reduce demand**, in which we have a recognised expertise.

- **Help to develop risk-reduction programmes** in countries close to our own where health and addiction problems are particularly pressing (especially Russia and the Ukraine).



Only **10%**
of funding is allocated
to reducing demand.

REDEFINITION OF
GEOGRAPHICAL
PRIORITIES



- **Prepare for the French presidency of the European Union.** With this in view (second half of 2000), priorities likely to gain acceptance are currently being formulated at an interministerial level. Principally, these concern:

- redefinition of international co-operation policy within the EU;
- encouraging greater consistency, or even harmonisation, of legislation, particularly as concerns sanctions applicable to drug traffickers within different member states;
- action to implement the common policy of 16th June, 1997, on the rapid alert system for synthetic drugs;
- risk-reduction policies.

The attached funding figures refer only to the interministerial funds managed by the MILDT. Each individual ministry also disposes of its own separate budget for the fight against drugs and drug dependency.

RESEARCH 24.065 MF

- Research programme into dependencies, mobilising new disciplines (sociology, anthropology, economics, psychology), and concerned equally with alcohol and tobacco.
- Setting up of a synthetic drugs database (SINTES) and a monitoring unit concerned with methods of drug use (TREND network), from July, 1999.
- Further development of OFDT missions (especially the institution of an evaluation programme).

COMMUNICATION 18.184 MF

- Campaign aimed at the general public (January, 2000).
- Elaboration of information resources aimed at the general public, targeted populations, and professionals.
- Launch of internet site (November, 1999).

PREVENTION 119.95 MF

- Formation of a commission to validate prevention programmes and methods.
- Development of health and citizenship education committees.

+12%
RESEARCH

+189%
COMMUNICATION

+4%
PREVENTION

+98%
TRAINING



- Activities in agricultural colleges and higher education facilities.
- Activities in extracurricular contexts, especially in sports associations.
- Activities facilitating professional rehabilitation of young offenders.
- Justice Minister circular concerning judicial responses to drug addicts.
- Harmonisation of departmental objectives and conventions designed to accompany legal policy (decentralised funding) and permit the development of social and healthcare approaches to drug users charged with offences, as well as developing alternatives to imprisonment.
- Broadening the mission of the Drug Information Service to include alcohol and tobacco, coupled with improved accessibility to the service.

TRAINING 14.95 MF

- Training of specialised professionals to enable them to acquire new competencies.
- Common training for those involved in prevention activities.
- Training of policing services, including new techniques for combatting drug trafficking.
- Development of CIFAD (Interministerial Centre for Anti-Drug Training in the Caribbean Region).

WELCOMING, COUNSELLING, CARE, REHABILITATION
41.09 MF

- Creation of 20 hospital liaison teams.
- Risk reduction (1 advice bureau, 1 sleep-in, 1 syringe exchange programme, 5 syringe distributors, 1 mobile response team).
- Appropriate care for imprisoned drug users (intervention of specialised care centres within penal establishments).
- Training of physicians in tobacco withdrawal.

N.B.: The major part of the healthcare and risk reduction programmes is financed by the Department of Health and Health Insurance.

APPLYING THE LAW AND STRENGTHENING SUPPRESSION OF DRUG TRAFFICKING 30.39 MF

- Justice Ministry circular concerning suppression of the traffic in illegal drugs.
- New equipment for policing services.
- Reinforcement of methods for controlling the distribution of chemical precursors.

N.B.: The reduction in interministerial funding is due to the fact that all measures previously financed by the MILDT have been integrated into the individual budgets of the interior, treasury and defence ministries. This reorganisation of the MILDT budget followed the observations of the report of the Audit Commission made public in June, 1998.

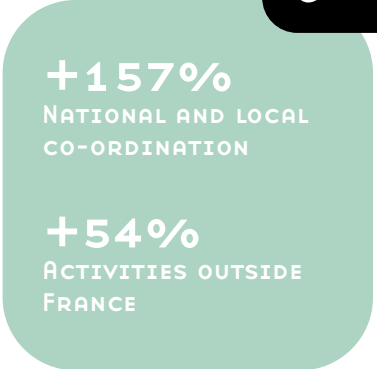
NATIONAL AND LOCAL CO-ORDINATION 38 MF

- National: Reorganisation of the MILDT such that it will become a reference and evaluation authority for new knowledge (increased documentation, increased funding for experimentation and evaluation).
- Local: Prime Ministerial circular on local co-ordination; increase in funding decentralised to prefectural level for supporting local activities; creation of eight information and resource centres on drugs and dependencies.

ACTIVITIES OUTSIDE FRANCE 15,42 MF

- Redefinition of priority areas: Continuation of activities aimed at reducing supply, development of those aimed at reducing demand and risk reduction.

N.B.: The proportion of funding devoted to risk reduction and reduction in demand was 10% in 1999, as against 4% in 1998.

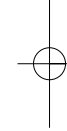
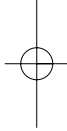




DRUGS INFORMATION SERVICE,
cannabis, cocaine, ecstasy, heroine, alcohol, tobacco...
a national confidential and free telephone help line 7 days a week.



Website: www.drogues.gouv.fr



This booklet forms part of the series “Know More About Drugs”

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